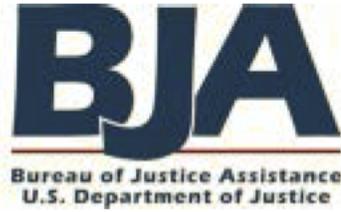


ADULT PRISONS & JAILS



<b>Auditor Information</b>			
<b>Auditor name:</b> Diane Lee			
<b>Address:</b> 11820 Parklawn Drive, Suite 240, Rockville, MD 20852			
<b>Email:</b> diane.lee@nakamotogroup.com			
<b>Telephone number:</b> 301-468-6535			
<b>Date of facility visit:</b> September 15-17, 2015			
<b>Facility Information</b>			
<b>Facility name:</b> Federal Correctional Institution - Waseca, Minnesota			
<b>Facility physical address:</b> 1000 University Drive, SW, Waseca, Minnesota			
<b>Facility mailing address:</b> (if different from above) PO Box 1731, Waseca, Minnesota 56093-0741			
<b>Facility telephone number:</b> 507-835-8972			
<b>The facility is:</b>	<input checked="" type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Julie Nicklin, Warden			
<b>Number of staff assigned to the facility in the last 12 months:</b> 247			
<b>Designed facility capacity:</b> 715			
<b>Current population of facility:</b> 962			
<b>Facility security levels/inmate custody levels:</b> Minimum and Low Security			
<b>Age range of the population:</b> 18-71			
<b>Name of PREA Compliance Manager:</b> Michelle Edge		<b>Title:</b>	Associate Warden
<b>Email address:</b> WAS/PREAComplianceMrg@bop.gov		<b>Telephone number:</b>	(507) 835-8972
<b>Agency Information</b>			
<b>Name of agency:</b> Federal Bureau of Prisons			
<b>Governing authority or parent agency:</b> (if applicable) U.S. Department of Justice			
<b>Physical address:</b> 320 First Street, N.W., Washington DC 20534			
<b>Mailing address:</b> (if different from above)			
<b>Telephone number:</b> (202) 307-3198			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Charles E. Samuels, Jr.		<b>Title:</b>	Director
<b>Email address:</b> BOP-CPD/PREACoordinator@BOP.GOV		<b>Telephone number:</b>	(202) 514-4919
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Alix McLearen		<b>Title:</b>	National PREA
<b>Email address:</b> BOP-CPD/PREACoordinator@BOP.GOV		<b>Telephone number:</b>	(202) 514-4919

## AUDIT FINDINGS

### NARRATIVE

The on-site visit for the Prison Rape Elimination Act (PREA) compliance audit of the Federal Correctional Institution-Waseca (FCI) was conducted September 15-17, 2015 by Nakamoto Group Inc. auditor Diane Lee. When the auditor first arrived at the facility, a meeting was held with the Warden; Associate Warden; Superintendent Of Industries & Education; Captain; Warden's Secretary; Associate Warden's Secretary; Financial Management Administrator; Food Service Administrator; Environmental and Safety Compliance Administrator; Health Services Administrator; Supervisory Correctional Systems Specialist; Chaplain; Locksmith; Acting Computer Services Manager; Lieutenant; Trust Fund Supervisor; C/D Unit Manager; Facilities Administrator, Sandstone; A/B/E Unit Manager; UNICOR Accountant; UNICOR Factory Manager; Acting Human Resources Manager; Deputy Administrator of the External Auditing Branch, Central Office; Facilities Manager; Central Office Liaison; DAP Coordinator; Chief of Psychology; Reviewer in Charge, Psychology Program Review; Chief Psychologist, Greenville; Staff Psychologist, Memphis; Drug Abuse Program Coordinator, Terre Haute; Chief Psychologist, Rochester and an American Correctional Association (ACA) auditor, to discuss the audit process.

