

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

PREA Facility Audit Report: Final

Name of Facility: FMC Rochester

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 01/21/2024

| Auditor Certification | |
|---|---|
| The contents of this report are accurate to the best of my knowledge. | <input type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input type="checkbox"/> |
| Auditor Full Name as Signed: Lynni OHaver | Date of Signature: 01/21/ 2024 |

| AUDITOR INFORMATION | |
|-------------------------------------|----------------------|
| Auditor name: | O'Haver, Lynni |
| Email: | katmai910@icloud.com |
| Start Date of On-Site Audit: | 12/05/2023 |
| End Date of On-Site Audit: | 12/07/2023 |

| FACILITY INFORMATION | |
|-----------------------------------|---|
| Facility name: | FMC Rochester |
| Facility physical address: | 2110 E. Center Street, Rochester, Minnesota - 55904 |
| Facility mailing address: | |

| Primary Contact | |
|--------------------------|---------------------------------|
| Name: | Ryan Taillon |
| Email Address: | rch-preacompliancemgr-s@bop.gov |
| Telephone Number: | 507-287-0674 |

| Warden/Jail Administrator/Sheriff/Director | |
|---|---------------------------------|
| Name: | Jared Rardin |
| Email Address: | rch-preacompliancemgr-s@bop.gov |
| Telephone Number: | 507-287-0674 |

| Facility PREA Compliance Manager | |
|---|--|
| Name: | |
| Email Address: | |
| Telephone Number: | |

| Facility Health Service Administrator On-site | |
|--|---------------------------------|
| Name: | Heather Hanson |
| Email Address: | rch-preacompliancemgr-s@bop.gov |
| Telephone Number: | 507-287-0674 |

| Facility Characteristics | |
|--|-----|
| Designed facility capacity: | 830 |
| Current population of facility: | 583 |
| Average daily population for the past 12 months: | 576 |
| Has the facility been over capacity at any point in the past 12 months? | No |

| | |
|--|----------------|
| Which population(s) does the facility hold? | Males |
| Age range of population: | 19-97 |
| Facility security levels/inmate custody levels: | Administrative |
| Does the facility hold youthful inmates? | No |
| Number of staff currently employed at the facility who may have contact with inmates: | 414 |
| Number of individual contractors who have contact with inmates, currently authorized to enter the facility: | 50 |
| Number of volunteers who have contact with inmates, currently authorized to enter the facility: | 115 |

AGENCY INFORMATION

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|--|---|
| Name of agency: | Federal Bureau of Prisons |
| Governing authority or parent agency (if applicable): | U.S. Department of Justice |
| Physical Address: | 320 1st Street Northwest, Washington , Dist. Columbia - 20534 |
| Mailing Address: | |
| Telephone number: | 2023073250 |

Agency Chief Executive Officer Information:

| | |
|--------------------------|---------------------------------|
| Name: | Colette S. Peters, Director |
| Email Address: | bop-rsd-preacoordinator@bop.gov |
| Telephone Number: | (202) 307-3250 |

Agency-Wide PREA Coordinator Information

| | | | |
|--------------|------------------|-----------------------|-------------------|
| Name: | Cynthia Campagna | Email Address: | ccampagna@bop.gov |
|--------------|------------------|-----------------------|-------------------|

Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

| | |
|---|--|
| 0 | |
|---|--|

Number of standards met:

| | |
|----|--|
| 41 | |
|----|--|

Number of standards not met:

| | |
|---|--|
| 0 | |
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| Not audited at the facility level: Audited at the agency-level, and not relevant to the facility-level audit because the facility has no independent responsibility for the operation of these standards. | 4 |
|---|---|

AGENCY AUDIT FINDINGS

Summary of Audit Findings

These standards were audited at the agency-level. For more information, please see the attached agency audit report found at the end of this document.

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and

include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

10

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

| | |
|---|------------|
| 1. Start date of the onsite portion of the audit: | 2023-12-05 |
| 2. End date of the onsite portion of the audit: | 2023-12-07 |

Outreach

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| 10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Identify the community-based organization(s) or victim advocates with whom you communicated: | Victim Services Sexual Assault Program of Olmstead County |

AUDITED FACILITY INFORMATION

| | |
|--|--|
| 14. Designated facility capacity: | 830 |
| 15. Average daily population for the past 12 months: | 576 |
| 16. Number of inmate/resident/detainee housing units: | 11 |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

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| 36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: | 580 |
| 38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit: | 116 |
| 39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit: | 98 |
| 40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit: | 1 |
| 41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit: | 1 |
| 42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit: | 36 |
| 43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit: | 7 |

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| <p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p> | <p>0</p> |
| <p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p> | <p>4</p> |
| <p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p> | <p>18</p> |
| <p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p> | <p>0</p> |
| <p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p> | <p>No text provided.</p> |
| <p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p> | |
| <p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p> | <p>414</p> |
| <p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p> | <p>115</p> |

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| 51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: | 50 |
| 52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit: | No text provided. |
| INTERVIEWS | |
| Inmate/Resident/Detainee Interviews | |
| Random Inmate/Resident/Detainee Interviews | |
| 53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed: | 24 |
| 54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply) | <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None |
| 55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse? | The Auditor was provided with inmate rosters which provided the inmate's age, race, ethnicity, housing assignment, reception date, end of sentence date, program assignment, classification status, and custody levels. The characteristics allowed for the random representation to be geographically diverse. |

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| 56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation): | Throughout the facility tour, the Auditor also conducted thirty-three informal random interviews with inmates. The questions posed to inmates in the informal interviews included: Length of time at facility, PREA Education (date received), Knowledge of reporting methods for PREA, & Staff present w/Auditor typical. |
| Targeted Inmate/Resident/Detainee Interviews | |
| 58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed: | 18 |
| <p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p> | |
| 60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol: | 2 |
| 61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol: | 2 |

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| <p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>1</p> |
| <p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>1</p> |
| <p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>2</p> |
| <p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>3</p> |
| <p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |

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| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The facility reported offenders who identify as transgender were not in custody at the time of the on-site. The Auditor was able to confirm this information during the Auditor's interviews with facility staff and during her review of facility documentation.</p> |
| <p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p> | <p>3</p> |
| <p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p> | <p>4</p> |
| <p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |

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|--|---|
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Facility provided documentation reflecting there were no inmates placed in segregated housing/isolation for risk of sexual victimization or who suffered sexual abuse; the Auditor’s review of files during the on-site, and interviews with staff supported the documentation.</p> |
| <p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p> | <p>No text provided.</p> |
| <p>Staff, Volunteer, and Contractor Interviews</p> | |
| <p>Random Staff Interviews</p> | |
| <p>71. Enter the total number of RANDOM STAFF who were interviewed:</p> | <p>12</p> |
| <p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p> | <p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p> |
| <p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p> | <p>No text provided.</p> |

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

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| 75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors): | 22 |
| 76. Were you able to interview the Agency Head? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 77. Were you able to interview the Warden/Facility Director/Superintendent or their designee? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 78. Were you able to interview the PREA Coordinator? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 79. Were you able to interview the PREA Compliance Manager? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards) |

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

| | |
|---|---|
| | <input type="checkbox"/> Other |
| 81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Enter the total number of VOLUNTEERS who were interviewed: | 2 |
| b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply) | <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other |
| 82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Enter the total number of CONTRACTORS who were interviewed: | 1 |
| b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply) | <input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other |
| 83. Provide any additional comments regarding selecting or interviewing specialized staff. | No text provided. |

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?

Yes

No

Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

Yes

No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

Yes

No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

Yes

No

88. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

| | |
|--|--------------------------|
| <p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p> | <p>No text provided.</p> |
|--|--------------------------|

Documentation Sampling

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

| | |
|--|--|
| <p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p> | <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> |
|--|--|

| | |
|---|---|
| <p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p> | <p>Forty-two inmate records were reviewed and consisted of the following documents:</p> <p>Institution Admission & Orientation Program Checklist, Inmate Acknowledgement of Receipt of PREA Orientation, PREA Intake Objective Screening Instrument, Inmate Individualized Treatment Plan, Psychology Services Risk of Sexual Victimization.</p> <p>Additional documentation reviewed: Unannounced Institutional Rounds, Sexual abuse / sexual harassment investigations, grievances.</p> |
|---|---|

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

4

| | |
|---|---|
| <p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p> |
| <p>Inmate-on-inmate sexual abuse investigation files</p> | |
| <p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p> | <p>4</p> |
| <p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p>Staff-on-inmate sexual abuse investigation files</p> | |
| <p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p> |

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| <p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p> |
| <p>Sexual Harassment Investigation Files Selected for Review</p> | |
| <p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>1</p> |
| <p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p> |
| <p>Inmate-on-inmate sexual harassment investigation files</p> | |
| <p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>1</p> |
| <p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |
| <p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |

| Staff-on-inmate sexual harassment investigation files | |
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| 111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: | 0 |
| 112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| 113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| 114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. | No text provided. |
| SUPPORT STAFF INFORMATION | |
| DOJ-certified PREA Auditors Support Staff | |
| 115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly. | <input type="radio"/> Yes <input checked="" type="radio"/> No |

Non-certified Support Staff

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| <p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
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AUDITING ARRANGEMENTS AND COMPENSATION

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| <p>121. Who paid you to conduct this audit?</p> | <p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p> |
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| <p>Identify the name of the third-party auditing entity</p> | <p>Corrections Consulting Services (formally PAOA)</p> |
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| Standards | |
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| Auditor Overall Determination Definitions | |
| <ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions) | |
| Auditor Discussion Instructions | |
| <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p> | |

| 115.11 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i></p> <p>FMC Rochester Institution Supplement 5324.12c, <i>Sexually Abusive Behavior Prevention & Intervention Program</i></p> <p>BOP Organizational Chart</p> <p>Interviews conducted with:</p> <p>PREA Coordinator</p> <p>Institution PREA Compliance Manager (IPCM)</p> |

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states an agency shall have a written policy mandating a zero-tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct. The intent of the policy is to ensure that:

- Staff and inmates are informed that this policy implements the Bureau's "zero tolerance" of sexually abusive behavior, and sexual harassment;
- Standard procedures are in place to detect and prevent sexually abusive behavior and sexual harassment at all Bureau facilities.
- Victims of sexually abusive behavior and sexual harassment receive timely and effective responses to their physical, psychological, and security needs;
- Allegations of sexually abusive behavior and sexual harassment receive timely intervention upon report, and
- Perpetrators of sexually abusive behavior and sexual harassment will be disciplined and, when appropriate, prosecuted in accordance with Bureau policy and Federal law.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall employ or designate an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the National PREA Coordinator's responsibilities include developing, implementing, and overseeing the Bureau's compliance with PREA. The National PREA Coordinator provides oversight to all Regional PREA Coordinators. The National PREA Coordinator assists the Information, Policy, and Public Affairs (IPPA) Division in providing the required information to the U. S. Department of Justice, Bureau of Justice Statistics, through their collection agent (U.S. Census Bureau), of all incidents of sexually abusive behavior. The National PREA Coordinator also coordinates with the Privatization Management and Residential Reentry Branches to ensure contract facilities comply with this provision of the PREA standard.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the Regional PREA Coordinator ensures policy guidelines are addressed in institutions within each region. Given the sensitivity required when defining and reporting cases as substantiated, a background in investigations is preferred when selecting a Regional PREA Coordinator.

Additional evidence supporting compliance with this provision of the standard is exhibited in the Memorandum of Understanding authored by the Assistant Director, Correctional Programs Division.

The MOU outlines the responsibilities assigned to the National PREA Coordinator, which include:

- Serving as the agency's point of contact regarding all PREA related matters;
- Providing consultation and guidance to regional and field staff with respect to PREA implementation and monitoring;
- Providing PREA training oversight;
- Reviewing policy to determine compliance with PREA;
- Reviewing contract language for private/contract facilities relative to PREA;
- Coordinating the development or location of materials required for PREA;
- Maintaining the PREA Coordinator GroupWise mailbox;
- Maintaining and processing allegations of sexual abuse in third-party reporting instances and
- Office of Inspector General's forwarded inmate reports of sexual abuse allegations;
- Preparing an annual report of for the agency utilizing each facility's findings and corrective actions.

An interview with the National PREA Coordinator was conducted and verified having sufficient time and authority in the position to accomplish PREA responsibilities for the Bureau. The National PREA Coordinator provides guidance to 6 regional PREA Coordinators and 122 Institution PREA Compliance Managers (IPCMs). The National PREA Coordinator reports to the Assistant Director, Reentry Services Division. A review of the BOP organizational chart provided evidence that the National PREA Coordinator is designated as an upper-level position and has agency-wide oversight.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states where an agency operates more than one facility, each facility shall designate an Institution PREA Compliance Manager (IPCM) with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the Warden at each institution must ensure that all aspects of this Program Statement are implemented, including maintaining a current Institution Supplement. He/she must assign an Institution PREA Compliance Manager (IPCM), who except in rare circumstances will be an Associate Warden, for the overall responsibility of the program.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the Institution PREA Compliance Manager (IPCM) maintains responsibility for the Sexually Abusive Behavior Prevention and Intervention Program. He/she must provide supervisory oversight to ensure the coordination of institution departments in prevention, detection, intervention, and response, as specified in this Program Statement. The Warden may appoint supervisory staff as PREA points of contact in each key department (Correctional Services, Psychology Services, Health Services, etc.) in order to assist the Institution PREA Compliance Manager (IPCM) with the implementation of this policy.

FMC Rochester Institution Supplement 5324.12c, *Sexually Abusive Behavior Prevention & Intervention Program* states FMC Rochester will ensure compliance with a zero-tolerance policy towards all forms of sexual abuse and sexual harassment outlined in PS 5324.12. This standard is known to staff, inmates, and visitors via institution bulletin boards; staff, inmate, and volunteer/contractor training; and access to national policy. The Associate Warden of Programs is designated as the PREA Compliance Manager for this program. The Alternate PREA Compliance Manager is the Associate Warden of Operations. These individuals are responsible for educating and training staff, assessing, and managing sexually assaulted or abused inmates, compiling information to ensure the institution's program conforms to Bureau of Prisons (BOP) guidelines.

The Auditor interviewed the Institution PREA Compliance Manager (IPCM) and verified he has sufficient time and authority in his position to accomplish the PREA responsibilities for FMC Rochester. Evidence shows that the BOP has designated a facility IPCM for FMC Rochester as verified through a review of the facility organizational chart and through interviews with the IPCM and the Warden.

The Auditor interviewed the Warden and confirmed the responsibilities of the IPCM assigned to FMC Rochester and verified he is provided sufficient time and authority in his position to accomplish these responsibilities.

Upon review of the policy and the agency organizational chart and upon completion of interviews, the FMC Rochester demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*

Interviews conducted with:

Agency Contract Administrator

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states a public agency that contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states any new contract or contract shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards. The Bureau must ensure its contracts with secure privatized facilities, jails, juvenile facilities, and Residential Reentry Centers include their obligation to adopt and comply with the PREA standards. Privatization Management Branch and Residential Reentry Management Branch field staff must include PREA compliance monitoring within their scheduled contract monitoring activity.

During the pre-on-site phase of the audit, the Auditor conducted an interview with the Agency Contract Administrator regarding how contracts are monitored to determine if the contractor complies with the PREA requirements of the contract. The Agency Contract Administrator explained each contract with the Bureau of Prisons has the following contract language:

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

The Agency Contract Administrator explained that all contractor's policies and

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| | <p>procedures are reviewed by Bureau subject matter experts who ensure appropriate adherence to national standards and regulations. The contractor is further required to notify the BOP of any PREA allegation and forward a copy of the allegation, the investigation, and the findings to the BOP oversight staff for review. BOP oversight staff and the respective PMB Health Systems Specialist review any PREA allegation to ensure compliance with PREA requirements. Additionally, at least once a year, the BOP's Quality Assurance Program conducts a review of all contractor's PREA allegations to determine contract compliance.</p> <p>The Agency Contract Administrator informed the Auditor the BOP has moved away from contracting with private prisons per the <i>President's Executive Order on Reforming Our Incarceration System to Eliminate the Use of Privately Operated Criminal Detention Facilities</i> on January 26, 2021. As such, no new contracts have been executed and previously existing contracts with privately operated detention facilities have expired.</p> <p>Upon review of the policy and upon completion of interviews, the FMC Rochester demonstrated facility wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p> |
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| 115.13 | Supervision and monitoring |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i></p> <p>BOP FMC Rochester Salary/Workforce Utilization Committee Meeting Minutes (Staffing Plan)</p> <p>BOP Institution Duty Officer - Unannounced Institutional Rounds</p> <p>Interviews conducted with:</p> <p>Warden</p> <p>PREA Coordinator</p> <p>Institution PREA Compliance Manager (IPCM)</p> |

Intermediate or Higher-Level Facility Staff

On-site Review Observations:

Daily operational functions

Staff interaction with inmates

Inmate movement

Supervisory staff conducting rounds

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall ensure that each facility it operates shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

- Generally accepted detention and correctional practices;
- Any judicial findings of inadequacy;
- Any inadequacy from internal or external oversight bodies;
- Any findings of inadequacy from Federal investigative agencies;
- All the components of the facility's physical layout (including blind spots);
- Composition of inmate population;
- Number of and placement of supervisory staff;
- Institution programs specific to each shift;
- All applicable State or local laws;
- Prevalence of substantiated and unsubstantiated incidents of sexual abuse;
- Any other relevant factors.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the Human Resource Management Division and Administration Division, Central Office, must consider PREA factors and safety, in general, when allocating overall staffing resources. At the institution, the Salary/ Workforce Utilization Committee Meeting Minutes serves as the staffing plan.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states in circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan. Deviations are documented in the remarks section of the Salary/Workforce Utilization Committee

Meeting Minutes. For example, if an allocated position is not filled for budgetary or other reasons, the reasons should be noted in the remarks section.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA Coordinator required by §115.11, the agency shall assess, determine, and document whether adjustments are needed to:

- The staffing plan established pursuant to policy;
- The facility's deployment of video monitoring systems and other monitoring technologies; and
- The resources the facility has available to commit to ensure adherence to the staffing plan.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states at a minimum, the most recent Salary/Workforce Utilization Committee Meeting Minutes are annually compiled by the Regional PREA Coordinator by May 1 and submitted to the National PREA Coordinator by June 1.

According to the information contained in the PAQ, FMC Rochester reported no deviations from the staffing plan during the auditing period. The Auditor conducted an interview with the Warden and confirmed there were no deviations from the staffing plan in the 12 months prior to the audit. The Warden also confirmed that if a deviation were to occur, such instances of non-compliance with the staffing plan are documented in the remarks section of the Salary/Workforce Utilization Committee Meeting Minutes. The Warden discussed how staffing levels are discussed at the Budget and Planning Committee meeting as well as during Quarterly Salary/Workforce Utilization Committee meetings. The Warden also explained that when developing a staffing plan, several items are taken into consideration such as internal reviews, components of the physical plant, composition of the inmate population, the prevalence of substantiated and unsubstantiated allegations of sexual abuse, inmate-on-inmate assaults, and uses of force.

Additionally, the Warden explained that weekly camera updates are provided to the Executive Staff to ensure all video equipment is working appropriately or if necessary, work orders have been submitted if cameras require repair. To ensure compliance with the staffing plan, the Warden indicated compliance is monitored via meetings, meeting minutes, staffing reports, and regular communications with Associate Warden, Associate Warden/PREA Compliance Manager, Human Resource Manager, and Financial Management Administrator.

Interviews with the Institution PREA Compliance Manager (IPCM) and the National PREA Coordinator; both confirmed the process of developing a staffing plan previously described by the Warden.

The auditor reviewed the average daily number of inmates' report, staff shift rosters, facility blueprint, and daily inmate activity schedules to verify adequate staff coverage in comparison to inmate population, inmate movement, and facility size and layout.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states at each agency operating a facility shall implement 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. Such policy and practice shall be implemented for night shifts as well as day shifts. Each agency shall have a policy to prohibit 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.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states unannounced rounds by supervisory staff conducted with the intent of identifying and deterring sexual abuse and sexual harassment are conducted every week, including all shifts and all areas. The Institution Duty Officer (IDO) conducts and documents the unannounced rounds. At the end of the IDO's tour week, the documentation is forwarded to the IPCM for retention.

The Auditor reviewed twelve months of Unannounced Institutional Rounds and verified the unannounced rounds are being conducted and documented in accordance with the facility policy and the PREA Standard. The sample of the documents reviewed covered several days of each month of the twelve-month auditing period and were from every shift. In the samples reviewed, the Auditor did not find any consistent patterns or inadequacies.

The Auditor conducted supervisory level staff interviews and inquired how unannounced rounds are completed without staff knowledge. Supervisory level staff indicated this is completed by observing staff movement, monitoring radio transmissions, alternating movement patterns or being unpredictable with times or walking pattern and listening to staff conversations while conducting rounds throughout the facility.

