

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



[Following information to be populated automatically from pre-audit questionnaire]

Name of facility:		Federal Medical Center-Rochester, Minnesota	
Physical address:		2110 East Center Street, Rochester, Minnesota 55904	
Date report submitted:			
Auditor Information		Diane Lee – The Nakamoto Group	
Address:		11820 Parklawn Drive, Suite 240 Rockville, MD 20852	
Email:		Diane.lee@nakamotogroup.com	
Telephone number:		301-468-6535	
Date of facility visit:		May 12-14, 2015	
Facility Information			
Facility mailing address: <i>(if different from above)</i>			
Telephone number:		507-287-0674	
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input checked="" type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Name of PREA Compliance Manager:		G. Cooper	Title: Associate Warden/PREA Compliance Manager
Email address: RCH/PREAComplianceMgr@bop.gov		Telephone number:	507-287-0674
Agency Information			
Name of agency:		Federal Bureau of Prisons	
Governing authority or parent agency: <i>(if applicable)</i>		U.S. Department of Justice	
Physical address:			

320 First St., NW, Washington, DC 20534			
Mailing address: <i>(if different from above)</i>			
Telephone number:		202-307-3198	
Agency Chief Executive Officer			
Name:	Charles E. Samuels, Jr.	Title:	Director
Email address:	BOP-CPD/PREA COORDINATOR@BOP.GOV	Telephone number:	202-514-4919
Agency-Wide PREA Coordinator			
Name:	Alix McLearen	Title:	National PREA Coordinator
Email address:	BOP-CPD/PREA COORDINATOR@BOP.GOV	Telephone number:	202-514-4919

AUDIT FINDINGS

NARRATIVE:

The on-site visit to conduct a Prison Rape Elimination Act (PREA) compliance audit of the Federal Medical Center- Rochester (FMC) was conducted May 12-14, 2015. The facility has a capacity of 785 offenders of all security levels, designated as an Administrative security level facility. The population count of the FMC during the audit was 818. The FMC began receiving inmates in late 1984 and was officially dedicated in September 1985. Inmate housing consists of three main components to meet the mission of the facility. This includes a Medical Surgical Unit, a Mental Health Unit, and a Work Cadre Unit. The type of housing varies widely and within each housing unit. Sleeping quarters range from single occupancy rooms for long-term care to open dormitory arrangements.

The standards used for this audit became effective August 20, 2012. The auditor was advised that the Director of the Federal Bureau of Prisons (BOP) ordered all facilities to implement the provisions of the PREA well over one year ago. The National PREA Coordinator for the BOP was interviewed telephonically, as was a designee of the Director of the BOP. As part of the audit, a review of all PREA Policies, and a tour of the facility was completed. William Willingham, Certified PREA Auditor, Nakamoto Group, Inc. assisted with the staff and inmate interviews at the facility. Seventeen inmates were interviewed. Eight of the inmates interviewed were physically disabled, four were mentally disabled, a non- English speaking offender and one was a prior victim of sexual abuse. There were no inmates who identified themselves as transgender, Gay, or Bi-sexual. It was very difficult to interview several of the disabled inmates due to their severe illness and conditions. Thirteen random correctional officers (from all shifts) were interviewed. This included a Lieutenant, Special Housing Unit Officer and Evidence Recovery Team member. Fifteen specialized staff, including one contractor were also

interviewed. The specialized staff interviewed included the Acting Warden/ Associate Warden of Medical, Associate Warden of Programs/PREA Compliance Manager, the Chief Psychologist, the Human Resources Manager, the Health Services Administrator, seven Nurses, one case manager, one Special Investigative Supervisor (who is also the Evidence Recovery Team leader). Since this is a medical facility, almost one fourth of the staff are Nurses, so a higher number were interviewed.