The standards used for this audit became effective August 20, 2012. This auditor discussed the information contained in the Pre-Audit Questionnaire with the facility PREA Compliance Manager prior to the audit. The National PREA Coordinator and National PREA Contract Administrator for the Federal Bureau of Prisons (BOP) were previously interviewed telephonically, as was the Director's designee. As part of the audit, a review of all agency and local facility PREA policies was conducted, staff and inmates were interviewed, and a tour of the facility was conducted. A total of 19 inmates were interviewed. There were no inmates who identified as bisexual, transsexual, or disabled. Of the inmates interviewed, one was limited English proficient, one alleged sexual abuse, one had sent a letter to the auditor and one was in the Special Housing Unit (SHU). A total of 22 staff were interviewed (10 randomly selected and 12 administrative). The administrative staff interviewed included the Warden, Associate Warden/ PREA Compliance Manager, the Human Resource Specialist, a Lieutenant/ facility investigator (SIS), the Community Outreach Advocate, a religious volunteer, the Captain, Contract Staff, the Chief Psychologist, a Clinical Psychologist, a Unit Manager, and the Health Services Administrator. The auditor concluded, through interviews and the review of policies and documentation, that all staff and inmates were very knowledgeable concerning their responsibilities involving the PREA. During the interviews, the inmates acknowledged that they received information about the facility's zero tolerance policy against sexual abuse, upon their arrival to the facility, 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 incident occurred or an allegation of sexual abuse/sexual harassment was made.

## DESCRIPTION OF FACILITY CHARACTERISTICS

It is the mission of the Federal Correctional Institution, Waseca, to protect society by confining offenders in a controlled environment that is safe, humane, and appropriately secure. FCI Waseca accomplishes its mission through the application of recognized community and professional standards. The facility strives to foster positive relationships within the community and to serve as a good steward of the public's trust. The staff at FCI Waseca are committed to providing meaningful work programs and self improvement opportunities for offenders so that they may acquire a depth of positive release readiness skills critical for their successful reentry into society. The Federal Correctional Institution Waseca, Minnesota, is a low security level, female institution. The institution is located in southern Minnesota, 75 miles south of Minneapolis, and 13 miles west of Owatonna. The institution is comprised of 280,143 square feet under roof, consisting of 25 buildings. The site is 87 acres with 29 acres inside the secure perimeter. The Federal Correctional Institution, Waseca, Minnesota, was once an agricultural college owned and operated by the University of Minnesota, but still retains many of the college's original construction and aesthetic appearance. In September 1992, the Federal Bureau of Prisons initiated procedures to purchase the property. In 1993, the purchase was completed. The first staff member was brought on board in October 1994. FCI Waseca began receiving male inmates in August 1995, and was officially dedicated June 1, 1996. In August of 2008, a decision was made to change the mission of the institution from male inmates to low security female inmates. The transition took place in November 2008.

Institution Accomplishments and Accreditations include: American Correctional Association (ACA) Re-accreditation received on January 27, 2013, FCI Waseca's Health Services Department received re-accreditation by the Joint Commission on the Accreditation of Hospitals on July 17, 2015, recommended for certification from the Environmental Management System (EMS) 2nd Party July 9, 2015 and awarded as the first Bureau of Prison to become a StormReady Community in July 2013. The female inmate population consists of both low and minimum security inmates with an average age of 38 and an average sentence length of 8.1 years. The population average over the past 12 months was 1,043 inmates, but the current population is 960. The institution supports a diverse population consisting of approximately 69% Caucasian, 21% Black, 22% Hispanic, 8% Native American and 2% Asian. Due to exceptional food served, education opportunities, VT Programs, and good communication, the institution experiences a relatively few number of incidents. The Bureau of Prisons has a policy to attempt to house offenders within 500 miles from their release destination. The Correctional Programs Department is comprised of a seasoned, dedicated staff possessing many varied experiences and backgrounds and prior employment at different BOP institutions. Their daily interactions with inmates impact the safety of the institution and communities by encouraging inmates to learn new skills, act responsibly, be accountable for their actions, and prepare for release. Unit Managers are responsible for the Admission and Orientation (A&O) of new inmates to the institution. Correctional Counselors currently facilitate the Institution Admission and Orientation Program, and one Unit Counselor leads a course entitled "Four Cornerstones of Financial Literacy." Case Managers administer a Victim Impact Group, coordinate "Reach One, Teach One," and collaborates with the Mentor Coordinator to host biannual Motivational Workshops. Additionally, the Unit Team routinely assists Correctional Services and collaborates with the Reentry Affairs Coordinator and Education staff for various programs.