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| | <p>The Auditor toured the facility and observed the daily operational functions, staff interacting with inmates, general inmate movement, inmates out at recreation, inmates participating in programs, inmates completing job assignments, and supervisory staff conducting rounds. These observations provided additional verification of policy and of standard compliance.</p> <p>Upon review of the policies and documentation provided and upon completion of interviews, the FMC Rochester demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p> |
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| 115.14 | Youthful inmates |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i></p> <p>Interviews conducted with:</p> <p>Warden</p> <p>Institution PREA Compliance Manager (IPCM)</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> defines a youthful inmate shall not be placed in a housing unit which the youthful inmate will have sight, sound, or physical contact with any adult inmate though use of a shared dayroom or other common space, shower areas, or sleeping quarters.</p> <p>According to the information provided in the PAQ, FMC Rochester does not house youthful inmates. This was verified during interviews with the Warden and Institution PREA Compliance Manager. The Auditor also confirmed FMC Rochester does not house youthful inmates during her observations throughout multiple facility tours during the on-site visit.</p> |

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| | <p>Upon review of the policy and upon completion of the interviews, the FMC Rochester demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p> |
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| 115.15 | Limits to cross-gender viewing and searches |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>Documents:</p> <p>BOP Program Statement 5521.06, <i>Searches of Housing Units, Inmates, and Inmate Work Areas</i></p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i></p> <p>BOP PREA Training Logs & Curriculum - Correctional Fundamentals, Part 1</p> <p>Interviews conducted with:</p> <p>Random sample of Inmates</p> <p>On-site Review Observations:</p> <p>Daily operational functions</p> <p>Staff interaction with inmates</p> <p>Inmate movement</p> <p>BOP Program Statement 5521.06, <i>Searches of Housing Units, Inmates, and Inmate Work Areas</i> states in order to further the safe, secure, and orderly running of its institutions, the Bureau of Prisons conducts searches of inmates and of inmate housing and work areas to locate contraband and to deter its introduction and movement. Staff shall employ the least intrusive method of search practicable, as indicated by the type of contraband and the method of suspected introduction.</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention &</i></p> |

Intervention Program states the facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners.

Documentation provided by the facility indicated there were no cross-gender strip searches or cross-gender visual body cavity searches conducted during the last 12 months. During the on-site phase of the audit, the Auditor conducted an interview with the Warden and the Institution PREA Compliance Manager and verified that no cross-gender strip searches or cross-gender visual body cavity searches were conducted.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states an inspection of an inmate using the hands does not require the inmate to remove clothing. The inspection includes a search of the inmate's clothing and personal effects. Staff may conduct a pat search of an inmate on a routine or random basis to control contraband. Staff of the same sex as the inmate shall make the search, except where circumstances are such that delay would mean the likely loss of contraband. Where staff of the opposite sex makes a visual search, staff shall document the reasons for the opposite sex search in the inmate's central file.

The Auditor observed the facility operations throughout the day, to include continuous inmate movement throughout the facility, continuous physical interactions between staff and inmates, and inmates performing job assignments throughout the facility and within the compound grounds. The Auditor also observed opposite gender announcements being conducted throughout the facility tour. The Auditor compared the information reviewed with her observations made during the facility tour and noted the number of male staff members is more than adequate and covers all shifts.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the facility shall implement policies and 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states inmates should only shower, perform bodily functions, and change clothing in designated areas (e.g., cells, shower rooms, bathrooms).

Housing unit officers of the opposite gender, or any other cross-gender staff, may view breasts, buttocks, or genitalia only in an exigent circumstance, or when incidental to security checks of these designated areas of the housing unit.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states staff are not required to make announcements when responding to temporary and unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order of a facility or when incidental to routine cell checks, to include circumstances such as responding to alarms, contraband detection, or detecting behavior that would constitute an inmate prohibited act.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states inmates will be notified of the presence of opposite-gender staff members in several ways:

- Inmates are advised of the requirement to remain clothed, and the presence of cross-gender staff generally, during the Intake Screening process and the Admission and Orientation process;
- The following notice must be posted on inmate bulletin boards and signs within housing units, including segregated housing areas: *NOTICE TO INMATES: Male and female staff routinely work and visit housing areas;*
- For housing unit officers, an announcement is made at the beginning of primary shifts, or other appropriate time to be determined locally. The verbal announcement to each housing unit, including segregated housing areas, will be Notice: Opposite-gender staff will be in housing units during this shift. This announcement is made using the general public address system from Control or Lieutenants' Office. If the public address system does not cover these areas, an individual announcement in each housing area, including segregated housing areas, is made.
- For staff members with offices in the housing units (the Unit Team), the most recent schedule is posted in the unit, so inmates are aware when opposite-gender staff are present.

The Auditor requested an up-to-date facility inmate roster which provides a list of all inmates currently at the facility and is organized by housing unit. The facility inmate roster also provides inmate characteristics such as age, gender, race, ethnicity, and housing assignment. This allowed the Auditor to accurately select a random representation of inmates for the interview process. All inmate interviews were conducted with the guidance of the National PREA Resource Center, *PREA Compliance Audit Instrument - Interview Guide for Inmates*.

The Auditor conducted twenty-four inmate interviews, and all twenty-four inmates confirmed they have privacy while showering, changing clothes, or using the bathroom facilities. Additionally, twenty of the twenty-four inmates interviewed confirmed staff of the opposite gender announced her presence prior to entering the housing unit.

The facility has an Opposite-Gender audio recording announced periodically during a twenty-four-hour period, the announcement is broadcast throughout the facility compound, to include the facility's housing areas. The audio announcement is made in English and Spanish. The Auditor also witnessed the announcement of an opposite gender entering a housing unit throughout the on-site tour of the facility, which provided additional documentation and the facility's compliance with this standard.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the facility shall not search or physically examine a transgender inmate or intersex inmate for the sole purpose of determining the inmate's genital status. If the genital status is unknown, it can be determined through conversation 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.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall train custody staff in how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

The Auditor reviewed documentation provided by the facility showed the facility has had zero searches of a transgender or intersex for the sole purpose of determining the inmate's genital status.

The Auditor requested interviews with transgender or intersex inmates. The facility provided the Auditor with documentation which depicted there were no transgender or intersex inmates in custody at the time of the on-site, therefore inmates in this targeted category were not interviewed.

The Auditor reviewed the training records and training curriculum provided to custody

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| | <p>staff who may have contact with inmates, how to perform cross-gender pat-down searches and searches of transgender and intersex inmates. Training records indicated custody staff receive training on the Bureau's PREA policies and how to perform cross-gender pat-down searches annually. The training curriculum outlined the Bureau's policy on cross-gender pat-down searches and searches of transgender and intersex inmates, policy prohibiting search of inmates for the sole purpose of determining the inmate's genital status, defining exigent circumstances, and conducting searches in a professional and respectful manner.</p> <p>Upon review of staff training records and training curriculum, observations during the on-site visit, and upon completion of interviews, FMC Rochester demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p> |
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| 115.16 | Inmates with disabilities and inmates who are limited English proficient |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i></p> <p>BOP contract with Language Line Services, LLC</p> <p>BOP Inmate Admission & Orientation Handbook (multiple languages)</p> <p>BOP Zero-tolerance Policy Bulletins (multiple languages)</p> <p>Interviews conducted with:</p> <p>Warden</p> <p>Inmates with Disabilities or Limited English Proficiency (LEP)</p> <p>Random sample of Staff</p> <p>On-site Review Observations:</p> <p>PREA informational signage (multiple languages)</p> |

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall 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.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states such steps shall include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall 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, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under Title II of the Americans with Disabilities Act, 28 CFR 35.164.

During the on-site phase of the audit, the Auditor conducted a tour of the facility and observed PREA informational bulletins posted in every housing area as well as various locations throughout the compound. These PREA bulletins (Zero-tolerance Policy bulletins) are posted in multiple languages, located throughout each housing unit, as well as several posted in common areas (food service, education, and vocational training buildings) throughout the compound.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the Institution PREA Compliance Manager (IPCM) should reach out to local disabilities assistance offices, as a resource, to ensure the facility is providing effective communication accommodations when a need for such an accommodation is known. Staff take reasonable action to ensure that available methods of communication are provided to all inmates with disabilities for complete access to its efforts of preventing, detecting, and responding to sexual abuse and sexual harassment.

The Auditor conducted an interview with the IPCM regarding how the facility takes appropriate steps to ensure that all inmates have an equal opportunity to participate in the facility's efforts to prevent, detect, and respond to sexual abuse and sexual

harassment. The IPCM detailed the efforts made by the facility to ensure impaired inmates are provided opportunities and benefits equal to those of unimpaired inmates. Inmates with either disabilities or LEP inmates are provided with alternatives to accommodate participation in the PREA program such as videos and brochures tailored to their primary language.

Additionally, every effort is made to provide all training in a format that will be easily understood by inmates who have a physical or developmental impairment or who have limited English proficiency. FMC Rochester presents PREA-related information both verbally and in writing to all inmates. Additionally, the Bureau of Prisons has contracts for American Sign Language interpreters, Language Line interpreters, Video Relay System conferencing, telephone access, and electronic messaging access. The Auditor reviewed the existing contract between the BOP and Language Line Services, LLC. The contract outlines the translation services provided for each BOP facility, rate of service, and the contract's start and ending dates.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first response duties under § 115.64, or the investigation of inmate's allegations.

The Auditor interviewed eight targeted inmates that were either Limited English Proficient (LEP), or inmates with physical, cognitive, hearing, or vision impairments. Each inmate acknowledged receiving PREA information during the admission and orientation process. Each inmate described receiving the comprehensive PREA orientation within the first day or two after arriving at the facility. Additionally, each inmate acknowledged the information was provided to them in an accessible format specific to their individual needs. The Auditor utilized a certified translator for the interview with the LEP inmates.

The Auditor requested and was provided with an up-to-date facility staff roster for all members currently assigned to the facility and was organized by shift assignment and identified each staff member's current job assignment and rank. This allowed the Auditor to select a random representation of staff members for the interview process as well as ensure the random representation included all shifts, ranks, tenure, and various job assignments.

The Auditor conducted interviews with twelve random staff members. Each staff

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| | <p>member confirmed the Bureau’s policy prohibiting the use of an inmate to provide translation services except in exigent circumstances; all staff members acknowledged the use of either the language line or contacting another custody staff to translate.</p> <p>Upon review of the policies, inmate handbook, and upon completion of interviews with inmates, FMC Rochester demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p> |
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| 115.17 | Hiring and promotion decisions |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i></p> <p>Interviews conducted with:</p> <p>Administrative / Human Resources Staff</p> <p>On-site Review Observations:</p> <p>Documentation of staff background checks</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> states the agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor, who may have contact with inmates, who:</p> <ol style="list-style-type: none"> 1. 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); 2. 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; or 3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. |

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states before hiring new employees who may have contact with inmates, the agency shall perform a criminal background record check and 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.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall also perform a criminal background record check before enlisting the services of any contractor who may have contact with inmates.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall 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.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall ask all applicants and employees who may have contact with inmates directly about previous misconduct in written applications or interviews for hiring or promotions and in any interviews or written self- evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

The Auditor conducted an interview with the agency Administrative / Human Resources personnel who confirmed the Bureau conducts the required criminal background checks prior to hiring a new employee, employees who are considered for promotions, or enlisting the services of a contractor or volunteer and at least once every five years. The HR Staff Member confirmed the BOP's requirement imposed upon all employees to disclose any previous misconduct and the Bureau's requirement to provide information regarding a former employee upon request of

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| | <p>another institution or Bureau. In addition, the HR Staff Member also confirmed in addition to utilizing the Bureau utilizes the National Crime Information Center (NCIC) the background investigation encompasses law enforcement and criminal record checks, credit checks, inquires with previous employers, and personal references. FMC Rochester reported, in the 12 months prior to the audit, there were forty-nine criminal record background checks performed of persons hired or promoted who may have contact with inmates.</p> <p>Upon review of the policy, documentation, and upon completion of the interviews, FMC Rochester demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p> |
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| 115.18 | Upgrades to facilities and technologies |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i></p> <p>Interviews conducted with:</p> <p>Agency Head Designee</p> <p>Warden</p> <p>On-site Review Observations:</p> <p>Video monitoring system</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> states when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect inmates from sexual abuse.</p> |

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse.

During the on-site tour of the facility, the Auditor observed convex mirrors and security cameras in housing areas, food service, warehouse, gymnasium, health services, education building, and in common areas, and throughout the compound. The information provided in the PAQ indicated the facility has not updated or installed video monitoring and electronic surveillance since the last PREA audit.

The Auditor conducted an interview with the Agency Head Designee and discussed if the Bureau considers how modifications or expansions to a facility effects the ability to protect inmates from sexual abuse. The Agency Head Designee explained consideration is given to all new facility designs and technology upgrades may enhance the Bureau's ability to protect against sexual abuse. In existing institutions, all substantiated and unsubstantiated cases of inmate sexual abuse are reviewed to determine if modifications to design or the addition or upgrade of technology would help prevent a similar occurrence in the future.

Additionally, the Agency Head Designee explained that institution reviews are ongoing to determine if upgrades or additions to existing technology would enhance the protection of inmates from incidents of sexual abuse. The technology serves as a deterrent but also allows the agency to identify unreported victims and perpetrators of sexually abusive behavior as well as aid in successful criminal prosecutions.

The Auditor conducted an interview with the Warden, and he confirmed that prior to designing or acquiring any new facility or when planning any substantial expansion or modification, of existing facilities, the facility shall consider the effect of the design, acquisition, expansion, or modification might have upon the facility's ability to protect inmates from sexual abuse. The Warden also explained the facility has considered and focused the placement of monitoring technology in areas where inmates are housed, work, and program, to enhance their protection from sexual abuse. Additionally, consideration is given to camera placement to ensure the inmates' right to privacy when showering, changing clothes, etc.

Upon review of the policy and upon completion of the interviews, FMC Rochester demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

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| 115.21 | Evidence protocol and forensic medical examinations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i></p> <p>BOP Gratuitous Service Agreement w/Victim Services Sexual Assault Program of Olmstead County</p> <p>MOU between BOP and the Federal Bureau of Investigation (August 1996 - ongoing)</p> <p>SANEs / SAFEs Uniform Evidence Protocol</p> <p>BOP Sexual Assault Crisis Intervention – First Responder Guide</p> <p>BOP Training Curriculum – Forensic Medical Examinations: An Overview for Victim Advocates</p> <p>DOJ/OIG PREA Training curriculum</p> <p>FBI Domestic Investigations and Operations Guide</p> <p>Interviews conducted with:</p> <p>Random sample of Staff</p> <p>Victim advocate</p> <p>Institution PREA Compliance Manager (IPCM)</p> <p>Inmates who reported sexual abuse</p> <p>On-site Review Observations:</p> <p>Zero-Tolerance Policy signage</p> <p>Inmate phones</p> <p>TRULINCS</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> states to the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that</p> |

maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be 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.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall offer all victims of sexual abuse access to forensic medical examinations, whether onsite or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs/SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization, or qualified agency staff member.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the Institution PREA Compliance Manager (IPCM), with the assistance of Psychology Services, attempts to enter into agreement with a rape crisis center to make available a victim advocate to inmates being evaluated for the collection of forensic evidence. If an agreement is not reached, efforts must be documented. Properly trained Psychology or Chaplaincy Services staff members may provide victim services locally if a rape crisis center is not available.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states 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 and shall provide emotional support, crisis intervention,

information, and referrals.

During the pre-on-site phase of the audit, the Auditor reviewed the existing Memorandum of Understanding between the BOP and the Federal Bureau of Investigation (FBI). The MOU establishes interagency operational procedures and guidelines for the FBI and the BOP regarding violations of deferral criminal statutes occurring in BOP facilities, on BOP property, or which involve BOP staff. Additionally, the MOU defines the respective roles and responsibilities of the BOP and the FBI, to include policy, training, and practice compliance with regulations and standards. The MOU also establishes and in accordance with Title 28 CFR §115.21(g) (2), the FBI shall follow a uniform evidence protocol consistent with §115.21(a)-(f).

The Auditor conducted an interview with a Special Investigative Agent (SIA) who confirmed the responsibilities of an investigator, reviewed the process of an investigation, and confirmed the use of a uniform evidence protocol for the collection of physical evidence. The SIA provided the Auditor with a complete overview of the investigative process as it relates to sexual abuse and sexual harassment. In general, the Office of Inspector General (OIG) of the Department of Justice investigates potential criminal cases involving staff-on-inmate sexual abuse. The Office of Internal Affairs (OIA) of the Bureau of Prisons investigates administrative cases of staff-on-inmate sexual abuse or harassment. Institution investigative staff, the Special Investigative Services (SIS), investigates all other cases. When an inmate-on-inmate allegation of sexual abuse is deemed possibly criminal in nature, it is referred to the Federal Bureau of Investigation (FBI) for investigation. During the pre-on-site phase of the audit, the Auditor reviewed DOJ/OIG PREA Training curriculum and the FBI Domestic Investigations and Operations Guide that confirmed compliance with all investigatory requirements under the PREA standards.

During the pre-on-site phase of the audit, the Auditor reviewed provided documentation, which included the SANES/SAFEs evidence protocol, and the gratuitous service agreement between FMC Rochester of the Bureau of Prisons and the Victim Services Sexual Assault Program of Olmstead County. The agreement uses clear and concise language, provides a thorough description of each party's responsibilities, and the reporting and documentation requirements for each.

The Victim Services Sexual Assault Program of Olmstead County, located in Rochester, Minnesota, provides crisis intervention, advocacy, and supportive services for victims of sexual violence and services are offered at no-cost to the victim.

In accordance with the agreement, the Victim Services Sexual Assault Program of

Olmstead County provides inmates incarcerated at FMC Rochester with crisis intervention and advocacy services for victims of sexual abuse to include accompany the victim during forensic exams and investigatory interviews, and follow-up crisis counseling on request. Additionally, Victim Services Sexual Assault Program of Olmstead County provides FMC Rochester inmates identified as sexual abuse victims, with contact information for written communication for support or advocacy services.

The Auditor conducted an interview with a victim advocate from the Victim Services Sexual Assault Program of Olmstead County and she confirmed the existing agreement with the facility. She provided a detailed description of the advocacy services provided to the inmates at FMC Rochester to include crisis intervention and emotional support services, accompany the victim during forensic exam and investigatory interviews, and follow-up crisis counseling upon request.

The Auditor conducted an interview with the facility's Health Services Administrator and explained if a forensic medical examination is required, the inmate victim would be transported to the local hospital in Rochester, Minnesota. The medical center has certified SANE/SAFE Examiners available to complete the forensic medical examination. The Health Services Administrator confirmed there was one forensic medical examination completed for FMC Rochester during the twelve-month auditing period. The Auditor conducted additional interviews with the facility's Chief of Psychology Services, the IPCM and the Warden separately, and each confirmed this information is correct.

The Auditor interviewed three targeted staff members regarding his/her role as a First Responder to an allegation of sexual abuse. The staff members provided specific details of their responsibilities as a First Responder. These responsibilities include separating the victim and abuser, preserving, and protecting the crime scene, requesting that the alleged victim not take any actions that could destroy physical evidence, ensuring the alleged abuser does not take any actions, which would destroy physical evidence, and to immediately notify the Shift Lieutenant and Psychology Services. In addition, each staff member acknowledged the importance of the agency's response protocol to a sexual abuse allegation as well as his or her role as a First Responder.

The Auditor conducted interviews with three inmates who reported an incident of sexual abuse. The Auditor inquired to each inmate, after reporting, if the facility allowed them to contact anyone. All three inmates confirmed to the Auditor, after reporting the incident, he was able to meet with Psychology Services and was provided with additional advocacy services information provided by the Victim Services Sexual Assault Program of Olmstead County. One of the three inmates

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| | <p>confirmed meeting with a victim advocate from the Victim Services Sexual Assault Program of Olmstead County; the remaining two inmates declined the need for additional advocacy services.</p> <p>Upon review of the policies, contracts and documentation with outside entities, the SANEs/SAFEs Uniform Evidence Protocol, and observations made during the facility tour, and upon completion of interviews, the FMC Rochester demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p> |
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| 115.22 | Policies to ensure referrals of allegations for investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i></p> <p>BOP Program Statement 5508.02, <i>Hostage Situations or Criminal Actions Requiring FBI Presence</i></p> <p>MOU between BOP and the Federal Bureau of Investigation (August 1996 - ongoing)</p> <p>SANEs / SAFEs Uniform Evidence Protocol</p> <p>BOP Sexual Assault Crisis Intervention – First Responder Guide</p> <p>BOP Training Curriculum – Forensic Medical Examinations: An Overview for Victim Advocates</p> <p>DOJ/OIG PREA Training curriculum</p> <p>FBI Domestic Investigations and Operations Guide</p> <p>BOP Website</p> <p>Interviews conducted with:</p> <p>Agency Head Designee</p> <p>Investigative Staff</p> |

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The agency shall have in place a policy 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. The agency shall publish such policy on its website or make the policy available through other means. The agency shall document all such referrals.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states if a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity. Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations.

During the on-site phase of the audit, the Auditor conducted an interview with the Agency Head Designee regarding how the agency ensures that an administrative or criminal investigation is completed for allegations of sexual abuse or harassment. The Agency Head Designee confirmed all allegations are investigated; the investigative process is initiated immediately following the receipt of an allegation of sexual abuse or sexual harassment. In general, the Office of Inspector General (OIG) of the Department of Justice investigates potential criminal cases involving staff-on-inmate sexual abuse. The Office of Internal Affairs (OIA) of the Bureau of Prisons investigates administrative cases of staff-on-inmate sexual abuse or harassment. Institution investigative staff, the Special Investigative Services (SIS), investigates all other cases. When an inmate-on-inmate allegation of sexual abuse is deemed possibly criminal in nature, it is referred to the Federal Bureau of Investigation (FBI) for investigations. OIG, OIA, SIS, and FBI in general, review the allegation(s) and predicated information. Substantiated allegations for administrative investigations or criminal prosecutions are based on corroboration of witnesses' and victim statements, predicated information, along with physical evidence.

BOP Program Statement 5508.02, *Hostage Situations or Criminal Actions Requiring FBI Presence* states the FBI has the investigative responsibility for criminal activities at all Bureau facilities. Additionally, in accordance with the existing MOU between the BOP and the FBI, upon the occurrence of any incident that may involve a criminal act, the BOP will take immediate action to preserve the scene of the incident and immediately notify the appropriate designated FBI representative of the incident.

