

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Report 10/25/2018

Auditor Information

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Telephone: 301-468-6535	Date of Facility Visit: September 18 – 20, 2018

Agency Information

Name of Agency: Federal Bureau of Prisons		Governing Authority or Parent Agency (If Applicable): U.S. Department of Justice	
Physical Address: 320 First Street, NW.		City, State, Zip: Washington, DC 20534	
Mailing Address: 320 First Street, NW.		City, State, Zip: Washington, DC 20534	
Telephone: 202-307-3198		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input checked="" type="checkbox"/> Federal

Agency mission: It is the mission of the Federal Bureau of Prisons 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.

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

Agency Chief Executive Officer

Name: Hugh Hurwitz	Title: Acting Director
Email: BOP-CPD/PREACOORDINATOR@BOP.GOV	Telephone: 202-616-2112

Agency-Wide PREA Coordinator

Name: Jill Roth	Title: National PREA Coordinator
Email: BOP-CPD/PREACOORDINATOR@BOP.GOV	Telephone: 202-616-2112

PREA Coordinator Reports to: Alix McLearn, Acting Assistant Director, Reentry Services Division	Number of Compliance Managers who report to the PREA Coordinator 0
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Facility Information

Name of Facility: Federal Correctional Institution Waseca			
Physical Address: 1000 University Drive, SW, Waseca, Minnesota 56093			
Mailing Address (if different than above): P.O. Box 1731, Waseca, Minnesota 56093			
Telephone Number: 507-835-8972			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input checked="" type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	

Facility Mission: 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 members 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.

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

Warden/Superintendent

Name: Nanette Barnes	Title: Warden
Email: WAS/PREAComplianceMgr@bop.gov	Telephone: 507-835-8972

Facility PREA Compliance Manager

Name: John Bermingham	Title: Associate Warden
Email: WAS/PREAComplianceMgr@bop.gov	Telephone: 507-835-8972

Facility Health Service Administrator

Name: Kathleen Gulbrandson	Title: Health Services Administrator
Email: WAS/PREAComplianceMgr@bop.gov	Telephone: 507-835-8972

Facility Characteristics

Designated Facility Capacity: 1050	Current Population of Facility: 664
Number of inmates admitted to facility during the past 12 months	344

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		339
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		334
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		18
Age Range of Population:	Youthful Inmates Under 18: N/A	Adults: 20 – 72
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:		NA
Average length of stay or time under supervision:		110.5 months (average sentence)
Facility security level/inmate custody levels:		Low and Minimum Security with In, Out and Community Custody
Number of staff currently employed by the facility who may have contact with inmates:		213
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		7
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		19
Physical Plant		
Number of Buildings: 25		Number of Single Cell Living units: 0
Number of Multiple Occupancy Cell Living units:		5
Number of Open Bay/Dorm Living units:		5
Number of Segregation Cells (Administrative and Disciplinary):		35
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): FCI Waseca has enough cameras throughout the institution; the Control Center is located at the front of the institution as you come into the front lobby.		
Medical		
Type of Medical Facility:		Ambulatory Care Facility
Forensic sexual assault medical exams are conducted at:		Mayo Clinic Health System-Mankato, MN
Other		
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		58 volunteers and 25 contractors
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		253

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Pre-audit phase

This is the second PREA (Prison Rape Elimination Act) audit for the Federal Correctional Institution (FCI) Waseca (WAS). The standards used for this audit became effective August 20, 2012. An internet search confirmed the FCI Waseca 2015 PREA Report was posted on the facility's website November 3, 2015. The auditor also found the Admission and Orientation Handbook, in both English and Spanish, located on the facility's website. The handbook contained information such as the facility rules, available programs and services, details on the inmate telephone system (TRUFONE), intake screening and orientation process information and specifics on the inmate Electronic Bulletin Board (EBB), available to inmates via a TRULINCS terminal located on each living unit.