When the auditors first arrived at the facility, an “in-briefing” meeting was held with the Acting Warden, the PREA Compliance Manager/ Associate Warden of Programs, Associate Warden of Operations, ACA Auditor, the Captain, Facility Manager. Human Resource Manager, Unit Secretary, and several representatives from the Program Review Division of the Bureau of Prisons, to explain the audit process. The ACA Intensive Re-accreditation Audit was being conducted at the facility during the same time.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The FMC Rochester was formerly the Rochester State Hospital (RSH), a Minnesota state mental health facility dating back to January 1879. Most of the current buildings were built in the 1950's. In 1982, after a century of service, the hospital was closed by the Minnesota State Legislature due to a decline in the patient population in the state hospital system. In April 1983 the Federal Bureau of Prisons (BOP) initiated procedures to purchase the property. In May 1984 Olmsted County agreed to sell a portion of the property to the BOP. The FMC began receiving offenders in late 1984 and was officially dedicated in September 1985. The institution is located inside the city limits of Rochester and serves as a good neighbor to the surrounding community.

The Federal Medical Center (FMC) Rochester is classified as an Administrative Security level facility. The mission of FMC Rochester is to provide competent and appropriate medical, dental, and mental health care to offenders while protecting society by confining offenders in a humane, secure, and cost-efficient environment. FMC Rochester houses offenders from the upper Midwest states. The Bureau of Prisons attempts to house offenders within 500 miles from their release destination. As of April 4, 2015, there were 467 positions filled from a total authorized complement of 506, including USPHS and Trust Fund positions. There are currently 39 positions vacant. FMC Rochester is currently staffed at 92.29 percent. The facility, despite its age, has been maintained in good condition. The facility was found to be clean, sanitary and in good repair. Throughout the years several projects have been completed to update the building and grounds. In the last few years the institution has also completed energy conservation projects including lighting upgrades. In addition to being accredited by American Correctional Association, the Rochester FMC is also accredited by the Joint Commission and the College of American Pathologists (CAP).

FMC Rochester maintains an outstanding relationship with the local community to include the Mayo Clinic. Their reputation and strong presence in the Rochester community reinforce their position as a contributing partner to the city and county. Community relations are further enhanced by the institution's membership in the Rochester Area Chamber of Commerce.

The complex sits on 64-acres. The buildings are made of concrete and brick with a hospital style design. There are a total of 11 buildings. Nine buildings are located within the secure perimeter and two are outside. The first and main point of entry is the control center. All staff and visitors entering must clear a scanner, log in and show identification. Building 9, the Health Services Building, contains administrative offices, human resources, main medical offices, and serves as housing and a hospital for offenders with chronic and acute conditions. Building 10, the Health Service Building, referred to as the outpatient building, houses offenders with independent living skills. Building 1 houses offenders with mental health diagnosis. Building 1 also has 26 segregation beds and 22 seclusion beds. Building 2, Work Cadre, houses general population offender assigned to work and maintain certain operations of the facility. Building 4 has the food services area and inmate dining hall. Building 3 houses the religious services areas. Outside the secure perimeter are the Command Center Trailer and the Garage. The housing configuration ranges from single occupancy rooms to open dormitory.

There are both enclosed and outside recreation facilities. The location of the complex facilitates quick access to local EMS, local hospitals and the local fire department. FMC Rochester houses and cares for an adult male population with a diverse range of physical, medical, and mental health conditions. Approximately fifty percent of the population is in need of some type of care; the other 50 percent of the population is composed of healthy offenders assigned to the performance of different jobs essential to the maintenance and operations of the facility. These offenders present with a low security risk and good behavior.