During the pre-on-site phase of the audit, the Auditor reviewed the existing Memorandum of Understanding between the BOP and the Federal Bureau of Investigation. The MOU establishes interagency operational procedures and guidelines for the FBI and the BOP regarding violations of deferral criminal statutes occurring in BOP facilities, on BOP property, or which involve BOP staff. Additionally, the MOU defines the respective roles and responsibilities of the BOP and the FBI, to include policy, training, and practice compliance with regulations and standards. The MOU also establishes and in accordance with Title 28 CFR §115.21(g) (2), the FBI shall follow a uniform evidence protocol consistent with §115.21(a)-(f).

During the on-site phase of the audit, the Auditor conducted an interview with a Special Investigative Agent (SIA) who confirmed the responsibilities of an investigator, reviewed the process of an investigation, and confirmed the use of a uniform evidence protocol for the collection of physical evidence. The SIA provided the Auditor with a complete overview of the investigative process as it relates to sexual abuse and sexual harassment. In general, the Office of Inspector General (OIG) of the Department of Justice investigates potential criminal cases involving staff-on-inmate sexual abuse. The Office of Internal Affairs (OIA) of the Bureau of Prisons investigates administrative cases of staff-on-inmate sexual abuse or harassment. Institution investigative staff, the Special Investigative Services (SIS), investigates all other cases. When an inmate-on-inmate allegation of sexual abuse is deemed possibly criminal in nature, it is referred to the Federal Bureau of Investigation (FBI) for investigations. During the pre-on-site phase of the audit, the Auditor reviewed DOJ/ OIG PREA Training curriculum and the FBI Domestic Investigations and Operations Guide that confirmed compliance with all investigatory requirements under the PREA standards.

BOP publishes agency policy regarding the referral of allegations of sexual abuse or sexual harassment on the agency website https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp

Upon review of the policies, documentation and upon completion of the interviews, the FMC Rochester demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

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| 115.31 | Employee training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Documents:

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*

BOP FMC Rochester PREA Training Curriculum

BOP FMC Rochester Training Roster / Documentation of Completion

Interviews conducted with:

Random sample of Staff

On-site Review Observations:

Personnel Training Documents

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall train all employees who may have contact with inmates on:

- It's zero-tolerance for sexual abuse and sexual harassment;
- How to fulfill their responsibilities under Bureau sexual abuse and sexual harassment; prevention, detection, reporting, and response policies and procedures;
- Inmates' rights to be free from sexual abuse and sexual harassment;
- The right of inmates & employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- The dynamics of sexual abuse, sexual battery and sexual harassment in confinement;
- The common reactions of sexual abuse and sexual harassment victims;
- How to detect and respond to signs of threatened & actual sexual abuse;
- How to avoid inappropriate relationships with inmates;
- How to communicate effectively & professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states such training shall be tailored to the gender of the inmates at the employee's facility. The employee shall receive additional training if

the employee is reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa. Annual refresher training takes the gender of the inmate population at each facility into account. Transferring staff members receive gender-appropriate training, as needed.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states all current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall document, through employee signature or electronic verification, that employees understand the training they have received. Participation must be documented through employee signature or electronic verification. Participation documentation will note that employees understood the training they have received.

During the pre-on-site phase of the audit, the Auditor reviewed training curriculum and electronic documentation verifying staff training comprehension and attendance. The training curriculum outlined the staff member's responsibilities in preventing, detecting, and response to inmate sexual abuse and sexual harassment. The curriculum also provided staff with communicating effectively and professionally with inmates, understanding that inmates have the right to be free from sexual abuse and sexual harassment.

The BOP PREA training curriculum provided to the Auditor, titled Sexually Abusive Behavior Prevention & Intervention Program and PREA Presentation. The Auditor reviewed both training curriculums and confirmed the training included, but not limited to, an inmate's right to be free from sexual abuse and sexual harassment, reporting methods, First Responder responsibilities, responding appropriately to victims of sexual abuse, and administrative and criminal investigative processes. The training also included the appropriate method to introduce/announce "opposite gender" correctional officers and supervision staff into an all-male or all-female housing unit and how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner consistent with security correctional environments. The training curriculum was extremely detailed with discussions of the required PREA standards and BOP policies and

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| | <p>procedures.</p> <p>During the on-site phase, the Auditor requested an up-to-date facility staff roster depicting all staff members currently assigned to the facility and was organized by shift assignment and identified each staff member’s current job assignment and rank. This allowed the Auditor to select a random representation of staff members for the interview process as well as ensure the random representation included all shifts, ranks, tenure, and various job assignments.</p> <p>The Auditor conducted twelve random staff interviews. Each staff member interviewed articulated the agency’s zero-tolerance policy on sexual abuse and sexual harassment, their role and responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response, how to communicate effectively and professionally with inmates, and an inmate right to be free from sexual abuse and sexual harassment. All staff members acknowledged receiving the training every year during his/her Annual Refresher Training (ART).</p> <p>Upon review of the policies and training documentation listed above and previously discussed, and after completion of interviews, in addition to the files reviewed during the on-site visit, FMC Rochester demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p> |
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| 115.32 | Volunteer and contractor training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i></p> <p>BOP Volunteer & Contractor PREA Training Curriculum</p> <p>BOP Volunteer & Contractor PREA Training Attendance (w/Signatures)</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> states the agency shall ensure that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and</p> |

response policies and procedures.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates, but all volunteers and contractors who have contact with inmates shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall maintain documentation confirming that volunteers and contractors understand the training they have received. Participation must be documented through volunteer and contractor signature or electronic verification and will indicate that the volunteer and contractor understood the training they have received. At the conclusion of the training, volunteers and contractors are asked to seek additional direction from Bureau staff, if necessary, to ensure understanding of the training.

During the pre-on-site phase, the Auditor reviewed training documentation to include training curriculum titled, Sexually Abusive Behavior Prevention and Intervention Program and attendance roster for contract and volunteer staff. The attendance roster included signatures from each contract staff and volunteer staff confirming understanding of policies and training received. The volunteer and contractor training were tailored based on the services they provide and the level of contact they have with inmates and included the Bureau's zero-tolerance policy regarding sexual abuse and sexual harassment along with how to report such incidents.

The Auditor conducted interviews with contract staff who acknowledge and confirmed their understanding of the Bureau's zero-tolerance policy and PREA standards and reporting responsibilities.

Upon review of the policy and documentation and after completion of interviews, FMC Rochester demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

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Inmate education

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*

BOP Inmate Admission & Orientation Handbook (multiple languages)

BOP Inmate Acknowledgement of Receipt of PREA Orientation (w/Inmate signatures)

BOP Admission & Orientation Pamphlet – PREA (multiple languages)

Interviews conducted with:

Institution PREA Compliance Manager (IPCM)

Intake Staff

Random Sample of Inmates

Targeted Inmates (Limited English Proficient (LEP), Hearing or Vision Impaired, or Disabled)

On-site Review Observations:

Comprehensive PREA Education documentation

Zero-Tolerance Signage

TRULINCS Demonstration (Inmate provided)

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states during the intake process, inmates shall receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the Bureau’s Admission and Orientation (A&O) Pamphlet on Sexually Abusive Behavior Prevention and Intervention is provided to each inmate at intake screening. It describes the key elements of the program and informs inmates of the Bureau’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents of sexual abuse. It also provides inmates

notice that male and female staff routinely work and visit inmate housing areas.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states within 30 days of intake, the agency shall provide comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and incidents. During the A&O Program, a staff member designated by the Warden, present the Sexually Abusive Behavior Prevention and Intervention Program. This presentation must include:

- Definitions of sexually abusive behavior and sexual harassment;
- Prevention strategies the inmate can take to minimize his/her risk of sexual victimization while in BOP custody;
- Methods of reporting an incident of sexually abusive behavior against oneself, and for reporting allegations of sexually abusive behavior involving other inmates, including reporting procedures directly to Regional Staff, if desired.
- Methods of reporting an incident of sexual harassment against oneself, and for reporting allegations of sexual harassment involving other inmates.
- Treatment options and programs available to inmate victims of sexually abusive behavior and sexual harassment.
- Monitoring, discipline, and prosecution of sexual perpetrators.
- Notice that male and female staff routinely work and visit inmate housing areas.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states where inmates do not participate in a formal A&O Program (e.g., WITSEC, Pretrial, or SHU inmates), the Warden designates a staff member to ensure these inmates receive information on the Bureau's Sexually Abusive Behavior Prevention and Intervention Program within 30 days of intake. This is documented in the same manner as for inmates who participated during the regularly scheduled A&O session.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states current inmates who have not received such education shall be educated within one year of the effective date of the PREA standards and shall 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.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention &*

Intervention Program states the agency shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. The agency shall maintain documentation of inmate participation in these education sessions. The A&O forms are filed in the Inmate Central File or pretrial/holdover files.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states in addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats. In each housing unit, the following will be posted:

- A notice to inmates stating, *Male and female staff routinely work and visit inmate housing areas.*
- A poster reflecting the BOP's zero-tolerance for sexual abuse and harassment and contact information for inmate reporting of sexual abuse allegations.

During the pre-on-site phase of the audit, the Auditor reviewed documentation to include inmate PREA education curriculum and BOP *Inmate Acknowledgement of Receipt of PREA Orientation*. A review of the inmate education curriculum indicated inmates are educated on PREA definitions, zero-tolerance, reporting methods, prevention techniques, counseling opportunities available for victims of sexual abuse, and information on the investigative process. A review of forty-two Inmate Acknowledgement of Receipt of PREA Orientation forms confirmed documentation of inmate attendance and acknowledgment of understanding (inmate signatures).

During the on-site phase of the audit, the Auditor conducted separate interviews with the Institution PREA Compliance Manager (IPCM) and Intake Staff Member and discussed the inmate comprehensive PREA orientation and documentation process. Both the IPCM and Intake Staff Member provided specific details on the process of educating inmates including upon intake into the facility, and during the Admission & Orientation process. Additionally, both confirmed the multiple additional information provided to inmates through PREA informational pamphlets, BOP Inmate Admission & Orientation Handbook, and the signage posted throughout the facility.

The Auditor interviewed eight targeted inmates that were Limited English Proficient (LEP), or inmates with physical, cognitive, hearing, or vision impairments. Each inmate acknowledged receiving PREA information during the Admission and Orientation process. Each inmate described receiving the comprehensive PREA orientation within the first day or two after arriving at the facility. Additionally, each inmate acknowledged the information was provided to them in an accessible format

specific to their individual needs. The Auditor utilized the Language Line for the interview with the LEP inmates.

The Auditor conducted a tour of the facility and observed PREA informational bulletins. These PREA bulletins are posted in multiple languages, located inside every housing unit, as well as several informational bulletins were posted in common areas (educational and vocational buildings) throughout the compound. The bulletins display phone numbers and addresses for the victim advocate services and multiple reporting methods and are displayed in multiple languages.

The Auditor requested an up-to-date facility inmate roster, which provides a list of all inmates currently at the facility and is organized by housing unit. The facility inmate roster also provides inmate characteristics such as age, gender, race, ethnicity, and housing assignment. This allowed the Auditor to accurately select a random representation of inmates for the interview process. All inmate interviews were conducted with the guidance of the National PREA Resource Center, *PREA Compliance Audit Instrument - Interview Guide for Inmates*.

The Auditor conducted interviews with twenty-four inmates and all twenty-four inmates interviewed recalled receiving both the initial PREA orientation and the comprehensive orientation during A&O. Each inmate also acknowledged the zero-tolerance policy on sexual abuse sexual harassment and the various ways to report such incidents.

Inmates referred to utilizing the multiple PREA informational bulletins, TRULINCS, and brochures, which are posted throughout the facility, as a source of information. Twenty-one of the twenty-four inmates interviewed referred to utilizing TRULINCS or notifying a staff member as the most direct method to report or inquire about PREA information. All inmates interviewed also referred to calling a family member as their source outside the facility, with twenty-one of the twenty-four inmates interviewed confirming knowledge of third-party reporting. Twenty of the twenty-four inmates interviewed were aware of the availability of submitting an anonymous PREA report.

During the facility tour, an inmate provided the Auditor with a demonstration of TRULINCS, the inmate electronic messaging system. The Auditor interviewed an inmate privately while touring the facility and requested the inmate to demonstrate the use of the TRULINCS. Although there are multiple services available for inmates within the TRULINCS, the demonstration confirmed to the Auditor one method for inmates to report sexual abuse and sexual harassment, to include the option of reporting the incident anonymously.

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| | <p>Upon review of the policy and documentation listed above and previously discussed, and after completion of interviews, in addition to the observations made throughout the on-site tour, FMC Rochester demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p> |
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| 115.34 | Specialized training: Investigations |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i></p> <p>FBI Domestic Investigations and Operations Guide</p> <p>MOU between BOP and the Federal Bureau of Investigation (August 1996 - ongoing)</p> <p>National Institute of Corrections Specialized Training: <i>Investigating Sexual Abuse in Confinement Settings</i></p> <p>DOJ/OIG PREA Training Curriculum</p> <p>BOP SIS/SIA Training Logs & Curriculum</p> <p>Interviews conducted with:</p> <p>Investigative Staff</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> states in addition to the general training provided to all employees pursuant to §115.31, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. The Chief of Correctional Services ensures his/her Special Investigative Supervisor/Special Investigative Agents are appropriately trained under this section. The Chief of the Office of Internal Affairs ensures his/her staff are appropriately trained under this section.</p> |

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. Any State entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations.

During the pre-on-site phase of the audit, the Auditor reviewed the existing Memorandum of Understanding between the BOP and the Federal Bureau of Investigation. The MOU establishes interagency operational procedures and guidelines for the FBI and the BOP regarding violations of deferral criminal statutes occurring in BOP facilities, on BOP property, or which involve BOP staff. Additionally, the MOU defines the respective roles and responsibilities of the BOP and the FBI, to include policy, training, and practice compliance with regulations and standards. The MOU also establishes and in accordance with Title 28 CFR §115.21(g) (2), the FBI shall follow a uniform evidence protocol consistent with §115.21(a)-(f).

The Auditor conducted an interview with a Special Investigative Agent (SIA) who confirmed the responsibilities of an investigator, reviewed the process of an investigation, and confirmed the use of a uniform evidence protocol for the collection of physical evidence. The SIA provided the Auditor with a complete overview of the investigative process as it relates to sexual abuse and sexual harassment. In general, the Office of Inspector General (OIG) of the Department of Justice investigates potential criminal cases involving staff-on-inmate sexual abuse. The Office of Internal Affairs (OIA) of the Bureau of Prisons investigates administrative cases of staff-on-inmate sexual abuse or harassment. Institution investigative staff, the Special Investigative Services (SIS), investigates all other cases. When an inmate-on-inmate allegation of sexual abuse is deemed possibly criminal in nature, it is referred to the Federal Bureau of Investigation (FBI) for investigations. During the pre-on-site phase of the audit, the Auditor reviewed DOJ/OIG PREA Training curriculum and the FBI Domestic Investigations and Operations Guide that confirmed compliance with all investigatory requirements under the PREA standards.

Additionally, the Special Investigative Agent (SIA) also confirmed attending and successful completion of the required specialized training curriculum from the

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| | <p>National Institute of Corrections, Specialized Training: Investigating Sexual Abuse in Confinement Settings. The SIA clearly articulated the comprehensive training received which included investigating sexual abuse and harassment in confinement settings, understanding the impact of victim trauma, techniques for interviewing sexual abuse victims, preservation of crime scene and evidence collection, proper use of Miranda and Garrity and the importance of each, and criteria required for administrative action and prosecution referrals.</p> <p>The Auditor reviewed training documentation, which included the specialized training curriculum from the National Institute of Corrections, <i>Specialized Training: Investigating Sexual Abuse in Confinement Settings</i> and training certificates of completion verifying investigative staff that conduct sexual abuse investigations attended and completed the required specialized training.</p> <p>Upon review of the policy and documentation listed above and previously discussed, and after completion of interviews, in addition to the observations made throughout the on-site visit, FMC Rochester demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p> |
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| 115.35 | Specialized training: Medical and mental health care |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i></p> <p>BOP Medical & Mental Health Specialized Training Curriculum – PREA and Psychology Services</p> <p>BOP Training Certificates</p> <p>Interviews conducted with:</p> <p>Medical / Mental Health Staff</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> states the agency shall ensure that all full and part-time</p> |

medical and mental health care practitioners who work regularly in its facilities have been training in:

1. How to detect and assess signs of sexual abuse and sexual harassment;
2. How to preserve physical evidence of sexual abuse;
3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
4. How and to who to report allegations or suspicions of sexual abuse and sexual harassment.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the Health Services Division ensures medical staff are appropriately trained under this section. The Reentry Services Division ensures mental health staff are appropriately trained under this section.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states if medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations. The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard from either the agency or elsewhere. Medical and mental health care practitioners shall also receive the training mandated for employees under §115.31 or for contractors and volunteers under §115.32, depending upon the practitioner's status at the agency.

During the pre-on-site phase of the audit, the Auditor reviewed training records of all medical and mental health staff (Health Services and Psychology Services) currently assigned to the facility; training records included the training curriculum and certificates of completion (with signatures). The training curriculum included the required elements of the agency policy and of the PREA standard.

The Auditor conducted interviews with staff members assigned to Health Services and Psychology Services and confirmed receipt of specialized training on how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how to report allegations of sexual abuse and sexual harassment. Staff members also confirmed receiving the agency's general PREA training, which included the zero-tolerance to sexual abuse and sexual harassment.

Upon review of the policy and documentation listed above and previously discussed,

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| | <p>and after completion of interviews, in addition to the observations made during the on-site visit file review, FMC Rochester demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p> |
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| 115.41 | Screening for risk of victimization and abusiveness |
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| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i></p> <p>BOP PREA Intake Objective Screening Instrument</p> <p>Interviews conducted with:</p> <p>Staff Responsible for Risk Screening</p> <p>Random sample of Inmates</p> <p>PREA Coordinator</p> <p>On-site Review Observations:</p> <p>PREA Intake Objective Screening Instrument screening forms</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> states all inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates.</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> states all inmates entering an institution are screened as directed by Health Services, Psychology Services, and Unit Management policies. The following steps should be taken:</p> <ul style="list-style-type: none"> • Inmates with a history of sexual victimization while in BOP custody – when, during the intake screening process, staff identify inmates with a history of |

sexual victimization within BOP custody (e.g., from self-report or from review of available documents), they must refer the inmate to Psychology Services. If not previously documented on BOP records, staff must notify the Chief of Correctional Services of the inmate's report of victimization to ensure appropriate steps have been taken.

- Inmates with a history of sexual victimization while in a non-BOP setting – if victimization occurred in a non-BOP setting, staff should document information, and appropriate psychological treatment and monitoring will be provided if needed.
- Inmates with a history of sexual predation – when, during the intake screening process, staff identify inmates with a history of sexual predation (self-report or from review of available documents), staff must refer the inmate to Psychology Services. If incidents of sexual predation have not previously been documented on BOP records, staff must notify the Chief of Correctional Services of the inmate's history of predation to ensure appropriate steps have been taken.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states intake screening shall ordinarily take place within 72 hours of arrival at the facility. Such assessments shall be conducted using an objective screening instrument. The PREA Intake Objective Screening Instrument should be completed using only information available to staff at the time of intake, and with the purpose of referring the inmate for further assessment if needed.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states if further assessment is needed after documenting and applying the criteria, an inmate is considered "at-risk" until a final determination is made by Psychology Services or Correctional Services. Referrals to Psychology Services or Correctional Services are documented at the local level.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states inmates are encouraged to disclose as much information as possible for the agency to provide the most protection possible under this policy. If an inmate chooses not to respond to questions relating to his/her level of risk, he/she may not be disciplined.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the intake screening shall 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;
2. The age of the inmate;
3. The physical build of the inmate;
4. Whether the inmate has previously been incarcerated;
5. Whether the inmate's criminal history is exclusively nonviolent;
6. Whether the inmate has prior convictions for sex offenses against an adult or child;
7. Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
8. Whether the inmate has previously experienced sexual victimization;
9. The inmate's own perception of vulnerability; and
10. Whether the inmate is detained solely for civil immigration purposes.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. In the case of inmates "at risk" for perpetration, Correctional Services should be notified by Psychology Services.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states within a set time, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states an inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall implement 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. Any information related to sexual victimization or abusiveness, is limited to a need-to-know basis for staff, only for the purpose of treatment and security and management decisions (housing and cell assignments, work, education, and programming assignments).

During the pre-on-site phase of the audit, the Auditor reviewed thirty-six PREA Intake Objective Screening Instrument screening forms completed during this audit period. All forms were filled out completely and in accordance with the agency policy and the requirements of the PREA standard.

During the on-site phase of the audit, the Auditor reviewed an additional forty-two PREA Intake Objective Screening Instrument screening forms completed during this audit period. The thirty-six PREA Intake Objective Screening Instrument forms reviewed were from the files of the inmates selected for the random and targeted inmate interviews. All forms, to include the *PREA Intake Objective Screening Instrument, Intake Screening, Psychology Services Risk of Sexual Victimization*, and the *Inmate Individualized Treatment Plan (28-day Risk Reassessment)*, were filled out completely and in accordance with the agency policy.

The Auditor conducted an interview with a Staff Member responsible for conducting screenings for risk of victimization and abusiveness. The Staff Member provided the Auditor with a complete overview of the inmate risk screening process to include how all inmates are screened the same day of arrival. The Staff Member confirmed that all risk screening interviews are conducted in private, and any information obtained in the interview is strictly used to determine an inmate's risk of sexual victimization or abusiveness and he confirmed such sensitive information is limited to staff for the purpose of security, management, and treatment decisions (housing, programming, work assignments, etc.).