The Health Services Department at FCI Waseca provides a full range of medical and dental services to Care Level 2 female offenders. Those services not available in-house are provided by community clinics and hospitals, including the renowned Mayo Clinic in Rochester, Minnesota. Ancillary services provided include a full service pharmacy and dental clinic, radiology services, laboratory services, ultrasound and mammography. In-house consultative services include Optometry, General Surgery, Physical Therapy and Occupational Therapy

The Psychology Department provides for mental health needs and drug abuse treatment for inmates in addition to EAP (employee assistance) services for staff. The goals are to deal with suicidal inmates, manage and treat the seriously mentally ill, provide crisis interventions, and provide individual and group therapy. Group therapy offerings include Cognitive Skills Group, Anger Management, Criminal Lifestyle, and Illness Management and Recovery. In addition they screen every inmate who arrives at the institution. They monitor SHU inmates' adjustment and mental health concerns and provide intervention. They frequently provide information to staff throughout the institution on inmates who may be having difficulty and help to manage inmates. The Residential Drug Abuse Program (RDAP) uses the modified therapeutic community model and typically offers treatment to 120 inmates at any one time. RDAP groups meet daily for half of the day. The other half of the day, inmates work in various areas of the institution. RDAP programming has a duration of approximately 9 months and treatment covers a variety of areas, including Rational Thinking, Living with Others, Criminal Lifestyles, Lifestyle Balance and Transitional Issues. The RDAP program is based on a bio-psycho-social model with a focus on changing lifestyles and developing personal responsibility. In addition, non-residential Drug Abuse Programs are offered to all inmates. The groups are 3 to 6 months in duration and inmates learn how to make positive behavior changes, challenge thinking distortions, and apply the skills learned in the program to maintain recovery. In addition, the Drug Education Program provides inmates with information about substance abuse and its effects on the person, family and community and treatment options. Other programs include the Resolve Program, Prisoners Assisting with Service Dogs (PAWS) Program, Community Service Projects, Career Resource Center, Education/Recreation Programs, the Vocational Training Woodworking Program, the Vocational Training Horticulture Program and the Cosmetology Program. Perimeter Security at FCI Waseca consists of two 12 foot fences around the entire perimeter layered with razor wire in-between the fences and at the top of the fences. Access to the inside of the institution is through the Control Center and Rear Gate operated by the Control Center Officer. Cameras are located at the Rear Gate, Special Housing Unit, around the perimeter fence, and throughout the institution monitoring various areas of the compound. FCI Waseca has a Special Housing Unit consisting of 35 cells with the capacity to house 67 inmates. All cells have showers inside the cell and are equipped with a duress alarm button in the event of an emergency in the cell. Cameras are positioned to monitor the activity in the housing units.

## SUMMARY OF AUDIT FINDINGS

When the on-site audit was completed, another meeting was held with administrative staff, to discuss audit findings. The facility was found to be fully compliant to the PREA, and exceeded compliance involving five standards. The auditor had been provided with extensive and lengthy files prior to the audit for review to support a conclusion of compliance with the PREA. All interviews also supported compliance. The facility staff were found to be extremely courteous, cooperative and professional. Staff morale appeared to be very high, and the observed staff/inmate relationships were seen as excellent. All areas of the facility were observed to be clean and well maintained. At the conclusion of the audit, the auditor thanked the FCI Waseca staff for their hard work and dedication to the PREA process.

Number of standards exceeded: 5

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 1

### Standard 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)

**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.**

The agency and the facility exceed the standard with policies and practice. Program Statement (PS) 5324.12 and the corresponding local policy (Institution Supplement or IS), clearly meet the mandates of this standard. The agency's zero tolerance against sexual abuse is clearly established and the policy also outlines the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment allegations. In addition to the facility PREA Compliance Manager, there is a designated National PREA Coordinator and PREA Compliance Manager assigned to each regional office in the agency to ensure adherence to the PREA. The facility PREA Compliance Manager reports to the Warden, and stated he has ample time to devote to those responsibilities. Zero tolerance posters are displayed throughout every area of the institution. Staff receive initial training and annual training, as well as updates to policy throughout the year. All staff are issued a pocket size laminated PREA Standards/First Responder Guideline to carry at all times for reference.

### Standard 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)

**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.**

The agency meets the mandates of this standard. A review of the documentation submitted substantiated the agency requires other entities contracted with (Corrections Corporation of America, Management and Training Corporation, The GEO Group, Inc.) for the confinement of inmates to adopt and comply with the PREA standards. All agency contractual agreements were modified effective February 1, 2013, to incorporate the language requiring all contractors to adopt and comply with PREA standards.