Inmates are offered a wide variety of educational, recreational, and hobby craft opportunities in which to participate in through the Education/Recreation Department. With an increased awareness in post-release education, the Education Department, along with the Re-entry Coordinator, oversee the Career Resource Center. On an annual basis, a mock interview job fair and a semi-annual faith-based information fair is held. In addition, numerous Adult Continuing Education classes such as the FDIC's Money Smart program are geared toward Release Preparation Planning. A Re-entry catalog is available with a listing of classes that correlate to nine skill areas of the inmate skills development system. FMC Rochester offers mandatory literacy classes in General Educational Development (GED), Pre-GED, and a Special Learning Needs- General Educational Developmental course. The Education Department also offers English as a Second Language (ESL) to non-English speaking inmates. FMC Rochester also offers numerous Adult Continuing Education classes to include Typing, Computer Skills, Job Skills, Resume Writing and Interviewing Skills, Parenting, Mathematics, History, World War II, Commercial Driver's License, and Coaching Principles. Additionally, Apprenticeship Programs are offered through the Education and Mechanical Services Departments. Apprenticeship Programs include: Electrical, Painting, Heating and Air Conditioning, Plumbing, and Biomedical Equipment Repair. A Vocational Training Program in Landscape Management is offered through the Landscape/Activity Therapy Department. The Recreation Department consists of indoor and outdoor facilities. The department hosts a variety of intramural sports programs to include softball, flag football, soccer, volleyball, handball, billiards, horse shoes, and darts. Also available to the inmate population are numerous hobby craft programs such as crochet, ceramics, leather craft, drawing, and beading. The Recreation Department also coordinates physical fitness

and wellness programs associated with the Health Awareness Center. Through the Health Awareness Center, inmates have access to educational material on a variety of health and fitness topics and can actively participate in courses offered in anatomy, nutrition, diet, and aerobics. The unique Vocational Training Workshop is designed to educate and train mental health inmates in useful and rewarding vocational and personal job skills. These inmates have the opportunity to participate in five different programs to include engraving, hygiene, recycling, printing, and multitasking. Through these programs, meaningful daily activities are provided to mental health patients and inmate idleness is reduced. The Religious Services Department directs programs and activities that are offered seven days a week, including evenings. The programs provided represent 15 different faith groups to include Catholic, Protestant, Native American, Orthodox Muslim, Nation of Islam, Moorish Science Temple, Jehovah Witness, Seventh Day Adventist, Asatru, Wicca, Buddhism, Jewish, Pentecostal, Hinduism, and Hebrew Israelite. Religious Services also provides a number of services in Spanish to the Hispanic population.

The mission statement of the Federal Bureau of Prisons is to protect society by confining offenders in the controlled environments of prisons and community-based facilities that are safe, humane, cost-efficient, and appropriately secure, and that provide work and other self-improvement opportunities to assist offenders in becoming law-abiding citizens.

The auditor concluded, through interviews and the examination of policy and documentation, that all staff were very knowledgeable concerning their responsibilities involving PREA. During the interviews, the inmates stated that staff were respectful and that they felt safe at the facility. Staff were able to describe in detail their specific duties and responsibilities, including being a “first responder”, if an allegation of sexual abuse/harassment were made.

SUMMARY OF AUDIT FINDINGS:

When the on-site audit was completed, an “out-brief” meeting was held with the same staff attending the “in-brief”. No final rating was given at that time, however, the overall audit process was discussed. The auditor had been provided extensive and lengthy files of documentation prior to the audit, in an effort to support a conclusion of compliance with the PREA. During the course of the on-site visit, staff were found to be courteous, cooperative, and professional. All areas of the facilities toured were observed to be clean and well maintained. At the conclusion of the audit the auditor thanked the FMC-Rochester staff for their hard work and commitment to the Prison Rape Elimination Act.

Number of standards exceeded: 6

Number of standards met: 36

Number of standards not met: 0

Not Applicable: 1

§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The agency and the facility exceed the standard with policies and practice. National policy or Program Statement (PS) 5324.11 and local policy FCC 5324.11 clearly exceeds this standard. The facility PREA Plan exceeds zero tolerance as required by the standard. In addition to the facility PREA Compliance Manager, there is a designated National PREA Coordinator and a PREA Compliance manager assigned to each regional office in the agency to ensure adherence to the PREA.

§115.12 - Contracting with other entities for the confinement of inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The agency complies with this standard. This was confirmed by a review of documentation submitted requiring other entities contracted with for the confinement of inmates to comply with the PREA. The Agency Contract Administrator was interviewed by phone concerning this standard.