Sexually Abusive Behavior Prevention and Intervention indicates that there are other means for inmates to confidentially report sexually abusive behavior if she is not comfortable talking with staff such as:

Write directly to the Warden, Regional Director, Associate Warden, PREA Compliance Manager or Director. The inmate can send the Warden an Inmate Request to Staff Member (Cop-out) or a letter reporting the sexually abusive behavior. An inmate can also send an electronic transmission (email) to the Office of the Inspector General (OIG).

An examination of the inmate handbook revealed that FCI Waseca notified all inmates that:

- Telephone calls were subject to monitoring and recording except for unmonitored inmate calls to attorneys.
- BOP has a zero-tolerance policy and no-tolerance philosophy for sexual victimization.
- BOP has a Program Statement (PS), 1330.18, Administrative Remedy Program, dated January 6, 2014, and Institutional Supplement, WAS-5324.12c, Sexual Abusive Behavior Prevention and Intervention Program, dated August 13, 2018, that provides guidance on the implementation of practices in compliance with PREA Standards.
- The BOP has an investigative process when the agency conducts investigations into allegations of sexual abuse and sexual harassment.
- The BOP provides access information to advocacy services for inmates who have been sexually abused or sexually harassed during their term of incarceration through the Committee Against Domestic Abuse (CADA).
- Inmates can confidentially contact CADA by using the address provided in the handbook or by telephoning 1-800-477-0466.
- BOP has a detailed administrative remedy process for PREA related allegations.
- BOP lists inmates' rights and responsibilities in the handbook.
- BOP details in the handbook the guidelines for inmate correspondence.
- BOP details in the handbook what inmates can do if they have a sensitive complaint.
- BOP details in the handbook the inmate's healthcare rights and responsibilities.
- Sexual contact with other inmates is not authorized.
- There is no such thing as consensual sexual contact between staff and inmates in the BOP.

- Anyone can report abuse on behalf of an inmate by assessing the public website, https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp.

The auditor completed a document review of the FCI Waseca Pre-Audit Questionnaire (PAQ), applicable policies, procedures, program statements and supplemental information. Telephone calls and emails were exchanged between two (2) Bureau of Prisons (BOP) Management Analysts assigned to monitor the 2018 PREA onsite portion of the audit. The following documentation was requested for the onsite visit:

- Roster of inmates by unit
- Roster of inmates with disabilities
- Roster of inmates who were Limited English Proficient (LEP)
- LGBTI inmates
- Inmates who reported sexual abuse
- Inmates who reported sexual victimization during risk screening
- Staff roster by shifts
- Specialized staff roster
- Inmate census the first day of the audit
- A roster of eleven employees hired in the past 12 months
- Second Quarterly Salary Workforce minutes 2017
- Unannounced institutional rounds (TRUSCOPE)
 - 6/27-7/3/2017
 - 4/10-17/2017
 - 12/26/2017 -1/02/2018
- List of contact information for volunteers
- SANE/SAFE point of contact information
- Copies of training acknowledgments for volunteers and contractors

Entrance Briefing and Tour (On-site Audit)-First day

The on-site visit for the Prison Rape Elimination Act (PREA) compliance audit of the Federal Correctional Institution (FCI) Waseca was conducted on September 18-20, 2018 by The Nakamoto Group, Inc., PREA certified auditor Sonya Love. The population on the first day of the audit was 664. The rated capacity was 712. A meeting took place with management staff to outline the auditor's sampling strategy, logistics for the facility tour, interview schedule and to discuss the need to review additional directives and supplemental documents. The morning meeting was held with the Warden, Associate Warden/PREA Compliance Manager, Bureau of Prisons Management Analyst, Captain, American Correctional Association (ACA) auditor, Food Service Administrator, Supervisory Correctional System Specialist, Facility Manager, Supervisor of Education, Business Administrator, another Food Service Administrator, Health Services Administrator, Human Resource Manager, Specialty Programs Coordinator, Supervisor of Recreation, Chaplain, Trust Fund Administrator, Environmental Safety Compliance Administrator, UNICOR Factory Manager, Captain's Secretary, Associate Warden's Secretary and the Warden's Secretary.