### 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)

**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.**

PS 3000.03, 5324.12 and local policy meets the mandates of this standard. Agency policy requires each facility to review the staffing plans on an annual basis. Interviews with the Warden and executive staff revealed compliance with the PREA and that other safety and security issues are always a primary focus when they consider and review their respective staffing plans. In addition to the quarterly Workforce Utilization Meeting, the Warden meets weekly with her executive staff, business manager and the human resource manager to discuss staffing issues. Quarterly Workforce Utilization Meeting minutes are on file. There were no deviations from the staffing plan. The facility has been provided with all necessary resources to support the programs and procedures to ensure compliance with PREA standards. The audit included an examination of all video monitoring systems, inmate access to telephones and the Trust Fund Limited Inmate Computer System (TRULINCS) inmate e-mail system. The average daily inmate population within the last year was 1037. Documentation of unannounced rounds (visits to areas where inmates are found) covering all shifts by administrative staff was reviewed. Interviews with staff confirmed unannounced rounds to all areas of the institution are conducted on a weekly basis, with no warning to staff. Video cameras with monitoring capabilities (114) are visible throughout the facility. The cameras can be monitored at the Control Center, Special Investigative Supervisor's (SIS) office and by the executive staff.

### Standard 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)

**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.**

Not Applicable. FCI Waseca does not house youthful inmates.

### Standard 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)

**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.**

PS 5324.12 and corresponding local policy cover the mandates of this standard. FCI-Waseca is a female only facility, however, policy states cross-gender strip or cross-gender body cavity searches are prohibited, except in emergency situations or when performed and documented by a medical practitioner. Staff indicated they received cross-gender pat search training during initial and/or annual training. The auditor observed that each unit has individual shower stalls with shower curtains for privacy purposes. Inmates, correctional officers and administrative staff stated inmates are allowed to shower, dress and use the toilet privately, without being viewed by male staff. New shower curtains have been installed to provide better visibility as well as proper privacy. Inmates and staff reported staff of the opposite gender announce their presence before entering a housing unit and at the beginning of the shift. The speaker system is used to announce, at the beginning of each shift, the possibility of opposite gender staff entering the housing unit. Additionally, the auditor observed written notifications that opposite gender staff routinely come into the units at the entrance of living areas and throughout the units. The postings are written in both English and Spanish. Staff were well aware of the policy prohibiting the search of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.

### Standard 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)

**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.**

The facility meets the mandates of this standard, in accordance with PS 5324.12 and local policy. FCI Waseca takes appropriate steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from the facilities efforts to prevent, detect and respond to sexual abuse and sexual harassment. PREA handouts, bulletin board postings and inmate handbooks (which contain PREA information) are printed in both English and Spanish. The facility has a contract with a translator service and numerous bilingual staff to provide assistance to inmates who need translation services. Procedures and policy are in place to assist inmates with any form of disability. The above-mentioned documents were submitted to and reviewed by the auditor. Staff interviewed were well aware of the policy that, under no circumstances, inmate interpreters or assistants are to be used when dealing with PREA issues involving another inmate.

### Standard 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)

**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.**

PS 3000.03, PS 3420.12, the Pre-Employment Guide, the Questionnaire for Public Trust Positions and the BOP Recruitment Flyer address the mandates of this standard. The Human Resource Specialist was interviewed and stated that all components of this standard have been met. All employees, contractors and volunteers have had criminal background checks completed. BOP Regional Office staff also conduct background checks before approving staff promotions. A tracking system is in place to ensure that updated background checks are conducted every five years. Policy clearly states the submission of false information by any applicant is grounds for termination. The Agency makes its "best effort" to contact all prior institution employers for information on substantiated allegations of sexual abuse prior to promoting or hiring staff permanently.

### Standard 115.18 Upgrades to facilities and technologies

- 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)

**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.**

FCI-Waseca has an extensive video and visual monitoring system in place. There have been no substantial expansions/modifications to the facility or installation of updated monitoring technology since August 20, 2012. There are plans to install 44 additional cameras this year. The areas to be covered include the education hallways and all housing unit hallways.

## Standard 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)

**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.**

PS 5324.12, PS 6031.03, the Guide for First Responders/Operations Lieutenant and the PREA Checklist & Instructions meets the mandates of this standard. Correctional Services (security) and Medical Services staff were interviewed concerning this standard and all were knowledgeable of the procedures required to secure and obtain usable physical evidence, when sexual abuse is alleged. Staff were generally aware the Special Investigative Supervisor (SIS) conducted investigations relative to sexual abuse allegations. All forensic medical examinations are conducted by SANE (Sexual Abuse Nurse Examiner) staff at the local hospital, Waseca Medical Center. Victim advocate services are available at FCI-Waseca. This auditor interviewed the Community Outreach Advocate who was at the facility during the audit to provide services to an inmate. There were two SANE exams conducted during the past 12 months.