§115.13 – Supervision and Monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 3000.03 addresses this standard. Policy requires each facility within the agency to review their respective staffing plans on an annual basis. Compliance with the PREA and other safety and security issues are always of primary focus when considering and reviewing staffing plans according to the Acting Warden. FMC-Rochester has been provided all necessary resources to support the programs and procedures to ensure compliance with the PREA. The Salary Workforce Utilization Minutes were reviewed from the last meeting held in February. The audit included an examination of all video monitoring systems, inmate access to phones, inmate access to an email system, staff interviews, a review of documentation, and a review of all staffing rosters. Documentation of unannounced rounds

that cover all shifts was reviewed. These rounds are conducted by administrative staff on a weekly basis, and they are able to enter the units with no warning to staff. Interviews with inmates and line staff confirmed that weekly visits are conducted by administrative staff to all areas of the complex. Some area of the facility use video cameras in the living units, hallway, program areas, work areas, and entrance/exit areas. [REDACTED]

§115.14 – Youthful Inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Not Applicable – The FMC-Rochester does not house youthful offenders.

§115.15 – Limits to Cross-Gender Viewing and Searches

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses this standard. Cross-gender strip or body cavity searches are prohibited, except during emergencies, but may be performed by medical staff. There have been no exigent circumstances where cross-gender strip searches or visual body cavity searches have been conducted during this report period. Staff have been trained to conduct cross-gender pat searches in a less-intrusive, respectful, and professional manner. PREA notifications (English and Spanish) are posted in each housing unit of each facility within the complex, the intake units, inmate work areas, and in all inmate program areas.

All staff reported that they received cross-gender pat search training (including how to search transgender and intersex inmates) either during institution familiarization training, at the BOP training academy, by watching a mandatory video, and/or during annual refresher training. Officers reported that inmates are always allowed to shower, dress, and use the toilet privately, without being viewed by female staff (facility is all male). Posters advise the inmate population that females may be working in all areas holding inmates, and this message is also made over the facility-wide intercom at the beginning of each shift. Staff were aware that policy prohibits the searching of a transgender or intersex inmate to determine their genital status.

All inmates reported that they were aware that female staff worked routinely in the housing units (posters in the units provided this notification). This announcement was also made over the facility-wide intercom at the beginning of each shift the inmates stated that they were afforded adequate privacy at all times when showering, changing clothes, and using the toilet.

Some recent modifications to meet the standard include: shower curtains with partial visibility have been installed, smaller bathrooms have been designated with signage of “one inmate at a time allowed”, cutting toilet doors to allow some visibility and putting in partial privacy walls around urinals.

§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses the requirements of this standard. The FMC-Rochester takes appropriate steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. They use the Language Line Solutions for over-the-phone interpreter when needed. PREA handouts, postings and inmate handbooks (all reviewed by auditor) are in English and Spanish. Staff interviewed were aware that under no circumstance are inmate interpreters or assistants to be used in dealing with any PREA related matter. Inmate interviews also confirmed compliance to this standard. Based on the high number of inmates with mental and physical disabilities, they do an excellent job relaying the PREA information to all inmates.

§115.17 – Hiring and Promotion Decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 3000.03 requires compliance to this standard. The Human Resources Manager was interviewed, and stated that all components of this standard have been met. All employees, contractors, and volunteers have had their criminal background check completed. BOP Regional Office staff conduct background checks before approving a promotion. Policy does state that material omissions or false information submitted by applicants shall be grounds for termination. The agency cannot hire anyone with any background of sexual harassment or abuse. A tracking system is in place to ensure that updated background checks are conducted every five years. Documentation supporting compliance to this standard was reviewed by the auditor.

§115.18 – Upgrades to Facilities and Technology

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The facility has ■■■ cameras in place and there have been no updates since August 20, 2012.