The tour of FCI Waseca included the Receiving and Discharge (R&D) intake processing areas, all living units, the Special Housing Unit (SHU), the Health Services Department, Recreation, Food Service, facility support areas, Education, Visiting Room, Psychology Services and other programming areas and UNICOR. FCI Waseca has five living units; A, B, C, D and E. Units A, B, and E are in a triplex building on the south side of the East Courtyard. Unit C is located on the second floor just up the stairs from Central Hall. Unit D was located on the North side of the East Courtyard. Unit Management office space was found on each living unit and it was easily accessible to inmates. FCI Waseca has a Special Housing Unit (SHU) consisting of 35 cells with the capability of housing 67 inmates. All five living units are equipped with showers, as well as privacy curtains, excluding Units A and E, which had several shower curtains missing. All living units have toilet stalls with doors to protect the privacy of inmates. FCI Waseca immediately replaced the missing shower curtains.

[REDACTED]. The staff members conducting the tour were unaware of any specific policies or procedures that would enable an inmate placed in the suicide room, under direct observation, to shower, perform bodily functions and change clothing. The auditor later confirmed that the facility has Post Orders in place, in conjunction with written policy, Program Statement 5324.08, Suicide Prevention Program, that enables inmates on suicide watch to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks.

During the tour, it was noted that there was sufficient staffing and surveillance cameras to ensure a safe environment for inmates and staff. Signs were posted in both English and Spanish which indicated employees of the opposite gender were present in the living units. Informal and formal conversations with employees and inmates regarding the PREA standards were conducted. PREA posters were abundant throughout the facility. The agency's zero tolerance policy toward sexual abuse and sexual harassment was prominently displayed in all the living units, meeting areas and throughout the facility. Audit notice postings with the auditor's contact information were in these same areas. A time-stamped photo of the PREA notice was dated 06/28/2018, well in advance of the on-site audit date of September 18-20, 2018.

During the tour, the auditor observed video monitoring cameras were located throughout the institution. The auditor also noted that most showers and all toilets permitted inmate's a measure of privacy to perform bodily functions and change clothes without nonmedical staff of the opposite gender directly viewing their breasts and buttocks. Inmate phones were checked to ensure they were working with a dial tone. The advocacy hotline contact number was posted on all living units. The auditor was provided unimpeded access to all parts of the facility, to include all secure rooms and storage areas. The auditor spoke informally with inmates and staff during the tour.

Observations noted during the tour:

- FCI Waseca has a unique physical design.
- Individual inmate rooms were utilized as segregated rooms/cells. Zero inmates were housed in SHU because of an allegation of victimization.
- PREA information was posted English and Spanish.
- There are no youthful offenders.

Staff Interviews (Specialized and Random) Day 1

The PREA Compliance Manager confirmed 213 staff members were assigned to the facility on the first day of the audit, to include seven new hires. Both random and select specialized staff members were interviewed on each day of the on-site audit.

All staff (random and specialized) interviewed confirmed they were aware of the institution's zero-tolerance policy and were knowledgeable of and understood their responsibility and duty to protect inmates from sexual abuse and sexual harassment. Each staff member affirmed an awareness and understanding of the role and responsibilities of a first responder, in the event of a PREA related allegation. Also, the staff could clearly explain their role as part of a coordinated response. Due in part to shift scheduling, staff interviews took place throughout three days. All interviewed staff demonstrated a sufficient understanding of the PREA and their responsibilities under the PREA mandate. All staff members were able to discuss in detail the agency guidelines established to address sexual abuse and sexual harassment. Moreover, each staff member was also able to explain how they were trained to detect incidents of sexually abusive behavior, intervene to protect the victim, safeguard the crime scene, report the incident to the Operations Lieutenant or Shift Supervisor and document the incident.