## Standard 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)

**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.**

PS 5324.12 and corresponding local policy meet the mandates of this standard. Administrative or criminal investigations are completed on all allegations of sexual abuse/harassment. The Special Investigative Supervisor (SIS), the Office of Internal Affairs (OI), the Office of Inspector General (IG) and/or the FBI conduct all investigations. The Special Investigative Supervisor was interviewed and found to be very knowledgeable concerning his responsibilities in the investigative (administrative only) process. The IG or FBI would conduct the criminal investigations for the facility. The facility has an Evidence Recovery Team (SIS Investigator is the Lead), which is a group of staff specially trained in evidence preservation and recovery, and would be called to complete those duties if necessary. There were nineteen incidents which involved allegations of sexual abuse/sexual harassment during the last year. The allegations were thoroughly investigated and documentation is maintained on file. Two allegations were found to be substantiated, four were found to be unsubstantiated and thirteen were unfounded. The facility utilizes a PREA Compliance Manager-Information Tracking Log to ensure all required steps of the investigation are completed and are timely. The auditor reviewed documentation relative to these cases and believes staff acted appropriately. The facility exceeds compliance to this standard.

### Standard 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)

**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.**

PS 5324.12, corresponding local policy, and the Annual Training Plan includes all training required of this standard. The Bureau of Prisons provides extensive PREA standards training at the Federal Law Enforcement Training Center (FLETC), which all new staff must attend and successfully complete. Staff also receive PREA training beginning the day they are hired. Additionally, contractors and volunteers are provided training relative to their duties and responsibilities. All staff are mandated to receive training annually and the curriculum includes PREA requirements. The auditor reviewed the training curriculum, training sign-in sheets and other related documentation as well as interviewed staff that indicated they were required to acknowledge, in writing, not only that they received PREA training, but they understood it as well. Staff interviewed had in their possession a laminated card outlining the steps they must take if a violation of the PREA was discovered.

### Standard 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)

**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.**

PS 5324.12 and the Annual Training Plan meets the mandates this standard. There are 163 contractors and volunteers who have received PREA training (within the last year), to include the Bureau's zero-tolerance policy, reporting and responding requirements. The training is documented and copies of training sign-in sheets and other related documents were reviewed by this auditor. There was one contractor and one volunteer interviewed who confirmed that they have contact with inmates and that they received PREA training annually.

### 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)

**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.**

PS 5324.12, PS 5290.14, the Admission and Orientation (A&O) Program Involvement and the A&O Checklist meet the mandates of this standard. The facility thoroughly educates the inmates about the PREA (625 within the last year). Inmates receive information during the intake process that includes a PREA handout and inmate handbook, printed in both English and Spanish. The inmates have access to the Trust Fund Limited Inmate Computer System (TRULINCS) computer service which also provides them with PREA information. There are PREA posters throughout the facility and, in each housing unit, a "hotline" telephone number which may be called to report abuse or harassment, is posted on the bulletin boards. The Office of Inspector General's mailing address is posted in each housing unit for inmates to write to concerning any sexual abuse or sexual harassment allegation. There is a language line available to inmates who have difficulty communicating in English. There are procedures in place to assist disabled inmates in learning about the PREA. The auditor reviewed a random sampling of A&O Checklists to verify those inmates admitted during the auditing period received Sexual Assault/Assault Prevention & Intervention education and relevant written materials. All inmates were required to acknowledge in writing they completed PREA education. Staff and inmate interviews confirmed compliance to this standard.

### Standard 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)

**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.**

PS 5324.12, the SIS/SIA Training Lesson Plan; the Sexual Violence PREA Training Plan and the DOJ/OIG PREA Training Plan addresses the mandates of this standard. The SIS staff (4 staff total) and FBI/OI/IG criminal investigators have received PREA specialized training at the National Institute of Corrections and/or through the Department of Justice. This auditor reviewed specialized training documentation, to include the SIS/SIA Training Instructor Guide, FBOP Course Completion List for Investigating Sexual Abuse in a Confinement Setting training and the OIG PREA Criminal Investigator Certification Training List. The SIS was interviewed and confirmed compliance to this standard.

### Standard 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)

**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.**

PS 5324.12, corresponding local policy and the PREA Training Lesson Plan meet the mandates of this standard. All mental health and medical staff are required and have received specialized training on victim identification, interviewing, reporting and clinical interventions. Staff receive training annually and documentation is on file. The auditor reviewed the training lesson plan, training sign-in sheets and FBOP Course Completion List for Specialized PREA Training for Medical and Mental Health Care Practitioners. The Health Services Administrator was interviewed and confirmed compliance to this standard.