The Auditor inquired to the Staff Member what actions are taken against inmates who refuse to cooperate or answer the questions in the risk screening process. The Staff Member responded that inmates are not required to provide answers. The Staff Member confirmed that inmates are not disciplined for refusing to cooperate or answer the questions in the risk screening process.

The Auditor conducted interviews with four inmates who disclosed prior sexual victimization. Each inmate confirmed to the Auditor that they were offered the opportunity to meet with Psychology Services during the risk screening process; one of the four inmates accepted and met with Psychology Services within a week. The remaining three inmates declined the opportunity but acknowledged knowing how to contact Psychology Services if needed in the future. The Auditor was able to confirm the information provided by each inmate during the documentation review process.

During the on-site visit, the Auditor requested an up-to-date facility inmate roster which provides a list of all inmates currently at the facility and is organized by housing unit. The facility inmate roster also provides inmate characteristics such as

age, gender, race, ethnicity, and housing assignment. This allowed the Auditor to accurately select a random representation of inmates for the interview process. All inmate interviews were conducted with the guidance of the National PREA Resource Center, *PREA Compliance Audit Instrument - Interview Guide for Inmates*.

The Auditor conducted twenty-four inmate interviews, twenty of the twenty-four inmates interviewed entered the facility twelve months or longer, therefore this interview question was not posed to them. Of the remaining four inmates interviewed, all four inmates recalled the initial risk screening assessment interview as well as the second risk assessment interview occurring with a Psychology Services staff member and within two to three weeks from the initial assessment.

An interview with the National PREA Coordinator was conducted and the question was posed to her how the facility protects sensitive information, in particular an inmate's risk assessment. The National PREA Coordinator explained the policy mandates such sensitive information is limited to staff who have a need to know and will vary depending on what is recommended within the risk assessment. The National PREA Coordinator provided the following example: If there is an elevated risk level with recommendations on cell assignment and work assignment, then the Correctional Counselor will be notified since that individual is responsible for those assignments. Executive staff are made aware in all instances due to security concerns.

Upon review of the policies, on-site file review, and upon completion of the interviews, FMC Rochester demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

| 115.42 | Use of screening information |
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| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Documents:</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i></p> <p>BOP PREA Intake Objective Screening Instrument</p> <p>Interviews conducted with:</p> |

Institution PREA Compliance Manager (IPCM)

Staff Responsible for Risk Screening

PREA Coordinator

On-site Observations:

PREA Intake Objective Screening Instrument forms

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall use information from the risk screening required by §115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall make individualized determinations about how to ensure the safety of each inmate.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states in deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states a transgender or intersex inmate's own view with respect to his or her own safety shall be given serious consideration. Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.

The Auditor conducted an interview with a Staff Member responsible for conducting screenings for risk of victimization and abusiveness. The Staff Member provided the Auditor with a complete overview of the inmate risk screening process to include how all inmates are screened the same day of arrival. The Staff Member confirmed that all risk screening interviews are conducted in private, and any information obtained in the interview is strictly used to determine an inmate's risk of sexual victimization or abusiveness and she confirmed such sensitive information is limited to staff for the purpose of security, management, and treatment decisions (housing, programming, work assignments, etc.).

The Auditor inquired to the Staff Member what actions are taken against inmates who refuse to cooperate or answer the questions in the risk screening process. The Staff Member responded that inmates are not required to provide answers. The Staff Member confirmed that inmates are not disciplined for refusing to cooperate or answer the questions in the risk screening process.

The Auditor reviewed forty-two PREA Intake Objective Screening Instrument screening forms from the files of the inmates selected for the random and targeted inmate interviews. All forms, to include the *PREA Intake Objective Screening Instrument*, *Intake Screening*, *Psychology Services Risk of Sexual Victimization*, and the *Inmate Individualized Treatment Plan (28-day Risk Reassessment)*, were filled out completely and in accordance with the agency policy and the requirements of the PREA standard.

The Auditor conducted an interview with the Institution PREA Compliance Manager (IPCM) on how the facility uses information obtained from the risk screening assessment interview to keep inmates from being sexually victimized or being sexually abusive. The IPCM described the risk screening process and explained how depending upon the responses given by the inmate; the information obtained in the screening process is used to ensure inmates are properly referred for treatment and to ensure appropriate housing.

The Auditor also inquired to the IPCM how the facility determines housing and program assignments for transgender or intersex inmates. The IPCM explained that housing for a transgender or intersex inmate is determined on a case-by-case basis. The inmate's safety as well as the safety and the security of facility will be taken into consideration when making the housing determination.

The Auditor requested an up-to-date inmate roster for gay, bisexual, transgender, and intersex inmates to conducted targeted inmate interviews. All inmate interviews were conducted with the guidance of the National PREA Resource Center, *PREA Compliance*

Audit Instrument - Interview Guide for Inmates.

The Auditor conducted three separate interviews with inmates who identify as either gay or bisexual. The Auditor inquired to each inmate whether they were placed in a housing area only for gay or bisexual inmates. Each inmate acknowledged being housed in a general population housing area with inmates of the same level of classification. Each inmate explained the classification levels are based on criminal history. The Auditor's initial request for interviews included transgender and intersex inmates, however, the facility provided the Auditor with documentation which depicted there were no transgender or intersex inmates in custody at the time of the on-site, therefore inmates in this targeted category were not interviewed.

An interview with the National PREA Coordinator was conducted and the question was posed to her how the agency ensures against placing lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities or wings. The National PREA Coordinator confirmed that the Bureau of Prisons does not have any facilities, units, or wings, dedicated to lesbian, gay, transgender, or intersex inmates.

Upon review of the policies and upon completion of the interviews, FMC Rochester demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

| 115.43 | Protective Custody |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i></p> <p>Interviews conducted with:</p> <p>Warden</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> states inmates at high risk for sexual victimization shall not be</p> |

placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document:

1. The opportunities that have been limited;
2. The duration of the limitation; and
3. The reasons for such limitations.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. If an involuntary segregated housing assignment is made, the facility shall clearly document:

1. The basis for the facility's concern for the inmate's safety; and
2. The reason why no alternative means of separation can be arranged.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population.

The Auditor conducted an interview with the Warden regarding inmates at high risk of victimization. The Warden explained inmates at high risk for sexual victimization should not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. If the assessment cannot be completed immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours, or review for placement in one of our neighboring facilities while completing the assessment. Any limits on programming

due to the involuntary segregated housing must be documented.

The Auditor conducted an interview with a Facility Staff Member who supervises inmates in segregated housing. The Auditor inquired to the Facility Staff Member if an inmate is placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, what restrictions are placed on the inmate. The Facility Staff Member articulated that inmates placed in the Special Housing Unit (SHU) do not have restrictions and retain the same privileges as inmates in general population housing, to include participating in programs and education opportunities. The Facility Staff Member explained if an inmate has restrictions, it would be limited, and the Chief of Correctional Services ensures that proper documentation exists reflecting the limitations, duration, and rationale for the limitations.

According to the information in the PAQ, the facility reported there were no inmates at risk of sexual victimization being assigned to involuntary segregated housing during the twelve-month auditing period. During the on-site phase of the audit, the Auditor interviewed the Warden and the Institution PREA Compliance Manager and each confirmed the information previously provided by the facility in the PAQ. Therefore, inmates in this targeted category were not interviewed.

Upon review of the policy and documentation provided and upon completion of the interviews, FMC Rochester demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

| 115.51 | Inmate reporting |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion Documents: BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> BOP Program Statement 3420.11, <i>Standards of Employee Conduct</i> BOP Gratuitous Service Agreement w/Victim Services Sexual Assault Program of Olmstead County BOP Inmate Handbook (English/Spanish) BOP Admission & Orientation Pamphlet – PREA (multiple languages) |

BOP PREA Zero-tolerance Poster (English/Spanish)

Interviews conducted with:

Institution PREA Compliance Manager (IPCM)

Random sample of Staff

Random sample of Inmates

On-site Review Observations:

Zero-Tolerance Policy signage

Inmate phones

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states during the intake process, inmates shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states inmates are encouraged to report allegations to staff at all levels, including local, regional, and Central Office. They are also currently provided with avenues of internal reporting, such as telephonically to a specific department (such as the Special Investigative Lieutenant), or by mail to an outside entity (Office of Inspector General).

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall also provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the

inmate to remain anonymous upon request. Inmates detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. Inmates are provided contact information and access to the Office of Inspector General to make such reports.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall provide a method for staff to privately report sexual abuse and sexual harassment of inmates. Staff may privately contact any supervisory staff at the local institution, regional staff, or Central Office staff, including the Regional PREA Coordinators, and the National PREA Coordinator. Allegations involving staff members may also be reported to the Office of Internal Affairs or the Office of Inspector General.

During the pre-on-site phase of the audit, the Auditor reviewed provided documentation, which included the SANES/SAFEs evidence protocol, and the gratuitous service agreement between FMC Rochester of the Bureau of Prisons and Victim Services Sexual Assault Program of Olmstead County. The agreement uses clear and concise language, provides a thorough description of each party's responsibilities, and the reporting and documentation requirements for each.

The Auditor conducted an interview with a victim advocate from the Victim Services Sexual Assault Program of Olmstead County and she confirmed the existing agreement with the facility. She provided a detailed description of the advocacy services provided to the inmates at FMC Rochester to include crisis intervention and emotional support services, accompany the victim during forensic exam and investigatory interviews, and follow-up crisis counseling upon request.

During the on-site visit, the Auditor requested an up-to-date facility inmate roster, which provides a list of all inmates currently at the facility and is organized by housing unit. The facility inmate roster also provides inmate characteristics such as age, gender, race, ethnicity, and housing assignment. This allowed the Auditor to accurately select a random representation of inmates for the interview process. All inmate interviews were conducted with the guidance of the National PREA Resource Center, *PREA Compliance Audit Instrument - Interview Guide for Inmates*.

The Auditor conducted twenty-four inmate interviews and inquired how they would report an incident of sexual abuse or sexual harassment if it happened to them or another inmate. Inmates referred to utilizing the multiple PREA informational bulletins, TRULINCS, and brochures, which are posted throughout the facility, as a source of information. Twenty-one of the twenty-four inmates interviewed referred to utilizing TRULINCS or notifying a staff member as the most direct method to report or inquire about PREA information. All inmates interviewed also referred to calling a family member as their source outside the facility, with twenty-one of the twenty-four inmates interviewed confirming knowledge of third-party reporting. Twenty of the twenty-four inmates interviewed were aware of the availability of submitting an anonymous PREA report.

The Auditor-conducted interviews with twelve random staff members and asked each staff member how an inmate can privately report sexual abuse and sexual harassment or retaliation by other inmates or staff for previously reporting sexual abuse and sexual harassment. Each staff member interviewed was able to articulate the various methods an inmate may privately report an allegation of sexual abuse or sexual harassment (supervisory staff at the local institution, the Regional PREA Coordinators, or by notifying the Office of Inspector General). Staff members also explained that reports concerning sexual abuse or sexual harassment, whether reported verbally or in writing, are considered confidential and must be documented immediately.

The Auditor inquired to each staff member how he/she would report an allegation of sexual abuse or sexual harassment of inmates privately. Staff responses included either calling the Office of Inspector General or tell his/her immediate supervisor. Staff members expressed confidence in reporting either to the OIG or privately to his/her supervisor and no one reported fear of retaliation.

The Auditor conducted an interview with the Institution PREA Compliance Manager (IPCM) to verify reporting methods for sexual abuse or sexual harassment allegations that are available for inmates and staff. The IPCM confirmed the multiple methods of reporting available for inmates and staff, these reports can be made either verbally, in writing, by a third party and may be done so in private or anonymously and all reports, no matter the method used to report, are confidential and handled promptly and professionally. The IPCM confirmed that inmates could report anonymously through TRULINCS or by mailing the Office of Inspector General.

During the on-site phase of the audit, the Auditor conducted a tour of the facility and

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| | <p>observed PREA informational bulletins posted in every housing area as well as various locations throughout the compound. These PREA bulletins (Zero-tolerance Policy bulletins) are posted in multiple languages, located throughout each unit, as well as several posted in common areas (food service, educational and vocational buildings) throughout the compound.</p> <p>Upon review of the policies, contracts, employee handbook, BOP inmate handbook, and PREA bulletins and signs posted throughout the facility, and upon completion of interviews, FMC Rochester demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p> |
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| 115.52 | Exhaustion of administrative remedies |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i></p> <p>BOP Program Statement 1330.18, <i>Administrative Remedy Program</i></p> <p>BOP Inmate Admission & Orientation Handbook</p> <p>Interviews:</p> <p>Inmates who reported sexual abuse</p> <p>BOP Program Statement 1330.18, <i>Administrative Remedy Program</i> states the agency shall establish procedures for the filing of an emergency grievance where an inmate is subject to a substantial risk of imminent sexual abuse.</p> <p>BOP Program Statement 1330.18, <i>Administrative Remedy Program</i> states after receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within five calendar days. The initial response and final agency decision shall document the agency's determination whether the inmate is in substantial risk of imminent sexual</p> |

abuse and the action taken in response to the emergency grievance.

BOP Program Statement 1330.18, *Administrative Remedy Program* the agency shall 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, and such grievance is not referred to a staff member who is the subject of the complaint.

BOP Program Statement 1330.18, *Administrative Remedy Program* third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates.

BOP Program Statement 1330.18, *Administrative Remedy Program* 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.

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

During the pre-on-site phase of the audit, the Auditor reviewed the BOP Inmate Handbook and confirmed the handbook contains information about the administrative remedy process to include explanation of the types of resolution, informal and formal.

The Auditor conducted interviews with three inmates who reported an incident of sexual abuse. The Auditor inquired to each inmate, after reporting, if the facility allowed them to contact anyone. All three inmates confirmed to the Auditor, after reporting the incident, he was able to meet with Psychology Services and was provided with additional advocacy services information provided by the Victim Services Sexual Assault Program of Olmstead County.

Upon review of policies and of the BOP Inmate Admission & Orientation Handbook, and upon completion of interviews, FMC Rochester demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the

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| | PREA standard. |
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| 115.53 | Inmate access to outside confidential support services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i></p> <p>BOP Gratuitous Service Agreement w/Victim Services Sexual Assault Program of Olmstead County</p> <p>BOP PREA Zero-Tolerance Bulletins (English / Spanish)</p> <p>BOP Admission & Orientation Pamphlet - PREA (English / Spanish)</p> <p>BOP Inmate Admission & Orientation Handbook (English / Spanish)</p> <p>Interviews conducted with:</p> <p>Random sample of Inmates</p> <p>Victim Advocate</p> <p>Inmates who reported sexual abuse</p> <p>On-site Review Observations:</p> <p>Zero-Tolerance Policy signage</p> <p>BOP Intake Screening form (receipt of A & O Handbook)</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> states the facility shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers were available, of local, State, or national victim advocacy or rape crisis organizations, and for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner</p> |

as possible.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the facility shall inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization, or qualified agency staff member.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the Institution PREA Compliance Manager (IPCM), with the assistance of Psychology Services, attempts to enter into agreement with a rape crisis center to make available a victim advocate to inmates being evaluated for the collection of forensic evidence. If an agreement is not reached, efforts must be documented. Properly trained Psychology or Chaplaincy Services staff members may provide victim services locally if a rape crisis center is not available.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states 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 and shall provide emotional support, crisis intervention, information, and referrals.

During the pre-on-site phase of the audit, the Auditor reviewed the BOP Inmate Admissions & Orientation Handbook. The BOP Inmate Admission & Orientation Handbook provides information regarding victim advocacy services for inmates and all information provided will be kept confidential, except information that requires mandatory reporting.

During the pre-on-site phase of the audit, the Auditor reviewed provided documentation, which included the SANES/SAFEs evidence protocol, and the

gratuitous service agreement between FMC Rochester of the Bureau of Prisons and Victim Services Sexual Assault Program of Olmstead County. The agreement uses clear and concise language, provides a thorough description of each party's responsibilities, and the reporting and documentation requirements for each.

The Auditor conducted an interview with a victim advocate from the Victim Services Sexual Assault Program of Olmstead County and she confirmed the existing agreement with the facility. She provided a detailed description of the advocacy services provided to the inmates at FMC Rochester to include crisis intervention and emotional support services, accompany the victim during forensic exam and investigatory interviews, and follow-up crisis counseling upon request.

The Auditor requested an up-to-date facility inmate roster which provides a list of all inmates currently at the facility and is organized by housing unit. The facility inmate roster also provides inmate characteristics such as age, gender, race, ethnicity, and housing assignment. This allowed the Auditor to accurately select a random representation of inmates for the interview process. All inmate interviews were conducted with the guidance of the National PREA Resource Center, *PREA Compliance Audit Instrument - Interview Guide for Inmates*.

The Auditor interviewed twenty-four inmates and inquired to each inmate, were they informed of services available outside of the facility if needed, for dealing with sexual abuse. Nineteen of the twenty-four inmates interviewed stated there are services available as they were explained to them during the comprehensive PREA orientation (A&O) and referred to the informational bulletins posted in the unit as well as information in the Inmate A & O Handbook, which provides specific details. Nineteen of the twenty-four inmates interviewed acknowledged being provided information for written communication to victim advocacy services. The Auditor reviewed documentation confirming all twenty-four inmates interviewed received the BOP Inmate Admission & Orientation Handbook (documentation included inmate signatures).

During the facility tour, the Auditor conducted informal interviews with inmates in the housing dormitories and in various work assignments, and while touring the programs, educational, and workshop buildings. Throughout the tour, the Auditor noted PREA Zero-Tolerance bulletins displayed in all the above areas / buildings. The PREA Zero-Tolerance bulletins contain information for reporting incidents as well as information related to counseling and advocacy services.

The Auditor conducted three targeted interviews with inmates who reported an

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| | <p>incident of sexual abuse. The Auditor inquired to each inmate, after reporting, did the facility allow them to contact anyone. All three inmates confirmed to the Auditor, after reporting the incident, he was able to meet with Psychology Services and was provided with additional advocacy services information provided by the Victim Services Sexual Assault Program of Olmstead County. One of the three inmates confirmed meeting with a victim advocate from the Victim Services Sexual Assault Program of Olmstead County; the remaining two inmates declined the need for additional advocacy services.</p> <p>Upon review of the policies and upon completion of the interviews, FMC Rochester demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p> |
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| 115.54 | Third-party reporting |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i></p> <p>BOP Inmate Admission & Orientation Handbook (multiple languages)</p> <p>BOP Website https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp</p> <p>BOP PREA Zero-Tolerance Bulletin (English / Spanish)</p> <p>Interviews conducted with:</p> <p>Random sample of Inmates</p> <p>On-site Review Observations:</p> <p>Zero-Tolerance Policy signage</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention &</i></p> |

Intervention Program states the agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate.

During the on-site phase of the audit, the Auditor conducted a tour of the facility and observed PREA informational bulletins posted. These PREA Zero-Tolerance bulletins are posted in multiple languages, located near the entrances into the housing unit, as well as several posted in common areas (educational and vocational buildings) throughout the compound. The bulletins display multiple reporting instructions to include telling any staff member, file an administrative remedy, TRULINCS, or write to the Office of Inspector General.

During the on-site visit, the Auditor requested an up-to-date facility inmate roster which provides a list of all inmates currently at the facility and is organized by housing unit. The facility inmate roster also provides inmate characteristics such as age, gender, race, ethnicity, and housing assignment. This allowed the Auditor to accurately select a random representation of inmates for the interview process. All inmate interviews were conducted with the guidance of the National PREA Resource Center, *PREA Compliance Audit Instrument - Interview Guide for Inmates*.

All twenty-four inmates interviewed recalled receiving both the initial PREA orientation upon arrival and the comprehensive orientation during the Admission & Orientation process. Each inmate also acknowledged the zero-tolerance policy on sexual abuse sexual harassment and the various ways to report such incidents. When questioned about third party reporting, twenty-one of the twenty-four inmates interviewed acknowledged how to submit a third-party report. In addition, several of the inmates referred to the PREA bulletins posted throughout the facility or utilizing TRULINCS as each contain the directions on how to submit a third-party report.

During the pre-on-site phase of the audit, the Auditor visited the agency's website and confirmed the availability for the public to submit a report of sexual abuse or sexual harassment on behalf of an inmate. The report may also be submitted anonymously.

Upon review of the policies and upon completion of the interviews, FMC Rochester demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

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| 115.61 | Staff and agency reporting duties |
| | <p data-bbox="256 188 959 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 544 300">Auditor Discussion</p> <p data-bbox="256 340 432 376">Documents:</p> <p data-bbox="256 412 1310 488">BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i></p> <p data-bbox="256 595 639 631">Interviews conducted with:</p> <p data-bbox="256 667 600 703">Random sample of Staff</p> <p data-bbox="256 739 671 775">Medical / Mental Health Staff</p> <p data-bbox="256 810 368 846">Warden</p> <p data-bbox="256 954 1481 1240">BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> states the agency shall 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; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p data-bbox="256 1348 1481 1554">BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> states all staff must report information concerning incidents or possible incidents of sexual abuse or sexual harassment to the Operations Lieutenant, or where appropriate, in accordance with the Program Statement Standards of Employee Conduct.</p> <p data-bbox="256 1662 1406 1868">BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> states apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.</p> <p data-bbox="256 1975 1465 2092">BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> states unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse</p> |

pursuant to policy and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the facility shall report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility's designated investigators. Staff must report and respond to allegations of sexually abusive behavior, regardless of the source of the report. The Institution PREA Compliance Manager (IPCM) refers the incident for investigation to the appropriate office and reviews the incident for any further response. As the severity of the sexually abusive behavior increases, so should the level of response.