§115.21 – Evidence Protocol and Forensic Medical Examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 5324.11 and PS 6031.04 address compliance with all aspects of this standard. Medical and custody staff were interviewed concerning this standard. Medical and correctional staff reported knowledge of the facilities' procedures to obtain usable physical evidence if sexual abuse is alleged. The facility has implemented a specially trained Evidence Recovery Team (ERT) to gather evidence in any PREA related incident. A member of the ERT was interviewed and described in detail the duties and responsibilities of ERT team members. The establishment and implementation of the Evidence Recovery Team, supporting procedures, and staff knowledge exceeds the requirements of the standard. Staff were aware that the Special Investigative Lieutenant or Special Investigative Agent conducts all abuse investigations. Specific actions and clinical decisions are required to determine if an inmate is to be transported to the local St. Mary's Hospital to receive a SAFE exam. One SAFE exam was conducted within the last year and they still have not received the results. The facility has a Gratuitous Services Agreement (similar to a Memorandum of Understanding) with Dodge, Fillmore and Olmstead County Victim Services Program, the local rape crisis center to provide services if necessary. A Victim Advocate from this center was interviewed and explained this agreement.

§115.22 – Policies to Ensure Referrals of Allegations for Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses this standard. Administrative or criminal investigations would be completed on all allegations of sexual abuse and sexual harassment. The Special Investigative Agent was interviewed and found to be very knowledgeable concerning his responsibilities under the PREA. The facility SIS unit completes all administrative investigations. If, during the course of an investigation, evidence surfaces indicating criminal misconduct, the investigation would be referred to the FBI. There were three allegations of sexual abuse or harassment during the last year. One allegation was referred back as a complaint, one is still pending and one was unsubstantiated. The investigation files were reviewed by the auditor.

§115.31 – Employee Training

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

PS5324.11 addresses all training required by this standard. The BOP provides extensive PREA standards training at the Federal Law Enforcement Training Center (FLETC), which all staff must attend and successfully complete. Contractors and volunteers are provided training relative to their PREA responsibilities. Much of this training is provided by the Chief of Psychology and through an on-line course on PREA provided by the BOP. Annual Refresher Training (ART) with PREA as a topic is also provided to all employees. Staff acknowledge in writing their understanding of the PREA. All staff were issued and carry an embossed reference card detailing their duties and responsibilities related to the PREA. Staff training files were reviewed and contained documentation supporting compliance to this standard. All staff interviewed indicated that they received the required PREA training. Staff advised that all required subjects listed in this standard for instruction have been addressed in training.

§115.32– Volunteer and Contractor Training

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

PS 5324.11 covers this standard. There are 300 contractors and volunteers who have received training related to their responsibilities concerning the PREA (zero-tolerance, detection, prevention, response, and reporting requirements). All training is documented. Interviews with a contractors and an examination of training files, confirm compliance to this standard.

§115.33 – Inmate Education

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses the requirements of this standard. Inmates receive information at the time of intake verbally, in a PREA pamphlet, and there is information provided in the inmate handbook (provided to inmates at the time of intake in English/Spanish). Housing unit meetings between inmates and staff allowing ample opportunity for inmates to ask questions were held with the entire inmate population to discuss PREA. Provisions are in place to meet the needs of all disabled inmates. There are posters throughout the facility, and the “hotline” phone number to call to report abuse or harassment is in each housing unit. Inmates sign an acknowledgement of having received this information at the time of intake. Staff and inmate interviews, and a review of documentation, support compliance to this standard. Inmates stated at the time of arrival, they received information about the PREA, their right to be free

from sexual abuse, harassment, retaliation for reporting, and how to report abuse. The staff does an excellent job educating inmates with severe disabilities.

§115.34 – Specialized Training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses this standard. The SIS unit staff and the criminal investigator have received specialized training relevant to PREA. The investigator was interviewed and explained to the auditor in detail the steps to be taken during a PREA-related investigation. The training records reviewed confirmed completion of the required instruction.

§115.35 – Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The PREA training lesson plan addresses this standard. All mental health and medical staff have received specialized training on victim identification, interviewing, reporting, and required clinical interventions. Annual refresher training is provided, and all training is documented. Training records were reviewed.