### Standard 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)

**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.**

PS 5324.12 addresses this standard. All inmates are assessed at intake immediately upon arrival at the facility for their risk of being sexually abused and/or harassed by other inmates or being sexually abusive towards other inmates. A unit staff member screens all new arrivals within 72 hours with an objective screening instrument. They are almost always seen the first day of intake. The staff review all relevant information from other facilities and continue to reassess an inmate's risk level within 30 days of his arrival. Information received after intake is immediately reviewed. Inmates cannot be disciplined for refusing to answer PREA related questions at the time of intake. Inmates identified as high risk for sexual victimization or at risk of sexually abusing other inmates are referred to the mental health staff for additional assessment. Staff and inmate interviews, as well as a review of documentation, support the finding that the facility is in compliance with this standard.

### Standard 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)

**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.**

PS 5324.12 and corresponding local policy address the mandates of this standard. Agency policy and institution procedures require the use of a screening instrument (reviewed by auditor) to determine proper housing, bed assignment, work assignment, education and other program assignments, with the goal of keeping inmates at a high risk of being sexually abused/sexually harassed separate from those inmates who are at a high risk of being sexually abusive. Housing and program assignments are made on a case by case basis and inmates are not placed in housing units based solely on their sexual identification or status. Interviews with staff support the finding that the facility is in compliance with this standard.

### 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)

**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.**

PS 5324.12 and corresponding local policy address the mandates of this standard. FCI-Waseca has one Special Housing Unit (SHU) which is considered protective custody placement. 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 there is no available means of separating the inmate from the abuser. The inmates are reassessed every 7 days after entering the SHU. There were no inmates at risk of sexual victimization held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment. There were no inmates at risk of sexual victimization who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement. Staff interviews confirmed compliance to this standard.

### Standard 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)

**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.**

PS 5324.12, PREA notices/memorandums and the Inmate Handbook (in English and Spanish) outlines the mandates of this standard. A review of documentation and staff/inmate interviews indicated that there are multiple ways (verbally, in writing, anonymously, privately and from a third party) for inmates and staff to report (to BOP staff or an outside agency) sexual abuse or sexual harassment. The facility does not house inmates solely for criminal immigration violations. The facility has procedures in place for staff to immediately document all allegations when advised. There are posters and other documents on display throughout the facility (observed by auditor) which also explain reporting methods.

### Standard 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)

**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.**

PS 1330.18 meets all the mandates of this standard. Inmates may file a grievance; however, all allegations of sexual abuse/sexual harassment, when received by staff, would immediately result in an administrative or criminal investigation. Inmates are not required to use the formal grievance process and procedures allow an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Inmates may file an emergency grievance at any time, and may seek assistance from others to file a grievance. All required response/reporting time limits concerning grievance processing are required by policy. There were no grievances filed involving any PREA related issue during the past 12 months. Staff interviews confirmed compliance to this policy.

### Standard 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)

**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.**

PS 5324.12 and the Inmate Handbook (English and Spanish) meet the mandates of this standard. The facility has a Memorandum of Understanding (MOU) with the local Committee Against Domestic Violence- Waseca. They have a good working relationship with the Outreach Advocate and inmates have used the services. The advocate would also meet the inmate victim at the local hospital for any required SANE exam. Facility staff have been trained to provide counseling and victim advocacy services if needed. Inmates have access to the National Sexual Assault Hotline. Inmates are advised of the procedures to seek assistance from outside providers and facility staff. The inmate handbook outlines the process to obtain the contact information through the Psychology Department. The Outreach Advocate was interviewed during the audit.

### Standard 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)

**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.**

The BOP pamphlet entitled "Sexually Abusive Behavior Prevention and Intervention", the Inmate Handbook, PREA posters, the posted Office of Inspector General address and the BOP web site ( [www.bop.gov](http://www.bop.gov)) meet the mandates of this standard. The web site and posted notices assist third parties on how to report allegations of sexual abuse. Staff and inmates interviewed were aware of the procedures for third-party reporting.

### 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)

**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.**

PS 5324.12 and corresponding local policy includes the mandates of this standard. Staff interviewed were well aware of their duty to immediately report all allegations of sexual abuse, sexual harassment and retaliation relevant to PREA standards. All information is maintained confidentially. A review of policy and staff interviews support the finding that the facility is in compliance with this standard.