The Auditor conducted interviews with twelve random staff members. Each staff member interviewed articulated the agency's zero-tolerance policy on sexual abuse and sexual harassment, their role and responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response, how to communicate effectively and professionally with inmates, and an inmate right to be free from sexual abuse and sexual harassment. Staff members also acknowledged that reports concerning sexual abuse or sexual harassment, whether reported verbally or in writing, are considered confidential and must be documented immediately.

The Auditor conducted interviews with Health Services and Psychology Services staff members regarding responsibilities to disclose to inmates the confidentiality limitations and reporting incidents of sexual abuse or sexual harassment. Each staff member articulated in detail step-by-step process when reporting incidents of sexual abuse or sexual harassment as well as expressed the requirement to report such incidents immediately. Additionally, staff members acknowledged disclosing the confidentiality limitation prior to the initiation of services with any inmate. The Auditor inquired if any inmates had reported an incident of sexual abuse or harassment to them and only the Psychology Services staff member indicated they had received such report and reported it immediately.

The Auditor conducted an interview with the Warden and inquired how FMC Rochester

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| | <p>responds when an allegation of sexual abuse or sexual harassment is made by someone under the age of 18 or someone who is considered vulnerable adult under state law. The Warden explained that FMC Rochester does not house inmates under the age of 18 nor inmates who are considered vulnerable adults.</p> <p>The Auditor inquired to the Warden are allegations of sexual abuse and sexual harassment, to include third party and anonymous sources, reported to designated facility investigators. The Warden indicated all allegations of sexual abuse and sexual harassment, no matter the origin of reporting, are investigated in accordance with policy.</p> <p>Upon review of the policies and upon completion of the interviews, FMC Rochester demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p> |
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| 115.62 | Agency protection duties |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i></p> <p>Interviews conducted with:</p> <p>Agency Head Designee</p> <p>Warden</p> <p>Random sample of Staff</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> states when an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate.</p> |

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states in cases where the alleged perpetrator is another inmate, the Operations Lieutenant is notified immediately and immediately safeguards the inmate (which will vary depending on the severity of the alleged sexually abusive behavior and could include monitoring the situation, changing housing assignments, changing work assignment, placing alleged victim and perpetrator in Special Housing, etc.). The Operations Lieutenant promptly refers all inmates reported or suspected of being the victim of sexually abusive behavior to Psychology Services for assessment of vulnerability and treatment needs. The Operations Lieutenant also notifies the Institution PREA Compliance Manager (IPCM).

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states if the alleged perpetrator is a staff member, all options for safeguarding the inmate should be considered. The decisions made to safeguard the inmate should take impact on staff member into account, in accordance with the Master Agreement. Removal from the facility is an extreme measure, and other options include reassignment to another unit or post, or other measures that will effectively separate the staff member from the inmate.

The Auditor conducted interviews twelve random staff members and inquired about his/her actions if they received information that an inmate was in imminent risk of sexual abuse. Each staff member articulated the agency's response protocol to receiving such information and all staff members interviewed confirmed the priority is ensuring the safety of the inmate. Staff indicated that once the inmate who was at risk is secured, they would immediately notify the Operations Lieutenant and IPCM.

The Auditor conducted an interview with the Warden and inquired as to what action is taken upon learning an inmate is subject to a substantial risk of imminent sexual abuse. The Warden informed the Auditor that if staff determine an inmate is subject to a substantial risk of imminent sexual abuse, the inmate will be safeguarded and notifications will be made, to include IPCM, Operations Lieutenant, SIS, Medical, and Psychology Services for appropriate follow-up, investigation, and care.

The Auditor conducted an interview with the Agency Head Designee regarding what action is taken upon learning an inmate is subject to a substantial risk of imminent sexual abuse. The Agency Head Designee stated if an inmate is at risk of imminent sexual abuse the first thing staff will be responsible for is safeguard the inmate by separating him from the potential danger. Our actions vary depending on the severity of the threat. If the possible threat is by another inmate, we may change the inmate's housing assignment, work assignment, or possibly place the inmate in the Special Housing Unit. If the possible threat is from a staff member, other options exist in

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| | <p>addition to these, to include a change in the staff member’s work assignment or removal from the facility while the investigation is conducted.</p> <p>Upon review of the policy, observations made during the on-site facility tour, and upon completion of the interviews, FMC Rochester demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p> |
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| 115.63 | Reporting to other confinement facilities |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i></p> <p>Interviews conducted with:</p> <p>Agency Head Designee</p> <p>Warden</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> states upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> states in cases where there is an allegation that sexually abusive behavior occurred at another Bureau facility, the Warden (or his/her designee) of the victim’s current facility reports the allegation to the Warden of the identified institution. In cases alleging sexual abuse by staff at another institution, the Warden of the inmate’s current facility refers the matter directly to the Office of Internal Affairs.</p> |

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states for non- Bureau secure privatized facilities, jails, juvenile facilities, and Residential Reentry Centers, the Warden will contact the appropriate office of the facility and notify the Privatization Management or the Residential Reentry Management Branches, as appropriate. For non-Bureau facilities, the Warden (or his/her designee) contacts the appropriate office of that correctional agency.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The agency shall document that it has provided such notification. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

In the twelve months prior to the audit, FMC Rochester reported receiving two allegations from an FMC Rochester inmate alleging he was a victim of sexual abuse while confined at another facility. FMC Rochester reported no allegations of sexual abuse incidents were received from other facilities.

The Auditor conducted an interview with the Warden and asked what the process is when your facility receives an allegation from another facility or Bureau that an incident of sexual abuse or sexual harassment occurred at the facility. The Warden assured the Auditor that the allegation would be investigated in accordance with PS 5324.12 and the institution supplement.

The Auditor conducted an interview with the Agency Head Designee and inquired if another agency or facility refers allegations of sexual abuse or sexual harassment that occurred within one of your facilities, is there a designated point of contact. The Agency Head Designee explained that typically, other agencies make the referral directly to the institution, specifically to the Warden. On other occasions, the agencies contact the Bureau of Prisons National PREA Coordinator if they are unsure how to contact the institution directly. In these cases, the National PREA Coordinator will forward the referral directly to the Warden of the institution. For notifications involving a facility within the agency, if the notification does not go directly to the Warden of the institution, the staff who receive the notification immediately forward it to the Warden so that the allegation can be appropriately investigated. The Warden determines whether the allegation(s) can be investigated locally or if it should be referred to the Office of Internal Affairs (OIA). The Auditor inquired to the Agency Head Designee if there are examples of such allegations being reported from another facility or agency. The Agency Head Designee explained that each institution tracks referrals made to them by other facilities and/or agencies. Our agency would contact

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| | <p>the other facility and work together to conduct the investigation to include interviews, statements, and evidence collection. All information and evidence would be provided to the facility responsible for completing the investigation.</p> <p>Upon review of the policy, documentation, and investigative files, and upon completion of the interviews, FMC Rochester demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p> |
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| 115.64 | Staff first responder duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i></p> <p>BOP FMC Rochester PREA Training Curriculum</p> <p>BOP FMC Rochester Training Roster / Documentation of Attendance</p> <p>Interviews conducted with:</p> <p>Security Staff / Non-Security Staff First Responders</p> <p>Random sample of Staff</p> <p>Inmates who reported sexual abuse</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> states upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to:</p> <ul style="list-style-type: none"> • Separate the alleged victim and abuser; • Preserve and protect any crime scene until appropriate steps can be taken to collect evidence; • If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that |

could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; and

- If the alleged abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser 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 first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the staff first responder must preserve the crime scene. SIS staff are responsible for collecting information/evidence. The investigation, in coordination with the agency to which the case may be referred, must follow the guidance given in agency policies and practices concerning evidence gathering and processing procedures.

The Auditor conducted twelve random custody staff interviews and three targeted interviews regarding his/her role as a First Responder to an allegation of sexual abuse. Each staff member provided specific details of their responsibilities as a First Responder. These responsibilities include separating the victim and abuser, safeguarding the inmate victim, preserving, and protecting the crime scene, requesting that the alleged victim not take any actions that could destroy physical evidence, ensuring the alleged abuser does not take any actions, which would destroy physical evidence, and to immediately notify the Operations Lieutenant.

In addition, each staff member acknowledged the importance of the agency's response protocol to a sexual abuse allegation as well as his or her role as a First Responder. Every Staff Member interviewed articulated in detail the responsibilities of a First Responder and the importance of his/her responsibility when responding to an incident of sexual abuse or sexual harassment.

The Auditor conducted three targeted interviews with inmates who reported an incident of sexual abuse. The Auditor inquired to each inmate, after reporting the incident, how did the facility respond and what did staff do when they first arrived at the scene. Each inmate confirmed to the Auditor that staff responded immediately and professionally, removing him from the area and escorting him to medical for treatment and evaluation. Each inmate interviewed articulated each step of the

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| | <p>reporting process (removed from area, statements, medical, etc.) indicating staff took reports of sexual abuse seriously and responded appropriately.</p> <p>Upon review of the policy, documentation, and upon completion of the interviews, FMC Rochester demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p> |
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| 115.65 | Coordinated response |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>Documents:</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i></p> <p>BOP FMC Rochester Response Protocol</p> <p>Interviews conducted with:</p> <p>Warden</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> states the facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> states all staff report incidents of sexual abuse to the Operations Lieutenant. The Operations Lieutenant immediately safeguards the inmate. The Operations Lieutenant promptly refers all inmates reported or suspected of being the victim of sexually abusive behavior to the Health Services for physical assessment and documentation of injuries and to Psychology Services for assessment of vulnerability and treatment needs.</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention &</i></p> |

Intervention Program states the Operations Lieutenant ensures that the SIS, Chief of Correctional Services, Institution PREA Compliance Manager (IPCM), and Warden are notified.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the Institution PREA Compliance Manager (IPCM) will review relevant factors and make a determination whether or not to proceed with full activation of the Response Protocol. Once the Institution PREA Compliance Manager (IPCM) determines that the intervention should continue, a sensitive and coordinated response is necessary. Services will be provided in an environment that meets both security and therapeutic needs.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the full Response Protocol, monitored by the Institution PREA Compliance Manager (IPCM), involves the following components:

- Correctional Services safeguard the inmate; engage in evidence collection and preservation at the institution, including inmate clothing and footwear; investigate cases involving inmate perpetrators; arrange for outside medical trips if necessary; and ensure that STG categories for victims and predators are entered into SENTRY.
- Psychologists are responsible for crisis intervention, assessment of treatment needs, documentation of the evaluation results, treatment, psychiatric referral, and other treatment options related to the alleged victim. Psychologists also notify the qualified agency staff member or the outside victim advocate, if necessary, to assist the inmate.
- Properly trained Health Services clinicians are responsible for assessment, examination, documentation, and treatment of inmate injuries arising from incidents of sexual abuse, including testing when appropriate for pregnancy, HIV, and other sexually transmissible infections (STIs). Where indicated, medical staff, trained in the collection of sexual assault evidence should conduct an examination for physical evidence that may be used later in formal investigations, or refer the inmate to trained health care professionals from the local community or the local community facility equipped to evaluate and treat sexual assault victims.

During the pre-on-site phase of the audit, the Auditor reviewed the above FMC Rochester Response Protocol. The plan is detailed, provides systematic instructions, and outlines the roles and responsibilities for all staff, to include first responders, Health Services, Psychology Services, investigators, and facility leadership, responding to an incident of sexual abuse.

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| | <p>The Auditor conducted an interview with the Warden and inquired as to the implementation of the FMC Rochester Response Protocol. The Warden provided a detailed description of the response plan which outlines the local coordinated actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse.</p> <p>Upon review of the policies and upon completion of interviews, FMC Rochester demonstrated facility wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p> |
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| 115.66 | Preservation of ability to protect inmates from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i></p> <p>Federal Bureau of Prisons and Council of Prison Locals, American Federation of Government Employees Master Agreement</p> <p>Interviews conducted with:</p> <p>Agency Head Designee</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> states neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew 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.</p> <p>Federal Bureau of Prisons has entered or renewed a collective bargaining agreement as indicated by documentation provided titled, Federal Bureau of Prisons and Council</p> |

of Prison Locals, American Federation of Government Employees Master Agreement.

According to the Master Agreement, specifically Article 30, Section g. titled *Disciplinary and Adverse Actions*, the employer (agency) may elect to reassign the employee to another job within the institution or remove the employee from the institution pending investigation and resolution of the matter, in accordance with applicable laws, rules, and regulations.

The Auditor conducted an interview with the Agency Head Designee regarding collective bargaining agreements the BOP has entered or renewed since August 20, 2012. The Agency Head Designee confirmed to the Auditor, the Federal Bureau of Prisons has a collective bargaining agreement with the Council of Prison Locals, American Federation of Government Employees since July 21, 2014.

Additionally, the Agency Head Designee explained in Article 30(g) of the Master Agreement permits the agency to remove an employee from an institution when an allegation adversely affects the agency's confidence in the employee or the security of the institution. The employee may be removed from the institution setting pending an investigation and resolution of the matter, in accordance with applicable laws, rules, and regulations.

Upon review of the policies and upon completion of the interviews, FMC Rochester demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

| 115.67 | Agency protection against retaliation |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Documents: BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> Interviews conducted with: Designated Member Charged with Monitoring Retaliation |

Inmates who reported sexual abuse

Warden

Agency Head Designee

On-site Review Observations:

Investigative files (5)

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* the agency shall establish 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 and shall designate which staff members or departments are charged with monitoring retaliation.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states for at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff and shall act promptly to remedy any such retaliation.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states items the agency should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. In the case of inmates, such monitoring shall also include periodic status checks. If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. An agency's obligation to monitor shall terminate if the agency determines the allegation is unfounded.

The Auditor conducted an interview with the Institution PREA Compliance Manager (IPCM), the designated staff member required to monitor staff and inmates who have reported sexual abuse allegations to protect them from retaliation. The IPCM monitors inmates and staff to ensure there is no retaliation for alleging or reporting sexually abusive behavior. For inmates, this monitoring (90 days) includes housing and cell assignments, work assignments, programming changes, and disciplinary action. For staff, the monitoring (90 days) includes reassignment of work, posts, performance evaluations, and shift changes. If there is a concern that potential retaliation might occur beyond the 90 days, the IPCM would continue to monitor conduct and treatment until the issue or threat is resolved.

The Auditor reviewed five investigative files and noted that each file contained forms showing the retaliation monitoring interviews that were conducted with inmates who previously alleged sexual abuse or sexual harassment. Each form provided a detailed explanation of the interview, statements from the inmate, and comments from the IPCM. The monitoring interviews were conducted on the 30, 60-, and 90-day review dates. In addition to these reviews, periodic checks were also documented in real time in-between the 30-, 60-, and 90-day reviews to document housing or work assignment changes.

The Auditor conducted three targeted interviews with inmates who reported an incident of sexual abuse. The Auditor inquired to each inmate if he feels protected against possible revenge from staff or inmates for reporting an incident of sexual abuse or sexual harassment. All three inmates acknowledged feeling safe within the facility and if there was a need or concern, he would report any concerns to a staff member immediately. Additionally, all three inmates informed the Auditor, “...*FMC Rochester is one of the safest facilities within the BOP*”.

The information provided by the facility in the PAQ indicated there were no incidents of retaliation reported by inmates during the 12-month auditing period. The Auditor further verified this information during interviews with the Warden and the Institution PREA Compliance Manager and each confirmed the information previously provided by the facility. Therefore, inmates in this targeted category were not interviewed.

The Auditor conducted an interview with the Warden and inquired on the different measures taken to protect inmates and staff from retaliation for reporting allegations of sexual abuse or sexual harassment. The Warden confirmed appropriate measures would be taken to protect inmate victims if retaliation is suspected, such as a review of housing, work, and program assignments to aid with their protection. For staff

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| | <p>victims where retaliation is suspected a thorough review of performance and assignment to aid with their protection would occur. For the suspected perpetrators of retaliation, investigations would take place and disciplinary measures would be pursued when appropriate.</p> <p>The Auditor conducted an interview with the Agency Head Designee and inquired how the agency protects inmates or staff from retaliation for sexual abuse or sexual harassment allegations. The Agency Head Designee explained the IPCM monitors inmates and staff to ensure there is no retaliation for alleging or reporting sexually abusive behavior. For inmates, this monitoring includes housing and cell assignments, work assignments, programming changes, and disciplinary action. For staff, the monitoring includes reassignment of work, posts, performance evaluations, and shift changes. In addition, to ensure their mental and emotional wellbeing is cared for, the staff members being monitored will be offered psychology services.</p> <p>The Auditor inquired to the Agency Head Designee if an individual cooperates with an investigation expresses a fear of retaliation, what measures does the Bureau take to protect that individual against retaliation. The Agency Head Designee explained the individual would be monitored in the same manner as the individual who reported the allegation and would be protected against such retaliation. The protection can take the form of changing housing or work assignments, transfers, changing work supervisors, or other actions that prevent retaliation. In addition, to ensure their mental and emotional wellbeing is cared for, the staff members being monitored will be offered psychology services.</p> <p>Upon review of the policy and upon completion of the interviews, FMC Rochester demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p> |
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| 115.68 | Post-allegation protective custody |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Documents:</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i></p> <p>BOP Form BP-A1002, <i>Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation</i></p> |

Interviews conducted with:

Warden

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of §115.43.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document:

1. The opportunities that have been limited;
2. The duration of the limitation; and
3. The reasons for such limitations.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. If an involuntary segregated housing assignment is made, the facility shall clearly document:

1. The basis for the facility's concern for the inmate's safety; and
2. The reason why no alternative means of separation can be arranged.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population.

The Auditor conducted an interview with a Facility Staff Member who supervises inmates in segregated housing. The Auditor inquired to the Facility Staff Member if an inmate is placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, what restrictions are placed on the inmate. The Facility Staff Member articulated that inmates placed in the Special Housing Unit (SHU) do not have restrictions and retain the same privileges as inmates in general population housing, to include participating in programs and education opportunities. The Facility Staff Member explained if an inmate has restrictions, it would be limited, and the Chief of Correctional Services ensures that proper documentation exists reflecting the limitations, duration, and rationale for the limitations.

During the 12 months prior to the audit, the facility reported there were no inmates who reported sexual abuse, being assigned to involuntary segregated housing. During the on-site phase of the audit, the Auditor reviewed the investigative files and confirmed the inmates who reported sexual abuse were not placed into involuntary segregated housing. The Auditor also confirmed this information in interviews with facility staff. Therefore, inmates in this targeted category were not interviewed.

The Auditor conducted an interview with the Warden regarding inmates who alleged sexual abuse. The Warden explained that inmates at high risk for sexual victimization or who have alleged sexual abuse shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. Additionally, the Warden explained the use of the Special Housing Unit (SHU) for involuntary protective custody due to risk of sexual abuse victimization or to provide protective custody to an alleged victim of sexual abuse will occur as a last resort. If an assessment cannot be completed immediately, and if it is safe to do so, the inmate would be held in the SHU for less than 24 hours while completing the assessment. Any limits on programming due to involuntary segregated housing would be documented.

Upon review of the policy and documentation provided and upon completion of the interviews, FMC Rochester demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

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| 115.71 | Criminal and administrative agency investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i></p> <p>BOP Program Statement 5508.02, <i>Hostage Situations or Criminal Actions Requiring FBI Presence</i></p> <p>DOJ/OIG PREA Training curriculum</p> <p>FBI Domestic Investigations and Operations Guide</p> <p>Interviews conducted with:</p> <p>Investigative Staff</p> <p>Inmates who reported sexual abuse</p> <p>On-site Review Observations:</p> <p>Investigative files (5)</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> states when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> states where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to §115.34.</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> states investigators shall gather and preserve direct and</p> |

circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states when the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse and shall be documented in written reports that include a description of physical and testimonial evidence, the reason behind credibility assessments, and investigative facts and findings.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states 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.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall retain all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states any State entity or Department of Justice component that conducts such investigations shall do so pursuant to agency policy.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

BOP Program Statement 5508.02, *Hostage Situations or Criminal Actions Requiring FBI Presence* states the FBI has the investigative responsibility for criminal activities at all Bureau facilities. Additionally, in accordance with the existing MOU between the BOP and the FBI, upon the occurrence of any incident that may involve a criminal act, the BOP will take immediate action to preserve the scene of the incident and immediately notify the appropriate designated FBI representative of the incident.

During the pre-on-site phase of the audit, the Auditor reviewed the existing Memorandum of Understanding between the BOP and the Federal Bureau of Investigation. The MOU establishes interagency operational procedures and guidelines for the FBI and the BOP regarding violations of deferral criminal statutes occurring in BOP facilities, on BOP property, or which involve BOP staff. Additionally, the MOU defines the respective roles and responsibilities of the BOP and the FBI, to include policy, training, and practice compliance with regulations and standards. The MOU also establishes and in accordance with Title 28 CFR §115.21(g) (2), the FBI shall follow a uniform evidence protocol consistent with §115.21(a)-(f).

During the on-site phase of the audit, the Auditor conducted an interview with a Special Investigative Agent (SIA) who confirmed the responsibilities of an investigator, reviewed the process of an investigation, and confirmed the use of a uniform evidence protocol for the collection of physical evidence. The SIA provided the Auditor with a complete overview of the investigative process as it relates to sexual abuse and sexual harassment. In general, the Office of Inspector General (OIG) of the Department of Justice investigates potential criminal cases involving staff-on-inmate sexual abuse. The Office of Internal Affairs (OIA) of the Bureau of Prisons investigates administrative cases of staff-on-inmate sexual abuse or harassment. Institution

investigative staff, the Special Investigative Services (SIS), investigates all other cases. When an inmate-on-inmate allegation of sexual abuse is deemed possibly criminal in nature, it is referred to the Federal Bureau of Investigation (FBI) for investigations. During the pre-on-site phase of the audit, the Auditor reviewed DOJ/OIG PREA Training curriculum and the FBI Domestic Investigations and Operations Guide that confirmed compliance with all investigatory requirements under the PREA standards.