§115.41 – Screening for Risk of Victimization and Abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses the requirements of this standard. All inmates are immediately assessed at intake for their risk of being sexually abused by other inmates or being sexually abusive towards other inmates. The Unit Team screens all new arrivals within their first 72 hours (usually within one hour of arrival) following arrival. At the time of arrival, staff also conduct the screening by reviewing records or other information from another facility or other source which may be relevant to compliance with this standard. Inmates identified as high risk for sexual victimization or at risk of sexually abusing other inmates would be referred to a mental health professional for further assessment. Careful housing assignment (placement in a housing unit with additional supervision) or other appropriate action would then be considered to address the inmate's needs. Any information received after intake is immediately considered, and may result in a change in housing or other necessary action. Status reassessments, by policy, will occur within 30 days of arrival. Staff and inmate

interviews, a review of documentation, and observations of the intake process confirmed this information. The Chief of Psychology keeps a log of all inmates who need to be tracked and reassessed. Inmates who arrived within the last 12 months stated they were asked if they had been abused, what was their sexual orientation, and could they be in danger for abuse. They were also asked again (within 30 days) if they needed counseling or felt that they were in danger of abuse.

§115.42 – Use of Screening Information

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses compliance with this standard. Policy requires the use of a screening form (examined by auditor) to determine housing, bed, work, education, and program assignments with the goal of keeping inmates at high risk of being sexually victimized separate from those who are at a high risk of being sexually abusive. Housing and program assignments are made on a case by case basis for all inmates. There is in place a procedure for providing continued re-assessment and follow-up monitoring if needed. Staff interviews confirm compliance to this standard.

§115.43 – Protective Custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses this standard. Policy states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing (SHU) unless an assessment of all available alternatives has been made, and a determination has been made that there is no available means of separation from likely abusers. Policy states inmates placed in this status shall be reviewed every 7 days. There has been one inmate placed in this status within the previous year. The case file was reviewed.

§115.51 – Inmate Reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS5324.11, the PREA pamphlet, and the inmate handbook address this standard. A review of documentation indicated that there are multiple ways (including verbally, in writing, privately, from a third party, and anonymously) for inmates to report sexual abuse or harassment. The

correctional officers interviewed stated staff and inmates may privately report any abuse, harassment, or neglect(which would contribute to abuse) verbally, in writing, anonymously or to a third party. Inmates interviewed also were aware of multiple reporting methods. Staff will immediately document any allegation. Posters and other documents on display throughout the complex (observed by auditor) also explain the reporting procedures.

§115.52 – Exhaustion of Administrative Remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 1330.18 and FCC 1330.18 address this standard. Inmates may file a grievance; however, all allegations of abuse or harassment, when received by staff, would immediately result in the opening of a formal investigation (criminal or administrative). This process would not involve staff who may be the subject of the complaint. There have been no grievances involving PREA related issues filed during the previous year.

§115.53 – Inmate Access to Outside Confidential Support Services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 5324.11 and FCC 5324.11 addresses this standard. The facility has entered into an agreement with the local rape crisis center to provide all services relevant to this standard. Inmates were advised in the Inmate Handbook that there were private services available to provide counseling or treatment for abuse. They stated that they thought there were some addresses and phone numbers available to ask for services.

§115.54 – Third-Party Reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The BOP pamphlet entitled “Sexually Abusive Behavior Prevention and Intervention” addresses the requirements of this standard. Third-parties are informed of reporting procedures on the BOP website and on posters in the Visiting Room. The pamphlet and website were examined by the auditor. Staff and inmate interviews confirm compliance to this standard.

§115.61 – Staff and Agency Reporting Duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses this standard. Staff interviewed were aware that they must immediately report allegations of abuse, harassment, retaliation, or neglect (which would cause a violation of the PREA) relevant to the PREA. Compliance with all aspects of the standard was verified through a review of the policy and staff interviews.