### Standard 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)

**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.**

PS 5324.12 addresses the mandates of this standard. Staff interviewed were well aware of their duties and responsibilities, as it relates to them having knowledge of an inmate being sexually abused or sexually harassed. All staff indicated they would act immediately to protect the inmate. Staff are issued a pocket PREA guide outlining all actions to be taken. They also stated they would separate the victim/predator, secure the scene to protect possible evidence, not allow inmates to destroy possible evidence and contact the operations supervisor and medical staff.

### Standard 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)

**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.**

PS 5324.12 addresses the mandates of this standard. Policy requires that any allegation by an inmate that he was sexually abused, while confined at another facility, must be reported to the head of the facility where the alleged abuse occurred, within 72 hours of receipt of the allegation. In the past 12 months, the facility received one allegation that an inmate was abused while confined at another facility. They have not received any allegations from other facilities that an inmate was abused while confined at FCI-Waseca. Staff interviews and a review of policy confirm compliance to this standard.

### 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)

**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.**

PS 5324.12 outlines the mandates of this standard. All staff interviewed were extremely knowledgeable concerning their first responder duties and responsibilities, upon learning of an allegation of sexual abuse or sexual harassment. Staff indicated they would separate the inmates, secure the scene, would not allow inmates to destroy any evidence, contact the operations lieutenant and advise medical staff. All staff are issued and carry a pocket size PREA guide for reference. Within the last 12 months, nineteen allegations of sexual abuse resulted in first responder actions, and none were within the time period that allowed for collection of physical evidence. One inmate who made an allegation was interviewed by the auditor, and confirmed all required responses were made.

### Standard 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)

**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.**

PS 5324.12, corresponding local policy and the Coordinated Response to an Allegation of Sexually Abusive Behavior PREA Checklist outlines the mandates of this standard. The documentation was reviewed by the auditor. The policy and checklist describe the coordinated actions to be taken by first responders, medical/mental health staff, investigators and facility administrative staff, in response to an incident of sexual abuse/harassment.

### Standard 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)

**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.**

The collective bargaining agreement 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.

### Standard 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)

**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.**

PS 5324.12 outlines the mandates of this standard. The policy prohibits any type of retaliation against any staff or inmate who has reported sexual abuse or sexual harassment or cooperated in any related investigation. The Associate Warden (also the local PREA manager), is charged with monitoring retaliation. When interviewed, she stated she would follow up on all 30, 60 and 90 day reviews to ensure policy is being enforced and conduct periodic status checks on the frequency of unjust incident reports, housing reassignments and negative performance reviews/staff job reassignments. If there was a concern that there was the potential for possible retaliation, the Associate Warden indicated she would monitor the situation indefinitely. There have been no incidents of retaliation in the past 12 months.

### Standard 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)

**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.**

PS 5324.12 meets the mandates of this standard. Interviews with staff and an examination of the facility indicated that there is a viable alternative to the placement of inmates in involuntary segregated housing (SHU). Staff consider separate housing of the victim/predator, to include transfer of the inmates. In the past 12 months there were no inmates held in involuntary segregated housing for one to 24 hours awaiting completion of assessment and none held in involuntary segregated housing for longer than 30 days, while awaiting alternative placement.

### Standard 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)

**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.**

PS 5324.12 addresses the mandates of this standard. The SIS conducts administrative investigations within the facility and refers criminal investigations to the FBI or IG to determine if prosecution will be pursued. The local assistant U.S. attorney would also be consulted. There were no criminal prosecutions during this auditing period. According to the Warden, the facility fully cooperates with any outside agency who initiates an investigation. The Special Investigative Supervisor serves as the facility liaison who provides requested information to the outside agency and provides access to the inmate.

### Standard 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)

**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.**

PS 5324.12 addresses the mandates of this standard. The evidence standard is a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

### Standard 115.73 Reporting to 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)

**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.**

PS 5324.12 addresses the mandates of this standard. All investigations conducted within the last year requiring inmate notification per this standard were completed. The documentation supports the finding that the facility is in compliance with this standard. One of the alleged victims was interviewed by the auditor, and confirmed she was notified.

### 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)

**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.**

PS 3420.11 addresses the mandates of this standard. Staff are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. There have been no reported cases of inmates engaging in sex with staff, and in the past 12 months, no staff members were disciplined, terminated or resigned (prior to termination) for the violation of agency policy. The agreement between the Federal Bureau of Prisons and Council of Prison Locals American Federation of Government Employees (7/1/2014-7/20/2017) allows for disciplinary sanctions against staff, including termination for sexual abuse or sexual harassment of an inmate.