During the 12 months prior to the audit, FMC Rochester reported four allegations of sexual abuse and one allegation of sexual harassment. The Auditor reviewed the five allegations thoroughly and systematically to ensure each case contained the required documentation, and that all procedures were completed as required.

The Auditor found each case reviewed contained all the appropriate documentation, and determined that the incidents were investigated promptly, thoroughly, and objectively by a qualified Special Investigative Agent who has received training and education and has the authority to conduct such investigations. The Auditor noted each file contained documentation to include but not limited to the initial incident report, SIS report, PREA OneSource Checklist, Memorandums, Institution Medical Assessment, Psychology Report, Hospital Report (if applicable), 30 Day Sexual Abuse Incident Review, 90-day Retaliation Checks, Photographs, Crime Scene log, Chain of Custody, SENTRY documentation, and Victim Notification.

The case reviewed by the Auditor, contained all documented reports for that specific incident, inmate notifications, a description of the physical and testimonial evidence, the reasoning behind credibility assessments and the investigative facts and findings. Additionally, the report included an assessment as to whether staff actions or a failure to act on the part of staff contributed to the abuse. The Auditor reviewed the case thoroughly and systematically to ensure it contained all the correct procedures, completed documentation, and that all processes were completed as required, to include the report findings.

Upon completion of reviewing the case file, the Auditor determined that the facility (to include but not limited to Staff First Responders, Operations Lieutenant, Institution PREA Compliance Manager, Health Services, Psychology Services, and Facility Leadership, etc.) followed the required steps and processes for reported allegations. At the time of the Auditor's review, there were no cases referred for prosecution.

The Auditor conducted three targeted interviews with inmates who reported an incident of sexual abuse. The Auditor inquired to each inmate if the facility required

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| | <p>him to submit to a polygraph test as a condition for proceeding with the investigation. All three inmates denied being required to complete a polygraph test as a condition of proceeding with the investigation.</p> <p>Upon review of the policies and upon completion of the interviews, FMC Rochester demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p> |
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| 115.72 | Evidentiary standard for administrative investigations |
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| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i></p> <p>Interviews conducted with:</p> <p>Investigative Staff</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> states the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The BOP applies this section in accordance with its disciplinary/adverse action process and collective bargaining agreement, and applicable laws, rules, and regulations.</p> <p>The Auditor conducted an interview with a Special Investigative Agent (SIA) who confirmed the responsibilities of an investigator, reviewed the process of an investigation, and confirmed the use of a uniform evidence protocol for the collection of physical evidence. The SIA provided the Auditor with a complete overview of the investigative process as it relates to sexual abuse and sexual harassment. The Special Investigative Agent or SIA is responsible for conducting administrative sexual abuse investigations within the facility.</p> <p>The SIA articulated the investigative process beginning with initial notification,</p> |

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| | <p>investigation of the allegation, understanding the impact of victim trauma, techniques for interviewing sexual abuse victims, preservation of crime scene and evidence collection, proper use of Miranda and Garrity, and criteria required for administrative action and prosecution referrals. The Auditor inquired to the SIA what standard of evidence is required to substantiate allegations of sexual abuse or sexual harassment. The SIA explained that the agency should impose no standard higher than a preponderance of the evidence.</p> <p>Upon review of the policy and upon completion of the interviews, FMC Rochester demonstrated facility- wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p> |
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| 115.73 | Reporting to inmates |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i></p> <p>BOP PREA Investigative Case - Victim Notifications</p> <p>Investigative Case file - (5)</p> <p>Interviews conducted with:</p> <p>Investigative Staff</p> <p>Inmates who reported sexual abuse</p> <p>Warden</p> <p>On-site Observations:</p> <p>Case disposition notifications (to inmate)</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> states following an investigation into an inmate’s allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the</p> |

inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The Special Investigative Lieutenant provides all notifications to inmates required under this provision.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states if the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states, following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined the allegation is unfounded) whenever:

1. The staff member is no longer posted within the inmate's unit;
2. The staff member is no longer employed at the facility;
3. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
4. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states following an inmate's allegation that he or she has been sexually abuse by another inmate, the agency shall 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; or
- The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
- All such notifications or attempted notifications shall be documented.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states an agency's obligation to report under this standard shall terminate if the inmate is released from the agency's custody.

The Auditor conducted an interview with the Special Investigative Agent (SIA) and inquired about the agency's notification procedures, to an alleged victim of sexual

abuse, when the case is closed and whether the allegation has a final determination of substantiated, unsubstantiated, or unfounded. The SIA confirmed such notifications are completed by the Special Investigative Lieutenant, which is documented, and the notification is retained in the case file.

The Auditor conducted three targeted interviews with inmates who reported an incident of sexual abuse. The Auditor inquired to each inmate if the facility notified him of the final decisions made regarding the allegation and if such notification was in writing. All three inmates interviewed confirmed to the Auditor he was notified (verbally and in writing) by staff of the case disposition. The Auditor verified the notifications while reviewing the investigative files and the inmate notifications contained the date, case disposition, and inmate signatures.

During the on-site phase of the audit, the Auditor reviewed five investigative files from the 12 months prior to the audit. The investigative files that were closed, included a final disposition, and contained an inmate notification form documenting the outcome of the case (substantiated, unsubstantiated, or unfounded) with the signature of the inmate documented on the notification.

The Auditor conducted an interview with the Warden and inquired regarding how the facility notifies an inmate who makes an allegation of sexual abuse when the case is closed and a determination as to either substantiated, unsubstantiated, or unfounded. The Warden confirmed that the Special Investigative Lieutenant would complete the victim notification process.

Upon review of the policies and upon completion of the interviews, FMC Rochester demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

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| 115.76 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Documents: BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> |

Interviews conducted with:

Administrative (Human Resources) Staff

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

The facility reported no staff violations or terminations of the agency's sexual abuse or sexual harassment policies during the 12 months prior to the audit.

During the on-site phase of the audit, the Auditor conducted an interview with Administrative / HR Staff Member who confirmed that FMC Rochester had no staff members violate or terminated for violating the agency's policy against sexual abuse or sexual harassment during the past 12 months.

Upon review of the policy and upon completion of interviews, FMC Rochester demonstrated facility wide practices that are consistent with policy and the requirements that complies with the PREA standard.

| 115.77 | Corrective action for contractors and volunteers |
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| | <p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 266 544 300">Auditor Discussion</p> <hr/> <p data-bbox="256 344 432 378">Documents:</p> <p data-bbox="256 412 1310 490">BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i></p> <p data-bbox="256 602 639 636">Interviews conducted with:</p> <p data-bbox="256 669 368 703">Warden</p> <p data-bbox="256 815 1477 1016">BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> states any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p data-bbox="256 1128 1469 1330">BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> states the facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p data-bbox="256 1442 1406 1554">The facility reported there have been no contractor or volunteer violations or terminations of the Bureau’s sexual assault, sexual abuse, sexual harassment, or sexual misconduct policies during the 12 months prior to the audit.</p> <p data-bbox="256 1666 1477 1912">The Auditor conducted an interview with the Warden regarding any violation of the facility’s sexual abuse or sexual harassment by a contractor or volunteer. The Warden explained that FMC Rochester defers to national policy, which requires any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. Additionally, they would be prohibited from further contact with inmates.</p> <p data-bbox="256 2024 1342 2092">Upon review of the policy and upon completion of interviews, FMC Rochester demonstrated facility wide practices that are consistent with policy and the</p> |

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| | requirements that complies with the PREA standard. |
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| 115.78 | Disciplinary sanctions for inmates |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i></p> <p>Interviews conducted with:</p> <p>Warden</p> <p>Medical / Mental Health Staff</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> states inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> states sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> states the disciplinary process shall consider whether an inmate’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> states if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to</p> |

participate in such interventions as a condition of access to programming or other benefits.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency may discipline an inmate for sexual contact with staff only upon finding that the staff member did not consent to such contact.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states an 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 determines that the activity is not coerced.

During the on-site phase of the audit, the Auditor conducted an interview with the Warden and discussed the facility's policy on disciplinary sanctions for an inmate after an administrative or criminal finding that the inmate engaged in inmate-on-inmate sexual abuse. The Warden referred to the existing policy that an inmate would be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate abuse.

The Auditor conducted an interview with Health Services and Psychology Services staff members and discussed the victim advocate services available to inmates and counseling services available for abusers. Each staff member explained the services provided at the facility, including counseling, and support services. These services are offered for victims of sexual abuse or sexual harassment as well as offenders of sexual abuse.

Upon review of the policy and upon completion of interviews, FMC Rochester demonstrated facility wide practices that are consistent with policy and the requirements that complies with the PREA standard.

| 115.81 | Medical and mental health screenings; history of sexual abuse |
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| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i></p> <p>BOP PREA Intake Objective Screening Instrument</p> <p>Interviews conducted with:</p> <p>Inmates who disclose Sexual Victimization at Risk Screening</p> <p>Staff responsible for Risk Screening</p> <p>Medical and Mental Health Staff</p> <p>On-site Review Observations:</p> <p>Inmate records of initial assessment & reassessment</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> states if the screening pursuant to §115.41 indicates that a prison inmate or jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> states if the screening pursuant to §115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> states any information relating to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical</p> |

and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, state, or local law.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

The Auditor reviewed forty-two PREA Intake Objective Screening Instrument screening forms from the files of the inmates selected for the random and targeted inmate interviews. Each file contained the initial risk screening form as well as the 30-day reassessment form; all were filled out completely and in accordance with the facility's policy.

The Auditor conducted an interview with a Staff Member responsible for conducting screenings for risk of victimization and abusiveness. The Staff Member provided the Auditor with a complete overview of the inmate risk screening process to include how all inmates are screened the same day of arrival. The Staff Member confirmed that all risk screening interviews are conducted in private, and any information obtained in the interview is strictly used to determine an inmate's risk of sexual victimization or abusiveness and he confirmed such sensitive information is limited to staff for the purpose of security, management, and treatment decisions (housing, programming, work assignments, etc.).

The Auditor inquired to the Staff Member what actions are taken against inmates who refuse to cooperate or answer the questions in the risk screening process. The staff member responded that inmates are not required to provide answers. The staff member confirmed that inmates are not disciplined for refusing to cooperate or answer the questions in the risk screening process.

The Auditor conducted interviews with staff members from Health Services and Psychology Services and inquired to each if an inmate has disclosed experiencing prior sexual victimization upon intake into the facility or if records indicate an inmate has perpetrated sexual abuse, are follow-up meetings provided to each inmate. Each staff member confirmed that such meetings are offered to inmates who have previously experienced prior sexual victimization, whether it is in an institutional setting or in the community. Each staff member also confirmed that inmates who

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| | <p>have perpetrated sexual abuse are also offered these services as well; it is at the discretion of the inmate whether to participate.</p> <p>The Auditor conducted interviews with four inmates who disclosed prior sexual victimization. Each inmate confirmed to the Auditor that they were offered the opportunity to meet with Psychology Services during the risk screening process; one of the four inmates accepted and met with Psychology Services within a week. The remaining three inmates declined the opportunity but acknowledged knowing how to contact Psychology Services if needed in the future. The Auditor was able to confirm the information provided by each inmate during the documentation review process.</p> <p>Upon review of the policy, documentation, and upon completion of interviews, FMC Rochester demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p> |
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| 115.82 | Access to emergency medical and mental health services |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i></p> <p>Interviews conducted with:</p> <p>Medical / Mental Health Staff</p> <p>Security Staff / Non-Security Staff First Responders</p> <p>Inmates who reported sexual abuse</p> <p>On-site Review Observations:</p> <p>Secondary Medical Records</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> states inmate victims of sexual abuse shall receive timely,</p> |

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.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to §115.62 and shall immediately notify the appropriate medical and mental health practitioners.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states inmate victims of sexual abuse while incarcerated shall be 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.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The Auditor conducted interviews with Health Services and Psychology Services staff members at the facility. Each staff member confirmed that inmate victims are provided immediate access to medical treatment as well as crisis intervention, therapy, and counseling services. The Psychology Services staff member explained the services provided at the facility include one-on-one counseling, and support groups. These services are offered for victims of sexual abuse or sexual harassment as well as offenders of sexual abuse.

The Auditor conducted interviews with twelve random staff members. Each staff member interviewed articulated the agency's zero-tolerance policy on sexual abuse and sexual harassment, their role and responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response, how to communicate effectively and professionally with inmates, and an inmate right to be free from sexual abuse and sexual harassment. Staff members also acknowledged that reports concerning sexual abuse or sexual harassment, whether reported verbally or in writing, are considered confidential and must be documented immediately.

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| | <p>The Auditor conducted three targeted interviews with inmates who reported an incident of sexual abuse. The Auditor inquired to each inmate, after reporting, did the facility allow them to contact anyone. All three inmates confirmed to the Auditor, after reporting the incident, he was able to meet with Psychology Services and was provided with additional advocacy services information provided by the Victim Services Sexual Assault Program of Olmstead County. One of the three inmates confirmed meeting with a victim advocate from the Victim Services Sexual Assault Program of Olmstead County; the remaining two inmates declined the need for additional advocacy services.</p> <p>Upon review of the policy, secondary medical documentation, and upon completion of interviews, FMC Rochester demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p> |
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| 115.83 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i></p> <p>Interviews conducted with:</p> <p>Medical / Mental Health Staff</p> <p>Inmates who reported sexual abuse</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> states the facility shall offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> states the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and when necessary,</p> |

referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the facility shall provide such victims with medical and mental health services consistent with the community level of care.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states all prison shall attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

The Auditor conducted an interview with Health Services and Psychology Services staff members and both staff members confirmed that inmate victims are provided immediate access to medical treatment as well as crisis intervention, therapy, and counseling services. Each staff member explained the services provided at the facility included one-on-one counseling and support groups. These services are offered for victims of sexual abuse or sexual harassment as well as offenders of sexual abuse.

The Auditor conducted three targeted interviews with inmates who reported an incident of sexual abuse. The Auditor inquired to each inmate, after reporting the incident did you see staff member from Psychology Services in a timely manner and did anyone provide treatment or follow-up plans. All three inmates confirmed to the Auditor that immediately after reporting the incident he was seen by medical staff and had the opportunity to speak to a Psychology Services staff member. The Auditor also inquired to each inmate if he was offered tests for sexually transmitted infections and if payment for any of the services provided were required. All three inmates acknowledged that testing for sexually transmitted infections was not required/

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| | <p>necessary, and all three inmates denied being charged for any medical treatment related to the incident.</p> <p>Upon review of the policy and upon completion of interviews, FMC Rochester demonstrated facility wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p> |
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| 115.86 Sexual abuse incident reviews | |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>Documents:</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i></p> <p>BOP 30 Day Sexual Abuse Incident Reviews</p> <p>Interviews conducted with:</p> <p>Warden</p> <p>Incident Review Team</p> <p>On-site Observations:</p> <p>Sexual Abuse Incident Reviews</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> states the facility shall conduct a sexual abuse incident review within 30 days of the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> states such review shall ordinarily occur within 30 days of the conclusion of the investigation.</p> |

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The review team shall:

1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
2. Consider whether the incident or allegation was motivated by race, ethnicity, gender identity; LGBTI identification, status, or perceived status or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
4. Assess the adequacy of the staffing levels in that area during different shifts;
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
6. Prepare a report of its finding including, but not necessarily limited to, determinations made pursuant to the above considerations and any recommendations for improvement and submit such report to the facility head and Institution PREA Compliance Manager (IPCM).

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the facility shall implement the recommendations for improvement or shall document its reasons for not doing so.

During the 12 months prior to the audit, FMC Rochester reported four allegations of sexual abuse. The Auditor reviewed the four investigations and noted three sexual abuse investigations were closed as unsubstantiated and one was closed as unfounded. The Auditor noted a sexual abuse incident review was completed for the three investigations closed as unsubstantiated, and each sexual abuse incident review was completed within the required 30 days.

The Auditor conducted an interview with an Incident Review Team member and inquired if the Sexual Abuse Incident Review (SAIR) Team considers whether an incident or allegation was motivated by race, ethnicity, or gender identity and if the SAIR Team examines the area in the facility where the incident allegedly occurred. The Incident Review Team member confirmed the SAIR Team does consider whether the incident was motivated by race, ethnicity, or gender identity, and gang affiliation. The SAIR Team also tours the area where the alleged incident occurred as well as consider if additional monitoring technology should be deployed or augmented to supplement

supervision by staff. The Incident Review Team member explained how touring the area in conjunction with reviewing monitoring technology provides the team with the best possible representation of an incident and assists the SAIR Team in determining if changes or additions to monitoring technology is warranted.

The Auditor conducted an interview with the Warden and discussed the Sexual Abuse Incident Review (SAIR) process. The Warden explained the SAIR Team includes the upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The Warden articulated the process of the incident review, including listing the elements required per the PREA standard. The Warden explained how the SAIR Team uses the information obtained from the review to help uncover whether the allegation or investigation indicate a need to change policy or practice to better prevent, detect, or respond to sexual abuse.

Upon review of the policy and upon completion of interviews, FMC Rochester demonstrated facility wide practices that are consistent with policy and the requirements that complies with the PREA standard.

| 115.87 | Data collection |
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| | Auditor Overall Determination: Audited at Agency Level |
| | <p>Auditor Discussion</p> <p>Documents:</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i></p> <p>Federal Bureau of Prisons Annual PREA Report, (2022)</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> states the agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> states the agency shall aggregate the incident-based sexual abuse data at least annually. The National PREA Coordinator, with the assistance of the Regional PREA Coordinators aggregates and reviews data from all sources</p> |

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| | <p>annually.</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> states the incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The Information, Policy, and Public Affairs Division collects and reports on the data used in the Bureau of Justice Statistics Survey of Sexual Violence.</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i> states the agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p>During the pre-on-site phase of the audit, the Auditor reviewed the Federal Bureau of Prisons Annual PREA Report (2022), which contained annual aggregation of incident-based sexual abuse data collected with a standardized instrument. The standardized instrument used contained a set of definitions and data collected from incident reports, investigative files, and sexual abuse incident reviews.</p> <p>Upon review of the policy and annual reports, FMC Rochester demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p> |
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| 115.88 | Data review for corrective action |
| | Auditor Overall Determination: Audited at Agency Level |
| | Auditor Discussion |
| | <p>Documents:</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i></p> <p>Federal Bureau of Prisons Annual PREA Report, (2022)</p> |

Interviews conducted with:

Institution PREA Compliance Manager (IPCM)

PREA Coordinator

Agency Head Designee

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall 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:

1. Identifying problem areas;
2. Taking corrective action on an ongoing basis; and
3. Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the National PREA Coordinator reviews data compiled by the Regional PREA Coordinators, the Information, Policy, and Public Affairs Division, and the Office of Internal Affairs, and issues a report to the Director on an annual basis.

During the pre-on-site phase of the audit, the Auditor reviewed the Federal Bureau of Prisons Annual PREA Report, (2022), which contained annual aggregation of incident-based sexual abuse data collected with a standardized instrument. The standardized instrument used contained a set of definitions and data collected from incident reports, investigative files, and sexual abuse incident reviews. BOP publishes the current annual report on the agency website.

The Auditor conducted an interview with the Institution PREA Compliance Manager (IPCM) and inquired if the agency reviews data collected and aggregated pursuant to §115.87. The IPCM explained how the agency collects data to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies. The IPCM confirmed the data reviews are completed during FMC Rochester departmental Operational Reviews and perpetual audits to ensure compliance with appropriate PREA standards. Correctional Programs, Correctional Services, Health Services, Human Resources, and Psychology Services participate in the departmental Operational Reviews.

An interview with the National PREA Coordinator was conducted and the question was posed to her regarding how data is collected pursuant to PREA Standard §115.87. The National PREA Coordinator acknowledged that the data collected is securely retained and the agency takes corrective action on an ongoing basis or as needed, based on the collected data. The National PREA Coordinator confirmed the agency completes an annual report, which is made public on the agency website. The National PREA Coordinator confirmed the agency complies with the Freedom of Information Act (FOIA) and all other applicable laws, rules, and regulations. No information that identifies victims or perpetrators is included in the report, nor is any information that could potentially threaten the security of the institution. If information needs to be redacted, the nature of the redacted material would be indicated.

The Auditor conducted an interview with the Agency Head Designee and inquired how the Bureau uses incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, and response policies, practices, and training. The Agency Head Designee explained if the incident-based sexual abuse data shows patterns, or a considerable number of assaults occurring in a particular area of an institution, then our policies, procedures, or training may be modified. The agency continues to emphasize inmate education of the zero-tolerance policy and to report incidents of sexually abusive behavior to staff. The Auditor inquired as to who is responsible for approving annual reports written pursuant to §115.88. The Agency Head Designee confirmed to the Auditor, the Federal Bureau of Prisons Director, is responsible for reviewing and approving the annual PREA report prior to being placed on the public website.

Upon review of the policy, Annual Reports, and upon completion of interviews, FMC Rochester demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

| 115.89 | Data storage, publication, and destruction |
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| | Auditor Overall Determination: Audited at Agency Level |
| | Auditor Discussion |
| | <p>Documents:</p> <p>BOP Program Statement 5324.12, <i>Sexually Abusive Behavior Prevention & Intervention Program</i></p> <p>Federal Bureau of Prisons Annual PREA Report, (2022)</p> |

Interviews conducted with:

PREA Coordinator

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall ensure that data collected pursuant to §115.87 are securely retained. The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website, or through other means.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. The Bureau complies with the Federal Privacy Act and Freedom of Information Act, and all other applicable laws, rules, and regulations.