§115.62 – Agency Protection Duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses this standard. The officers interviewed stated their duties and responsibilities if they became aware of an inmate being in imminent risk for abuse (first-responder or otherwise), and that certain immediate, mandatory actions to protect the inmate would take effect. Officers produced a card during the interview, issued by the facility, outlining all actions to be taken by a correctional officer who became aware of sexual abuse or harassment. There were no instances in the past 12 months where the facility determined that an inmate was subject to substantial risk of imminent sexual abuse.

§115.63 – Reporting to Other Confinement Facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses this standard. Policy requires the reporting any PREA related allegation by an inmate that occurred at another facility to the Warden of the facility where the incident is alleged to have occurred, by the Warden of the facility in which the inmate is currently housed. The notification is to occur as soon as possible, but always within 72 hours of receiving the allegation. Policy also requires that an investigation be initiated. There have been no allegations of sexual abuse or harassment that may have occurred at the FMC and reported from another facility. FMC received one allegation that occurred at another facility in the previous year, and the required notification handled in compliance with this standard.

§115.64 – Staff First Responder Duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses this standard. The facility has implemented a specially trained Evidence Recovery Team to gather evidence in any PREA related incident. A Team Leader of the ERT was interviewed and described in detail the duties and responsibilities of ERT team members. The establishment and implementation of the Evidence Recovery Team, supporting procedures, and staff knowledge exceeds the requirements of the standard. All staff interviewed were very knowledgeable concerning their first responder duties and responsibilities upon learning of a sexual abuse or harassment allegation. The correctional officers interviewed quoted specific actions (such as protection of the victim and preservation of evidence) to be taken, in compliance with PREA. All staff were carrying an embossed card as reference to direct them as to their responsibilities as a first responder to an allegation of a PREA incident. There has been one incident within the previous year requiring first responder actions.

§115.65 – Coordinated Response

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

FCC 5324.11 and the FMC Emergency Plan fully describes procedures for all staff to comply with this standard. This documentation was reviewed by the auditor.

§115.66 – Preservation of ability to protect inmates from contact with abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The FMC-Rochester collective bargaining agreement complies with this standard. The agreement was examined by the auditor.

§115.67 – Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses this standard. The policy specifically prohibits any type of retaliation to any staff member or inmate who has reported sexual abuse or sexual harassment, or who has cooperated with such investigations. The PREA Compliance Manager (interviewed by auditor) is the designated staff member to monitor all possibilities of retaliation, and at a minimum would conduct checks (documented) with an inmate who may have been victimized or reported victimization at least every 30 days for at least 90 days following an allegation. These checks may occur more frequently if indicated. This follow-up may also extend without limit if necessary. There have been no cases of retaliation discovered or reported within the previous year. Staff explained the monitoring process, and a log established to document retaliation was inspected.

§115.68 – Post-Allegation Protective Custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses compliance with this standard. Interviews with staff and an examination of the facility indicated that there is a viable alternative to placement in involuntary segregated housing (SHU). The staff consider separate housing of victim and predator and transfer of inmates. There have been no inmates placed in this status (post-allegation protective custody) within the previous year.

§115.71 – Criminal and Administrative Agency Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses this standard. The SIS unit conducts administrative investigations within the facility. If an allegation appears to be criminal in nature, the SIS Supervisor will refer the incident to the FBI for a criminal investigation. The FBI investigator consults with the Assistant U. S. Attorney to determine if prosecution is to be pursued. If the FBI substantiates the allegation, the case is to be referred to the United States Attorney for prosecution. There were no criminal investigations within the last year. The FBI agent

assigned to the facility and SIS investigators were interviewed concerning this standard. All three investigations were examined.

§115.72 – Evidentiary Standard for Administrative Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses this standard. The evidence standard is a "preponderance of the evidence" in determining whether allegations of sexual abuse or sexual harassment are substantiated. This is covered in the Investigator PREA training curriculum.

§115.73 – Reporting to Inmate

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses this standard. There have been two administrative investigations completed during the previous year, resulting in the required notification per this standard. The inmates were notified of the results of those investigations in writing (reviewed by the auditor). This documentation confirms compliance to this standard.