### Standard 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)

**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.**

PS 3420.11 addresses the mandates of this standard. Policy complies with all required actions concerning contractors and volunteers relevant to this standard. In the past 12 months, there have not been any contractors or volunteers accused of sexual abuse or sexual harassment of an inmate.

### Standard 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)

**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.**

PS 5324.12 and corresponding local policy address the mandates of this standard. Therapy services are available for victims and abusers at the facility. Policy does not allow consensual sex of any nature. Inmates having sexual contact with staff will be disciplined, if it is not consensual. The Bureau of Prisons does not discipline inmates who make allegations in good faith, even if the investigation does not establish evidence sufficient to substantiate the allegation. Interviews with SIS investigators support a finding that the facility is in compliance with this standard.

### 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)

**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.**

PS 5324.12 and corresponding local policy outlines the mandates of this standard. Interviews with medical and specialized staff confirm 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. In the past 12 months, all inmates who disclosed prior victimization during screening were offered a follow-up meeting with medical or mental health staff. Treatment services are offered without financial cost to the inmate. FCI-Waseca utilizes the PREA Compliance Manager-Tracking Log to monitor all inmates having a history of sexual abuse. All information is handled confidentially, and interviews with staff and inmates support a finding that the facility is in compliance with this standard.

### 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)

**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.**

PS 5324.12 and the PREA Guide for First Responders/Operations Lieutenants address the mandates of this standard. Information and access to care is offered to all inmate victims, as clinically indicated. The treatment is offered at no financial cost to the inmate. All emergency decisions and care would be fully documented. Interviews with staff and an alleged inmate victim support a finding that the facility is in compliance with this standard.

### Standard 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)

**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.**

PS 5324.12 outlines the mandates of this standard. FCI-Waseca offers ongoing medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse. Services are consistent with a community level of care, without financial cost to the inmate. The Health Services department has recently added a Social Worker position who develops additional resources for inmates in their continuity of care. Known inmate abusers are offered evaluation and treatment. A review of documentation and interviews with medical/mental health staff support the finding that this facility is in compliance with this standard. The facility does an excellent job providing services needed for sexual abuse victims. If needed, an inmate who is a perpetrator would be transferred to FCI-Carswell for a specialized program.

### Standard 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)

**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.**

PS 5324.12 and corresponding local policy outlines the mandates of this standard. Administrative or criminal investigations are completed on all allegations of sexual abuse/sexual harassment (within 30 days). The Special Investigative Supervisor was interviewed and found to be very knowledgeable concerning his duties and responsibilities, and provides information to the incident review team. The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was proven to be unfounded. Based on interviews with members of the incident review team, the review is conducted within 30 days of the conclusion of the investigation and consideration is given as to whether the incident was motivated by race, ethnicity, gender identity, status or gang affiliation. The team also makes a determination as to whether additional monitoring technology should be added to enhance staff supervision. The review team consists of upper-level management. The sexual abuse incident review reporting form is completed as required.

### Standard 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)

**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.**

PS 5324.12 meets the mandates of this standard. The facility collects accurate uniform data for every allegation of sexual abuse/sexual harassment by using a standardized instrument. The agency tracks information concerning sexual abuse utilizing SIS data, Office of Internal Affairs data, Inmate data and SENTRY (BOP data management system) data. The data collected includes the information necessary to answer all questions needed to complete the most recent version of the Survey of Sexual Violence, conducted by the Department of Justice. The agency aggregates and reviews all data annually (including data provided from contractors).

### Standard 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)

**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.**

The Bureau of Prisons and FCI-Waseca staff review and assess all sexual abuse/sexual harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection and response policies and to identify any trends, issues or problematic areas and take corrective action if needed. The facility PREA Manager forwards data to the respective BOP Regional PREA Coordinator. An annual report is prepared and placed on the BOP web site. The Annual Report was reviewed by the auditor.

**Standard 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)

**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.**

PS 5324.12 outlines the mandates of this standard. The National PREA Coordinator reviews data compiled by the Regional PREA Coordinators and issues a report to the BOP Director on an annual basis. The data is retained in a secure file and published on the BOP web site. The report covers all data required by this standard.

**AUDITOR CERTIFICATION**

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Diane Lee

October 6, 2015

---

Auditor Signature

---

Date