During the pre-on-site phase of the audit, the Auditor reviewed the Federal Bureau of Prison Annual PREA Report, (2022), which contained annual aggregation of incident-based sexual abuse data collected with a standardized instrument. The standardized instrument used contained a set of definitions and data collected from incident reports, investigative files, and sexual abuse incident reviews. BOP publishes the current annual report on the agency website.

An interview with the National PREA Coordinator was conducted and the question was posed to her regarding how data is collected pursuant to PREA Standard §115.87. The National PREA Coordinator acknowledged that the data collected is securely retained and the agency takes corrective action on an ongoing basis or as needed, based on the collected data. The National PREA Coordinator confirmed the agency prepares an annual report, which includes data collected from all facilities which house BOP inmates. The National PREA Coordinator confirmed, prior to publishing the Annual Report on the agency website, that the agency complies with Freedom of Information Act (FOIA) and all other applicable laws, rules, and regulations. No information that identifies victims or perpetrators is included in the report, nor is any information that could potentially threaten the security of the institution. If information needs to be redacted, the nature of the redacted material would be indicated.

Upon review of the policy and upon completion of interviews, FMC Rochester demonstrated facility wide practices that are consistent with policy and the

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| | requirements that complies with the PREA standard. |
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| 115.401 | Frequency and scope of audits |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Federal Bureau of Prisons, FMC Rochester’s previous PREA Audit was conducted on April 27 - 29, 2021; the second year of the third three-year auditing cycle. This audit was conducted on December 5 - 7, 2023; the second year of the fourth three-year auditing cycle.</p> <p>The Auditor was granted access to and observed all areas of the facility and outside compound. The Auditor was permitted to request and receive copies of any relevant documents.</p> <p>The Auditor was permitted to conduct private interviews with inmates and staff. The Auditor verified the posting of the audit notifications including posting of the audit in all housing units and common areas accessible and visible for inmates and staff. The Auditor verified through inmate and staff interviews that inmates and staff were permitted to send confidential correspondence to the Auditor in the same manner as if they were communicating with legal counsel.</p> |

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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Audited at Agency Level |
| | Auditor Discussion |
| | <p>Federal Bureau of Prisons publishes PREA Audit Reports for all facilities within the BOP on the agency website. During the pre-on-site phase of the audit, the Auditor reviewed the facility’s prior PREA Audit Reports (April 2021).</p> |

| Appendix: Provision Findings | | |
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| 115.11 (a) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? | yes |
| | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? | yes |
| 115.11 (c) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | 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 |
| | 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 |
| 115.12 (a) | Contracting with other entities for the confinement of inmates | |
| | 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.) | na |
| 115.12 (b) | Contracting with other entities for the confinement of inmates | |
| | 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.) | na |
| 115.13 (a) | Supervision and monitoring | |
| | 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 |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional | yes |

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| | practices? | |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? | yes |
| 115.13 (b) | Supervision and monitoring | |

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| | 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.) | na |
| 115.13 (c) | Supervision and monitoring | |
| | 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 |
| | 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 |
| | 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 |
| 115.13 (d) | Supervision and monitoring | |
| | 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 |
| | Is this policy and practice implemented for night shifts as well as day shifts? | yes |
| | 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 |
| 115.14 (a) | Youthful inmates | |
| | 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).) | na |
| 115.14 (b) | Youthful inmates | |
| | 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).) | na |

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| | 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).) | na |
| 115.14 (c) | Youthful inmates | |
| | 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).) | 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).) | 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).) | na |
| 115.15 (a) | Limits to cross-gender viewing and searches | |
| | 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 |
| 115.15 (b) | Limits to cross-gender viewing and searches | |
| | 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.) | 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.) | na |
| 115.15 (c) | Limits to cross-gender viewing and searches | |
| | Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? | yes |
| | Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)? | na |
| 115.15 (d) | Limits to cross-gender viewing and searches | |
| | 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 | yes |

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| | genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | |
| | 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 |
| | Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? | yes |
| 115.15 (e) | Limits to cross-gender viewing and searches | |
| | 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 |
| | 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 |
| 115.15 (f) | Limits to cross-gender viewing and searches | |
| | 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 |
| | 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 |
| 115.16 (a) | Inmates with disabilities and inmates who are limited English proficient | |
| | 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 |
| | 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 |

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| | 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 |
| | 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 |
| | 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 |
| | 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 |
| | Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? | yes |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| 115.16 (b) | Inmates with disabilities and inmates who are limited English proficient | |

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| | 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 |
| | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| 115.16 (c) | Inmates with disabilities and inmates who are limited English proficient | |
| | 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 |
| 115.17 (a) | Hiring and promotion decisions | |
| | 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 |
| | 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 |
| | 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 two bullets immediately above? | yes |
| | 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 |
| | 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 | yes |

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| | consent or refuse? | |
| | 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 two bullets immediately above? | yes |
| 115.17 (b) Hiring and promotion decisions | | |
| | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? | yes |
| | 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 |
| 115.17 (c) Hiring and promotion decisions | | |
| | Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check? | yes |
| | 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 |
| 115.17 (d) Hiring and promotion decisions | | |
| | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? | yes |
| 115.17 (e) Hiring and promotion decisions | | |
| | 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 |
| 115.17 (f) Hiring and promotion decisions | | |
| | 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 |
| | Does the agency ask all applicants and employees who may have | yes |

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| | 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? | |
| | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? | yes |
| 115.17 (g) | Hiring and promotion decisions | |
| | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? | yes |
| 115.17 (h) | Hiring and promotion decisions | |
| | 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 |
| 115.18 (a) | Upgrades to facilities and technologies | |
| | 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.) | na |
| 115.18 (b) | Upgrades to facilities and technologies | |
| | 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.) | na |
| 115.21 (a) | Evidence protocol and forensic medical examinations | |
| | 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 | yes |

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| | agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | |
| 115.21 (b) | Evidence protocol and forensic medical examinations | |
| | 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 |
| | 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 |
| 115.21 (c) | Evidence protocol and forensic medical examinations | |
| | 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 |
| | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? | yes |
| | 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 |
| | Has the agency documented its efforts to provide SAFEs or SANEs? | yes |
| 115.21 (d) | Evidence protocol and forensic medical examinations | |
| | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? | yes |
| | 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 |

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| | Has the agency documented its efforts to secure services from rape crisis centers? | yes |
| 115.21 (e) | Evidence protocol and forensic medical examinations | |
| | 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 |
| | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? | yes |
| 115.21 (f) | Evidence protocol and forensic medical examinations | |
| | 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 |
| 115.21 (h) | Evidence protocol and forensic medical examinations | |
| | 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 |
| 115.22 (a) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? | yes |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? | yes |
| 115.22 (b) | Policies to ensure referrals of allegations for investigations | |
| | 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 |

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| | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? | yes |
| | Does the agency document all such referrals? | yes |
| 115.22 (c) | Policies to ensure referrals of allegations for investigations | |
| | 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 |
| 115.31 (a) | Employee training | |
| | Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? | yes |
| | 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 |
| | 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 |
| | 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 |
| | Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? | yes |
| | Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? | yes |
| | 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 |
| | Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? | yes |
| | 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 |

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| | 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 |
| 115.31 (b) | Employee training | |
| | Is such training tailored to the gender of the inmates at the employee's facility? | yes |
| | 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 |
| 115.31 (c) | Employee training | |
| | Have all current employees who may have contact with inmates received such training? | yes |
| | 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 |
| | 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 |
| 115.31 (d) | Employee training | |
| | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? | yes |
| 115.32 (a) | Volunteer and contractor training | |
| | 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 |
| 115.32 (b) | Volunteer and contractor training | |
| | 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 |
| 115.32 (c) | Volunteer and contractor training | |

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| | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? | yes |
| 115.33 (a) | Inmate education | |
| | During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? | yes |
| | During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? | yes |
| 115.33 (b) | Inmate education | |
| | 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 |
| | 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 |
| | 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 |
| 115.33 (c) | Inmate education | |
| | Have all inmates received the comprehensive education referenced in 115.33(b)? | yes |
| | 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 |
| 115.33 (d) | Inmate education | |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? | yes |

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| | Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? | yes |
| 115.33 (e) | Inmate education | |
| | Does the agency maintain documentation of inmate participation in these education sessions? | yes |
| 115.33 (f) | Inmate education | |
| | 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 |
| 115.34 (a) | Specialized training: Investigations | |
| | 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 |
| 115.34 (b) | Specialized training: Investigations | |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| 115.34 (c) | Specialized training: Investigations | |

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| | 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 |
| 115.35 (a) Specialized training: Medical and mental health care | | |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| 115.35 (b) Specialized training: Medical and mental health care | | |
| | 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.) | na |
| 115.35 (c) Specialized training: Medical and mental health care | | |
| | 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 | yes |

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| | health care practitioners who work regularly in its facilities.) | |
| 115.35 (d) | Specialized training: Medical and mental health care | |
| | 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 |
| | 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 |
| 115.41 (a) | Screening for risk of victimization and abusiveness | |
| | 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 |
| | 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 |
| 115.41 (b) | Screening for risk of victimization and abusiveness | |
| | Do intake screenings ordinarily take place within 72 hours of arrival at the facility? | yes |
| 115.41 (c) | Screening for risk of victimization and abusiveness | |
| | Are all PREA screening assessments conducted using an objective screening instrument? | yes |
| 115.41 (d) | Screening for risk of victimization and abusiveness | |
| | 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 |
| | 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 |
| | 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 |
| | Does the intake screening consider, at a minimum, the following | yes |

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| | criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? | |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| 115.41 (e) | Screening for risk of victimization and abusiveness | |
| | 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 |
| | 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 |
| | 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 |
| 115.41 (f) | Screening for risk of victimization and abusiveness | |

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| | 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 |
| 115.41 (g) Screening for risk of victimization and abusiveness | | |
| | Does the facility reassess an inmate's risk level when warranted due to a referral? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to a request? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? | yes |
| | 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 |
| 115.41 (h) Screening for risk of victimization and abusiveness | | |
| | 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 |
| 115.41 (i) Screening for risk of victimization and abusiveness | | |
| | 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 |
| 115.42 (a) Use of screening information | | |
| | 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 |
| | 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 |
| | 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 | yes |

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| | being sexually abusive, to inform: Work Assignments? | |
| | 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 |
| | 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 |
| 115.42 (b) | Use of screening information | |
| | Does the agency make individualized determinations about how to ensure the safety of each inmate? | yes |
| 115.42 (c) | Use of screening information | |
| | 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 |
| | 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 |
| 115.42 (d) | Use of screening information | |
| | 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 |
| 115.42 (e) | Use of screening information | |
| | 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 |
| 115.42 (f) | Use of screening information | |
| | Are transgender and intersex inmates given the opportunity to | yes |

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| | shower separately from other inmates? | |
| 115.42 (g) | Use of screening information | |
| | 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 |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| 115.43 (a) | Protective Custody | |
| | 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 |
| | 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 |
| 115.43 (b) | Protective Custody | |
| | Do inmates who are placed in segregated housing because they | yes |

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| | are at high risk of sexual victimization have access to: Programs to the extent possible? | |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| | If the facility restricts 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 |
| | If the facility restricts 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 |
| 115.43 (c) | Protective Custody | |
| | 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 |
| | Does such an assignment not ordinarily exceed a period of 30 days? | yes |
| 115.43 (d) | Protective Custody | |
| | 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 |
| | 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 | yes |

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| | can be arranged? | |
| 115.43 (e) | Protective Custody | |
| | 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 |
| 115.51 (a) | Inmate reporting | |
| | Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? | yes |
| | 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 |
| | 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 |
| 115.51 (b) | Inmate reporting | |
| | 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 |
| | Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the inmate to remain anonymous upon request? | yes |
| | 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.) | na |
| 115.51 (c) | Inmate reporting | |
| | Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Does staff promptly document any verbal reports of sexual abuse and sexual harassment? | yes |
| 115.51 (d) | Inmate reporting | |

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| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? | yes |
| 115.52 (a) | Exhaustion of administrative remedies | |
| | 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. | no |
| 115.52 (b) | Exhaustion of administrative remedies | |
| | 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 |
| | 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 |
| 115.52 (c) | Exhaustion of administrative remedies | |
| | 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 |
| | 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 |
| 115.52 (d) | Exhaustion of administrative remedies | |
| | 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 |
| | 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, | yes |

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| | 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.) | |
| | 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 |
| 115.52 (e) | Exhaustion of administrative remedies | |
| | 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 |
| | 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 |
| | 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 |
| 115.52 (f) | Exhaustion of administrative remedies | |
| | 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 |
| | 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 |
| | 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 |
| | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? | yes |

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| | (N/A if agency is exempt from this standard.) | |
| | 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 |
| | 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 |
| | 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 |
| 115.52 (g) | Exhaustion of administrative remedies | |
| | 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 |
| 115.53 (a) | Inmate access to outside confidential support services | |
| | 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 |
| | 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.) | na |
| | Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? | yes |
| 115.53 (b) | Inmate access to outside confidential support services | |
| | 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 |
| 115.53 (c) | Inmate access to outside confidential support services | |
| | Does the agency maintain or attempt to enter into memoranda of | yes |

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| | understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? | |
| | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? | yes |
| 115.54 (a) | Third-party reporting | |
| | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? | yes |
| | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? | yes |
| 115.61 (a) | Staff and agency reporting duties | |
| | 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 |
| | 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 |
| | 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 |
| 115.61 (b) | Staff and agency reporting duties | |
| | 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 |
| 115.61 (c) | Staff and agency reporting duties | |
| | 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 |
| | Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of | yes |

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| | confidentiality, at the initiation of services? | |
| 115.61 (d) | Staff and agency reporting duties | |
| | 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 |
| 115.61 (e) | Staff and agency reporting duties | |
| | 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 |
| 115.62 (a) | Agency protection duties | |
| | 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 |
| 115.63 (a) | Reporting to other confinement facilities | |
| | 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 |
| 115.63 (b) | Reporting to other confinement facilities | |
| | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? | yes |
| 115.63 (c) | Reporting to other confinement facilities | |
| | Does the agency document that it has provided such notification? | yes |
| 115.63 (d) | Reporting to other confinement facilities | |
| | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? | yes |
| 115.64 (a) | Staff first responder duties | |
| | 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 |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report | yes |

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| | required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? | |
| | 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 |
| | 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 |
| 115.64 (b) | Staff first responder duties | |
| | 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 |
| 115.65 (a) | Coordinated response | |
| | 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 |
| 115.66 (a) | Preservation of ability to protect inmates from contact with abusers | |
| | 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 limit 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 |
| 115.67 (a) | Agency protection against retaliation | |
| | Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate | yes |

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| | with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? | |
| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |
| 115.67 (b) | Agency protection against retaliation | |
| | 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 |
| 115.67 (c) | Agency protection against retaliation | |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| | 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 |

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| | 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 |
| | 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 |
| | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? | yes |
| 115.67 (d) | Agency protection against retaliation | |
| | In the case of inmates, does such monitoring also include periodic status checks? | yes |
| 115.67 (e) | Agency protection against retaliation | |
| | 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 |
| 115.68 (a) | Post-allegation protective custody | |
| | 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 |
| 115.71 (a) | Criminal and administrative agency investigations | |
| | 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 |
| | 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 |
| 115.71 (b) | Criminal and administrative agency investigations | |
| | 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 |
| 115.71 (c) | Criminal and administrative agency investigations | |
| | Do investigators gather and preserve direct and circumstantial | yes |

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| | evidence, including any available physical and DNA evidence and any available electronic monitoring data? | |
| | Do investigators interview alleged victims, suspected perpetrators, and witnesses? | yes |
| | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? | yes |
| 115.71 (d) | Criminal and administrative agency investigations | |
| | 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 |
| 115.71 (e) | Criminal and administrative agency investigations | |
| | 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 |
| | 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 |
| 115.71 (f) | Criminal and administrative agency investigations | |
| | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? | yes |
| | 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 |
| 115.71 (g) | Criminal and administrative agency investigations | |
| | 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 |
| 115.71 (h) | Criminal and administrative agency investigations | |
| | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? | yes |
| 115.71 (i) | Criminal and administrative agency investigations | |

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| | 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 |
| 115.71 (j) | Criminal and administrative agency investigations | |
| | 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 |
| 115.71 (l) | Criminal and administrative agency investigations | |
| | 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 |
| 115.72 (a) | Evidentiary standard for administrative investigations | |
| | 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 |
| 115.73 (a) | Reporting to inmates | |
| | 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 |
| 115.73 (b) | Reporting to inmates | |
| | 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 |
| 115.73 (c) | Reporting to inmates | |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, 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 resident whenever: The staff member is no longer posted within the inmate's unit? | yes |
| | Following an inmate's allegation that a staff member has | yes |

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| | committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? | |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? | yes |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.73 (d) Reporting to inmates | | |
| | 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 |
| | 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 |
| 115.73 (e) Reporting to inmates | | |
| | Does the agency document all such notifications or attempted notifications? | yes |
| 115.76 (a) Disciplinary sanctions for staff | | |
| | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? | yes |
| 115.76 (b) Disciplinary sanctions for staff | | |
| | Is termination the presumptive disciplinary sanction for staff who | yes |

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| | have engaged in sexual abuse? | |
| 115.76 (c) | Disciplinary sanctions for staff | |
| | 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 |
| 115.76 (d) | Disciplinary sanctions for staff | |
| | 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 |
| | 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 |
| 115.77 (a) | Corrective action for contractors and volunteers | |
| | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? | yes |
| 115.77 (b) | Corrective action for contractors and volunteers | |
| | 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 |
| 115.78 (a) | Disciplinary sanctions for inmates | |
| | 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 |
| 115.78 (b) | Disciplinary sanctions for inmates | |

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| | 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 |
| 115.78 (c) | Disciplinary sanctions for inmates | |
| | 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 |
| 115.78 (d) | Disciplinary sanctions for inmates | |
| | 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 |
| 115.78 (e) | Disciplinary sanctions for inmates | |
| | 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 |
| 115.78 (f) | Disciplinary sanctions for inmates | |
| | 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 |
| 115.78 (g) | Disciplinary sanctions for inmates | |
| | 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 |
| 115.81 (a) | Medical and mental health screenings; history of sexual abuse | |
| | 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 |
| 115.81 (b) | Medical and mental health screenings; history of sexual abuse | |

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| | 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 |
| 115.81 (c) | Medical and mental health screenings; history of sexual abuse | |
| | 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? (N/A if the facility is not a jail). | na |
| 115.81 (d) | Medical and mental health screenings; history of sexual abuse | |
| | 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 |
| 115.81 (e) | Medical and mental health screenings; history of sexual abuse | |
| | 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 |
| 115.82 (a) | Access to emergency medical and mental health services | |
| | 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 |
| 115.82 (b) | Access to emergency medical and mental health services | |
| | 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 |
| | Do security staff first responders immediately notify the appropriate medical and mental health practitioners? | yes |

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| 115.82 (c) | Access to emergency medical and mental health services | |
| | 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 |
| 115.82 (d) | Access to emergency medical and mental health services | |
| | 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 |
| 115.83 (a) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | 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 |
| 115.83 (b) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | 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 |
| 115.83 (c) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility provide such victims with medical and mental health services consistent with the community level of care? | yes |
| 115.83 (d) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | 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.) | na |
| 115.83 (e) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If pregnancy results from the conduct described in paragraph § | na |

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| | 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.) | |
| 115.83 (f) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes |
| 115.83 (g) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | 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 |
| 115.83 (h) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | 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 |
| 115.86 (a) | Sexual abuse incident reviews | |
| | 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 |
| 115.86 (b) | Sexual abuse incident reviews | |
| | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |
| 115.86 (c) | Sexual abuse incident reviews | |
| | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? | yes |
| 115.86 (d) | Sexual abuse incident reviews | |

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| | 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 |
| | 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 |
| | 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 |
| | Does the review team: Assess the adequacy of staffing levels in that area during different shifts? | yes |
| | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? | yes |
| | 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 |
| 115.86 (e) | Sexual abuse incident reviews | |
| | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |
| 115.401 (h) | Frequency and scope of audits | |
| | Did the auditor have access to, and the ability to observe, all areas of the audited facility? | yes |
| 115.401 (i) | Frequency and scope of audits | |
| | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? | yes |
| 115.401 (m) | Frequency and scope of audits | |
| | Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? | yes |

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| 115.401 (n) | Frequency and scope of audits | |
| | 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 |

PREA Agency Audit Report: Final

Name of Agency: Federal Bureau of Prisons

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 10/04/2023

| Auditor Certification | |
|---|---|
| The contents of this report are accurate to the best of my knowledge. | <input type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input type="checkbox"/> |
| Auditor Full Name as Signed: Marc Coudriet | Date of Signature: 10/04/ 2023 |

| AUDITOR INFORMATION | |
|-------------------------------------|--------------------------|
| Auditor name: | Coudriet, Marc |
| Email: | usmc58312215@outlook.com |
| Start Date of On-Site Audit: | |
| End Date of On-Site Audit: | |

| AGENCY INFORMATION | |
|--|---|
| Name of agency: | Federal Bureau of Prisons |
| Governing authority or parent agency (if applicable): | U.S. Department of Justice |
| Physical Address: | 320 1st Street Northwest, Washington , Dist. Columbia - 20534 |
| Mailing Address: | |

| | |
|--------------------------|------------|
| Telephone number: | 2023073250 |
|--------------------------|------------|

| Agency Chief Executive Officer Information: | |
|--|---------------------------------|
| Name: | Colette S. Peters, Director |
| Email Address: | bop-rsd-preacoordinator@bop.gov |
| Telephone Number: | (202) 307-3250 |

| Agency-Wide PREA Coordinator Information | | | |
|---|------------------|-----------------------|-------------------|
| Name: | Cynthia Campagna | Email Address: | ccampagna@bop.gov |

| Agency AUDIT FINDINGS | |
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| Summary of Audit Findings | |
| <p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p> | |
| Number of standards exceeded: | |
| 0 | |
| Number of standards met: | |
| 10 | |
| Number of standards not met: | |
| 0 | |

| Standards |
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| <p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions) |
| <p>Auditor Discussion Instructions</p> <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p> |

| 115.11 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>115.11(a)</p> <p>DIRECTIVE AND DOCUMENT REVIEW:</p> <p>Pre-Audit Questionnaire.</p> <p>BOP PREA Plan</p> <p>Agency zero-tolerance statement.</p> <p>Organizational charts, interviews.</p> <p>INTERVIEWS.</p> <p>Agency PREA Coordinator.</p> <p>FINDINGS:</p> |

Agency Directives and BOP PREA Plan address the requirements of this provision. The agency mandates a zero-tolerance directive towards all forms of sexual abuse and sexual harassment and outlines the agency's strategies on preventing, detecting, and responding to such conduct. Agency policies addressed "Preventing" sexual abuse and sexual harassment through the designation of a PREA Coordinator and PREA Compliance Manager, Criminal Background Checks (Staff, Contractors, and Volunteers, as applicable), Training (Staff, Volunteers, and Contractors), Staffing, Intake Screening, Classification, Inmate Education, Posting of Signage (PREA Posters, etc.) and Contract Monitoring. The Directives addressed "Detecting" sexual abuse and sexual harassment through Training (Staff, Volunteers, and Contractors), and Intake Screening.