§115.76 – Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 3420.11 addresses this standard. During the previous year, no staff member was disciplined in any manner nor has any resigned for violating agency sexual abuse or sexual harassment policies.

§115.77 – Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 3420.11 addresses this standard. During the previous year there have not been any incidents where a contractor or volunteer was accused or found guilty of sexual abuse or sexual harassment at FMC-Rochester.

§115.78 – Disciplinary sanctions for inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses this standard. FMC-Rochester has not issued any disciplinary sanctions to inmates as a result of sexual conduct with other inmates or staff. There have not been any cases of inmates engaging in sex with staff in the past 12 months, nor have there been substantiated or unsubstantiated cases of inmates engaging in sex with other inmates. Consensual sex of any nature is prohibited. Inmates that sexually abuse or harass staff will be disciplined. The BOP does not discipline inmates who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation. Interviews with the SIS investigator confirm compliance to this standard.

§115.81 – Medical and mental health screenings; history of sexual abuse

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses this standard. Through interviews with the Chief of Psychology, medical and specialized staff, the facility has a thorough system for collecting medical and mental health information and has the capacity to provide continued re-assessment and follow-up services if needed. Any inmates admitted to the facility who claim sexual victimization are screened for follow-up treatment. The Chief of Psychology keeps a log of those inmates, re-assessments and the follow-up services received. There have been 100 inmates who are sexual abusers, as indicated through screening. These inmates are also offered a follow-up meeting with mental health practitioner. If a case occurred at the facility, staff would process confidential information in full compliance with this standard.

§115.82 – Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 5324.11 and FCC 5324.11 addresses this standard. FMC-Rochester has had no inmates in need of access to emergency medical or mental health treatment relevant to the PREA within

the previous year. If a need occurred, the facility would comply with all actions required by this standard (free treatment, documentation of services, information about sexually transmitted disease, confidentially). Staff interviews confirmed this information.

§115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses this standard. Any inmates admitted to the facility who claim sexual victimization are screened for follow-up treatment. The Chief of Psychology keeps a log of those inmates, re-assessments and the follow-up services received. There have been 100 inmates who are sexual abusers, as indicated through screening. These inmates are also offered a follow-up meeting with mental health practitioner. This information was confirmed through interviews with staff.

§115.86 – Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 5324.11 covers this standard. Staff interviews confirmed that at the conclusion of an investigation of sexual abuse there would be a review by the institution Executive Staff of all allegations other than those found to be unfounded, as required by this standard. They hold a monthly PREA Meeting and all incidents are discussed with the relevant staff. There was one unsubstantiated incident during the previous year and the incident review was completed. The PREA Compliance Manager keeps a tracking log to ensure all necessary steps are taken.

§115.87 – Data Collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses this standard. FMC will collect accurate uniform data for every allegation of sexual abuse by using a standardized instrument. The report would allow the facility to submit the annual Department of Justice (DOJ) Survey of Sexual Violence in a timely fashion, prepare an annual PREA report, monitor trends, and take corrective action when indicated.

§115.88 – Data Review for Corrective Action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The BOP reviews the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and to identify problem areas and take corrective action when indicated. The Institution PREA Compliance Manager ensures the data collected on sexual abuse for inmate-on-inmate cases is forwarded to his/her respective Regional PREA Coordinator annually. The National PREA Coordinator ensures the information is provided to facilitate mandatory agency reporting. An annual report is prepared and published on the BOP website.

§§115.89 – Data Storage, Publication, and Destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses this standard. The National PREA Coordinator reviews data compiled by the Regional PREA Coordinators, from the Information, Policy, and Public Affairs Division of the BOP, from the Office of Internal Affairs (BOP), and issues a report to the Director on an annual basis. The data is securely retained, and that which is disc losable is published on the BOP website. The required reports cover all data noted in this standard, and is retained in a file.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Diane Lee

06/5/2015

Auditor Signature

Date