The policies addressed "Responding" to allegations of sexual abuse and sexual harassment through Reporting, Investigations, Victim Services, Medical and Mental Health Services, Disciplinary Sanctions for Staff (including notification to licensing agencies), Incident Review Teams, and Data Collections and Analysis.

The Inmate Handbook, PREA Posters, and PREA Brochures do address sexual abuse by another inmate, and the Inmate Handbook does address sanctions for inmates when involved in such conduct. Based on interviews and a review of agency policies, BOP staff closely monitor for inmate-on-inmate sexual misconduct in accordance with the agency's PREA policies; allegations are reported and investigated, and inmates are held accountable. By policy, the Inmate handbooks are reviewed and updated at least annually at each BOP institution.

115.11(b)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

Agency's organizational chart.

INTERVIEWS:

PREA Coordinator.

FINDINGS:

Agency Directive(s) and BOP PREA Plan address(es) the position of the agency PREA Coordinator, which outlines the roles and responsibilities of the position and calls for the position being allowed enough time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in each facility.

The agency's organizational chart reflects that the agency PREA Coordinator position is an upper-level position with agency-wide oversight. The agency PREA Coordinator position reports to the Assistant Director, Reentry Services Division.

The PREA Coordinator was interviewed and reported to have enough time to focus on the PREA standards and the freedom to divert responsibilities to other staff as needed to focus on the audit. A review of the agency directive, agency's organization chart,

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| | <p>and based on the interview with the designated agency's PREA Coordinator, the Auditor determined the agency demonstrates it meets the requirements of this provision of this standard.</p> |
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| 115.12 | Contracting with other entities for the confinement of inmates |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>115.12(a) (b)</p> <p>DIRECTIVE AND DOCUMENT REVIEW:</p> <p>Agency Directives and BOP PREA Plan.</p> <p>FINDINGS:</p> <p>Agency Directive(s) and BOP PREA Plan address(es) this provision. The agency reported there were a total of zero contracts for the confinement of inmates and 161 Residential Reentry Centers (RRCs) that the agency had entered or renewed with private entities or other government agencies.</p> <p>A review of the agency directive reflected all contracts will meet the required entity's obligation to adopt and comply with the PREA standards.</p> <p>Agency Directive(s) and BOP PREA Plan address(es) this provision. The agency reported the agency-wide contracts would require the agency to monitor the contractor's compliance with the PREA standards.</p> <p>If the agency contracted the confinement of its inmates, the agency's Contract Administrator would be required to maintain regular contact with every inmate placed in a contract facility. If there are concerns, agency protocol requires the inmate be removed from the facility and the facility allows time to make corrective action and address the concerns.</p> <p>Corrective actions are addressed before the facility is reconsidered. Notification would also be made to law enforcement. The Contract Administrator would annually collect credentialing documentation for each facility: facility license; staff licenses or certifications; daily schedule; and monitoring reports or the licensing agency's website regarding the facility's status; and tours the facility. The BOP is no longer actively soliciting new contracts with private facilities.</p> |

| 115.17 | Hiring and promotion decisions |
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| | <p>Auditor Overall Determination: Meets Standard</p> |

Auditor Discussion

115.17(a) (e)(h)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

Supporting Documentation.

FINDINGS:

PS 3000.03 Human Resource Management Manual, PS 3420.11, Standards of Employee Conduct, the Pre-Employment Guide, SF85P (Questionnaire for Public Trust Positions) and a BOP recruitment document address the requirements of the standard. All employees who have contact with inmates have had a full field background investigation in addition to fingerprinting and inquiry into the FBI's National Crime Information Center (NCIC). Employee backgrounds are re-checked every five years. Contractors and volunteers who have regular contact with inmates also have criminal background checks completed prior to having contact with inmates. Volunteer and contractor background checks are repeated yearly. The facility does not hire or promote anyone who may have contact with inmates and does not enlist the services of any contractor who may have contact with inmates who has engaged in any type of sexual abuse/harassment (no exceptions). Employees have a duty to disclose such misconduct and material omissions regarding such misconduct would be grounds for termination. Submission of false information by any applicant is grounds for not hiring the applicant.

The Agency Head designee was interviewed and confirmed that the agency HR attempts to contact prior employers for information on substantiated allegations of sexual abuse or resignations which occurred during a pending investigation of sexual abuse. The Agency Head designee also confirmed that the agency provides 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. The agency notifies appropriate licensing/certifying agencies when professional staff members are terminated for substantiated allegations of sexual abuse or sexual harassment. A review of policy, personnel forms, and relevant supporting documentation, including staff interviews, confirm compliance with this standard.

115.17(b)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

INTERVIEWS:

Agency Head designee.

FINDINGS:

Agency Directives and BOP PREA Plan address this provision. Agency Head designee reported the agency has incorporated and implemented the "Affirmative Duty to Disclose," which all staff were required to affirm and sign. The form includes a "material omissions" clause.

115.17(c)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

INTERVIEWS:

Agency Head.

FINDINGS:

Agency Directives and BOP PREA Plan address this provision. The agency directive requires job applicants to have background checks completed looking at any issue of prior sexual misconduct. The background checks are completed prior to any inmate contact. All contractors are screened by using the same process.

115.17(d)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

INTERVIEWS:

Agency Head designee.

FINDINGS:

Agency Directive(s) and BOP PREA Plan address(es) the elements of this provision. Agency directive defines staff to include volunteer or contracted program services staff. All staff are also subjected to a criminal background check.

115.17(f)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan. HR Files.

INTERVIEWS:

Agency Head designee.

FINDINGS:

Agency Directive(s) and BOP PREA Plan address(es) this provision.

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| | <p>The application process includes the "Affirmative Duty to Disclose" form for new hires, volunteers and contractors, and a review of the HR files indicated this process was being implemented. The HR files reviewed indicated the forms had been signed in accordance with directive.</p> <p>A review of agency directives and HR files, and Agency Head designee interview, indicate the practice is in place and meets the requirements of this provision.</p> <p>115.17(g)</p> <p>DIRECTIVE AND DOCUMENT REVIEW:</p> <p>Agency Directives and BOP PREA Plan.</p> <p>FINDINGS:</p> <p>Agency Directives and BOP PREA Plan address this provision. Agency directive defines staff to include volunteer or contracted program services staff.</p> |
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| 115.18 Upgrades to facilities and technologies | |
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| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>115.18(a)</p> <p>INTERVIEWS:</p> <p>Interviews with the Agency Head designee confirm that the standard is being met.</p> <p>FINDINGS:</p> <p>The agency considers how all new facility designs and technology upgrades may enhance the Bureau’s ability to protect against sexual abuse. In existing institutions, we review all “Substantiated” and “Unsubstantiated” cases of inmate sexual abuse to determine if modifications to design or the addition or upgrade of technology would help prevent a similar occurrence in the future.</p> <p>115.18(b)</p> <p>DIRECTIVE AND DOCUMENT REVIEW:</p> <p>Video Surveillance Schematic.</p> <p>INTERVIEWS:</p> <p>Interviews with the Agency Head designee confirm that the standard is being met.</p> <p>FINDINGS:</p> |

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| | <p>Institution reviews are ongoing to determine if upgrades or additions to our existing technology would enhance the protection of inmates from incidents of sexual abuse. The technology serves as a deterrent but also allows us to identify unreported victims and perpetrators of sexually abusive behavior. It also aids in successful criminal prosecutions. It is recommended that BOP receive the funding to procure additional cameras and an inmate RFID system to enhance the safety and security of the staff and inmates for each of its institutions.</p> |
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| 115.42 | Use of screening information |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.42(a)</p> <p>DIRECTIVE AND DOCUMENT REVIEW:</p> <p>Agency Directive and the PREA Screen Tool.</p> <p>INTERVIEWS:</p> <p>Agency PREA Coordinator.</p> <p>FINDINGS:</p> <p>PS 5324.12 addresses the requirement of the standard. The information obtained in the inmate screening process is used to make individualized determinations to ensure the inmates safety. This information is used to make decisions to place each inmate in appropriate housing, work, and program assignments. A classification committee makes the placement decisions. Agency PREA Coordinator reported information secured through the screening process is used to determine the need for additional medical or mental health follow-up, and to make classification decisions based on risk factors.</p> <p>115.42(b)</p> <p>DIRECTIVE AND DOCUMENT REVIEW:</p> <p>Agency Directives and BOP PREA Plan.</p> <p>INTERVIEWS:</p> <p>Agency PREA Coordinator.</p> <p>FINDINGS:</p> <p>Agency Directive(s) and BOP PREA Plan address(es) this provision. By policy, special housing is used as a last resort and staff look for other options, such as housing unit</p> |

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| | <p>changes. Agency PREA Coordinator reported the welfare of the inmate is always a high consideration. Medical and mental health are to conduct daily visits for any inmates placed in special housing for PREA risk factors.</p> <p>115.42(c)</p> <p>DIRECTIVE AND DOCUMENT REVIEW:</p> <p>Agency Directives and BOP PREA Plan.</p> <p>INTERVIEWS:</p> <p>Agency PREA Coordinator.</p> <p>FINDINGS:</p> <p>Agency Directive(s) and BOP PREA Plan address(es) this provision. Agency PREA Coordinator reported the facility does not have specific housing units designated for lesbian, gay, bisexual, transgender, or intersex inmates. All housing, program and work assignments are made on a case-by-case basis.</p> |
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| 115.66 | Preservation of ability to protect inmates from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>115.66(a)</p> <p>DIRECTIVE AND DOCUMENT REVIEW:</p> <p>Agency Directives and BOP PREA Plan.</p> <p>INTERVIEWS:</p> <p>Agency Head.</p> <p>FINDINGS:</p> <p>The Collective Bargaining Agreement (CBA) examined by the auditor, between the Federal Bureau of Prisons and Council of Prison Locals, American Federation of Government Employees, dated July 21, 2014-July 20, 2017, complies with this standard. The agreement does not limit 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. The auditor was advised that the CBA is currently being renegotiated and will contain the required language in its final form.</p> |

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| 115.87 | Data collection |
| | <p data-bbox="256 188 959 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 544 300">Auditor Discussion</p> <p data-bbox="256 340 485 376">115.87(a and c)</p> <p data-bbox="256 412 783 443">DIRECTIVE AND DOCUMENT REVIEW:</p> <p data-bbox="256 483 804 519">Agency Directives and BOP PREA Plan.</p> <p data-bbox="256 555 405 591">FINDINGS:</p> <p data-bbox="256 627 1474 958">PS 5324.12 addresses the requirement of the standard. As confirmed by a review of documents, BOP collects accurate, uniform data for every allegation of sexual abuse/ harassment by using a standardized instrument. The agency tracks information concerning sexual abuse using data from the SIS department, the agency's Office of Internal Affairs and SENTRY, the BOP's computerized data management program. The data collected includes the information necessary to answer all questions from the most recent version of the Survey of Sexual Violence, conducted by the Department of Justice.</p> <p data-bbox="256 994 1422 1111">The agency aggregates and reviews all data annually. Upon request, the agency would provide all such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p data-bbox="256 1146 400 1182">115.87(b)</p> <p data-bbox="256 1218 783 1249">DIRECTIVE AND DOCUMENT REVIEW:</p> <p data-bbox="256 1290 804 1326">Agency Directives and BOP PREA Plan.</p> <p data-bbox="256 1361 405 1397">FINDINGS:</p> <p data-bbox="256 1433 1458 1594">Agency Directive(s) and BOP PREA Plan address(es) this provision. A review of the facility tracking information reflected a comprehensive system designed to maintain various elements for the required data for sexual abuse and sexual harassment allegations.</p> <p data-bbox="256 1630 400 1666">115.87(d)</p> <p data-bbox="256 1702 804 1738">Agency Directives and BOP PREA Plan.</p> <p data-bbox="256 1774 405 1809">FINDINGS:</p> <p data-bbox="256 1845 1442 2096">Agency Directive(s) and BOP PREA Plan address(es) this provision. A review of the agency website reflects the comprehensive report is published and available to the public for all serious incidents to include sexual abuse and sexual harassment allegations. The annual PREA reports can be found at https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp.</p> |

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| | <p>115.87(e)</p> <p>DIRECTIVE AND DOCUMENT REVIEW:</p> <p>Agency Directives and BOP PREA Plan.</p> <p>FINDINGS:</p> <p>Agency Directive(s) and BOP PREA Plan address(es) this provision.</p> <p>115.87(f)</p> <p>DIRECTIVE AND DOCUMENT REVIEW:</p> <p>Agency Directives and BOP PREA Plan.</p> <p>FINDINGS:</p> <p>Agency Directive(s) and BOP PREA Plan address(es) this provision.</p> |
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| 115.88 | Data review for corrective action |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.88(a)</p> <p>DIRECTIVE AND DOCUMENT REVIEW:</p> <p>Agency Directives and BOP PREA Plan. Annual report.</p> <p>INTERVIEWS:</p> <p>Agency PREA Coordinator.</p> <p>FINDINGS:</p> <p>Agency Directive(s) and BOP PREA Plan address(es) this provision. A review of the annual report reflects all the elements required by this provision.</p> <p>Staff interviewed reported in detail the process followed when reviewing the data, identifying problem areas and corrective action, and preparing the annual report.</p> <p>115.88(b)</p> <p>DIRECTIVE AND DOCUMENT REVIEW:</p> <p>Agency Directives and BOP PREA Plan.</p> <p>FINDINGS:</p> |

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| | <p>Agency Directive(s) and BOP PREA Plan address(es) this provision.</p> <p>115.88(c)</p> <p>DIRECTIVE AND DOCUMENT REVIEW:</p> <p>Agency Directives and BOP PREA Plan.</p> <p>Annual report.</p> <p>INTERVIEWS:</p> <p>Agency PREA Coordinator.</p> <p>FINDINGS:</p> <p>PS 5324.12 addresses the requirement of the standard. The Bureau of Prisons and the institution reviews and assesses all sexual abuse/sexual harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection, and response policies, to identify any trends, issues, or problematic areas and to take corrective action if needed. The Institution PREA Compliance Manager (IPCM) forwards data to the respective BOP Regional PREA Coordinator and then to the National BOP PREA Coordinator. An Annual Report has been prepared and placed on the BOP website. The auditor reviewed the Annual Report. The report can be found at the following website address: www.bop.gov.</p> <p>115.88(d)</p> <p>DIRECTIVE AND DOCUMENT REVIEW:</p> <p>Agency Directives and BOP PREA Plan.</p> <p>INTERVIEWS:</p> <p>Agency PREA Coordinator.</p> <p>FINDINGS:</p> <p>Agency Directive(s) and BOP PREA Plan address(es) this provision. Agency PREA Coordinator reported the BOP complies with FOIA and all other applicable laws, rules, and regulations. No information that identifies victims or perpetrators is included in the report, nor is any information that could potentially threaten the security of an institution. The reports would reflect only basic demographic information.</p> |
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| 115.89 | Data storage, publication, and destruction |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

115.89(a)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

INTERVIEWS:

Agency PREA Coordinator.

FINDINGS:

PS 5324.12 addresses the requirement of the standard. The National PREA Coordinator reviews data compiled by each BOP facility, from SENTRY, from each Regional PREA Coordinator, from the Information Technology and Data Division of the BOP and from the Office of Internal Affairs and issues a report to the Director on an annual basis. Facility data is maintained in locked files or on computer databases that are user ID and password protected. Agency PREA data is securely retained and is published on the BOP website after removing all personal identifying information.

115.89(b)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

Aggregated data on website.

FINDINGS:

Agency Directive(s) and BOP PREA Plan address(es) this provision. The data posted on the agency website includes agency data from the previous year.

115.89(c)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

Aggregated data on agency website.

FINDINGS:

Agency Directive(s) and BOP PREA Plan address(es) this provision. The data posted on the agency website has all personal identifiers removed.

115.89(d)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

Aggregated data on agency website.

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| | <p>FINDINGS:</p> <p>Agency Directive(s) and BOP PREA Plan address(es) this provision. The data and records collected are to be retained in accordance with agency retention requirements.</p> |
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| 115.401 | Frequency and scope of audits |
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| | <p>Auditor Overall Determination:</p> |
| | <p>Auditor Discussion</p> |
| | <p>115.401(a)</p> <p>DIRECTIVE AND DOCUMENT REVIEW:</p> <p>Aggregated data on website.</p> <p>FINDINGS:</p> <p>The agency ensured that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once.</p> |
| | <p>115.401(b)</p> <p>DIRECTIVE AND DOCUMENT REVIEW:</p> <p>Aggregated data on website.</p> <p>FINDINGS:</p> <p>This is the Agency’s first year of cycle 4. The agency is following their audit cycle and planned future audits. The data was posted on the agency website.</p> |

| 115.403 | Audit contents and findings |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>115.403(f)</p> <p>DIRECTIVE AND DOCUMENT REVIEW:</p> <p>There is no agency directive for this provision.</p> <p>FINDINGS:</p> <p>BOP has published on its agency website all Final Audit Reports within 90 days of</p> |

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| | <p>issuance by the Auditor. This information is made available to the public and is in accordance with 28 C.F.R. § 115.405.</p> |
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| Appendix: Provision Findings | | |
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| 115.11 (b) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Has the agency employed or designated an agency-wide PREA Coordinator? | yes |
| | Is the PREA Coordinator position in the upper-level of the agency hierarchy? | yes |
| | 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 |
| 115.12 (a) | Contracting with other entities for the confinement of inmates | |
| | 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.) | na |
| 115.12 (b) | Contracting with other entities for the confinement of inmates | |
| | 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.) | na |
| 115.17 (a) | Hiring and promotion decisions | |
| | 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 |
| | 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 |
| | 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 | yes |

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| | described in the two bullets immediately above? | |
| | 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 |
| | 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 |
| | 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 two bullets immediately above? | yes |
| 115.17 (b) | Hiring and promotion decisions | |
| | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? | yes |
| | 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 |
| 115.17 (c) | Hiring and promotion decisions | |
| | Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check? | yes |
| | 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 |
| 115.17 (d) | Hiring and promotion decisions | |
| | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? | yes |
| 115.17 (e) | Hiring and promotion decisions | |

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| | 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 |
| 115.17 (f) | Hiring and promotion decisions | |
| | 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 |
| | 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 |
| | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? | yes |
| 115.17 (g) | Hiring and promotion decisions | |
| | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? | yes |
| 115.17 (h) | Hiring and promotion decisions | |
| | 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 |
| 115.18 (a) | Upgrades to facilities and technologies | |
| | 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 |
| 115.18 (b) | Upgrades to facilities and technologies | |
| | If the agency installed or updated a video monitoring system, | yes |

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| | 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.) | |
| 115.42 (c) | Use of screening information | |
| | 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 |
| | 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 |
| 115.66 (a) | Preservation of ability to protect inmates from contact with abusers | |
| | 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 limit 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 |
| 115.87 (a) | Data collection | |
| | 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 |
| 115.87 (b) | Data collection | |
| | Does the agency aggregate the incident-based sexual abuse data at least annually? | yes |
| 115.87 (c) | Data collection | |

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| | 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 |
| 115.87 (d) | Data collection | |
| | 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 |
| 115.87 (e) | Data collection | |
| | 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.) | na |
| 115.87 (f) | Data collection | |
| | 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 |
| 115.88 (a) | Data review for corrective action | |
| | 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 |
| | 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 |
| | 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 |
| 115.88 (b) | Data review for corrective action | |
| | 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 |

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| 115.88 (c) | Data review for corrective action | |
| | 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 |
| 115.88 (d) | Data review for corrective action | |
| | 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 |
| 115.89 (a) | Data storage, publication, and destruction | |
| | Does the agency ensure that data collected pursuant to § 115.87 are securely retained? | yes |
| 115.89 (b) | Data storage, publication, and destruction | |
| | 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 |
| 115.89 (c) | Data storage, publication, and destruction | |
| | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? | yes |
| 115.89 (d) | Data storage, publication, and destruction | |
| | 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 |
| 115.401 (a) | Frequency and scope of audits | |
| | 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 |
| 115.401 (b) | Frequency and scope of audits | |
| | Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.) | yes |

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| | 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.) | 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.) | na |
| 115.403 (f) | Audit contents and findings | |
| | 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, there has never been a Final Audit Report issued.) | yes |