The auditor interviewed the following categories of specialized and random staff, during the on-site phase of the audit:

Category of Staff Interviewed	# Interviews Conducted
Random Staff	13
Specialized Staff	24
Total Staff Interviewed	37

Note: Selected from all shifts

Other staff interactions during the facility tour	# Interviews Conducted
Staff Interactions during the facility tour	2
Staff who refused to be interviewed	0
Total Staff Interviewed	2

Category of Specialized Staff Interviewed	# Interviews Conducted
Agency Contract Administrator	0
Intermediate or higher-level facility staff responsible for conducting an announced round to identify and deter staff sexual abuse and sexual harassment	2
Line staff who supervise youthful inmates, if any	0
Education staff who work with youthful inmates, if any	0
Program staff who work with youthful inmates, if any	0
Medical staff	2
Mental health staff	2
Administrative (human resource) staff	1
SAFE and SANE staff	1
Volunteers who have contact with inmates	2
Contractors who have contact with inmates	2
Investigative staff	2
Staff who perform screening for risk of victimization and abusiveness	2
Staff who supervise inmates in segregated housing	3
Designated staff member charged with monitoring retaliation	1
First responders, corrections staff	1
First responders, non-corrections staff	1
Intake staff	3
Total staff interviewed	25

Inmate Interviews-Second and Three Day

On the first day of the on-site phase of the FCI Waseca 2018 PREA audit, the inmate population was 664. Based on inmate sampling prerequisites, the overall minimum number of inmate interviews for random inmate interviews was fifteen (15) and the minimum number of targeted inmate interviews was also fifteen (15). The auditor interviewed the following number and categories of inmates:

Category of Inmates Interviewed	# Interviews Conducted
Random inmates	16
Targeted inmates	15
Youthful inmates	0
Total inmates interviewed	31

Note: Inmates selected from various living units

Targeted Inmate Interviews-Breakdown	# Interviews Conducted
Youthful Inmates	0
Inmates with a Physical Disability	0
Inmates who are Blind, Deaf, or Hard of Hearing	0
Inmates who are Limited English Proficient (LEP)	4
Inmates with a Cognitive Disability	0
Inmates who Identify as Lesbian, Gay, or Bisexual	8
Inmates who Identify as Transgender or Intersex	2
Inmates in Segregated Housing for High Risk of Sexual Victimization	0
Inmates who Reported Sexual Abuse that occurred at the Facility	0
Inmates who Reported Sexual Victimization During Risk Screening	1
Total Number of Targeted Inmates Interviews	15

Inmate correspondence

The auditor did not receive any correspondence before the on-site phase of the audit dates of September 18-20, 2018. On 10/05/2018, the auditor was forwarded correspondence from an inmate who had been interviewed as part of the targeted group, during the on-site visit. [REDACTED]

[REDACTED] Since the post-audit letter did not contain any PREA related allegations and the inmate did not divulge any allegations of sexual abuse, sexual harassment or concerns about being retaliated against for participating in the interview, the letter was forwarded to Bureau of Prisons Headquarters for follow-up and any further action deemed necessary.

Advocacy contact

The auditor contacted Just Detention International (JDI) and spoke with advocate Leelyn Aquino. The advocate indicated zero communications or contacts from inmates or third-party reports for FCI Waseca. Likewise, the auditor also contacted the Committee Against Domestic Abuse (CADA), a local victim advocacy organization. CADA was unfamiliar with the fact that FCI Waseca has a PREA Compliance Manager. CADA indicated making logistical arrangements to see victims through a Unit Manager. During the on-site audit phase, the auditor telephoned CADA from a dedicated phone located in the Psychology Services Department. The phone was locked in a secure private room with windows and a door and inmates could privately speak to advocates on the hotline, while staff observed the process from a vantage point in the hallway. CADA indicated the last communication from FCI Waseca was in March 2018. The advocate stated that she met with an inmate in SHU to discuss her sexual victimization. CADA indicated that the inmate had already reported the incident to officials. CADA would not disclose the name of the victim. The victim was seeking emotional support. CADA said obtaining access to victims was cumbersome and they experienced long lag times between a request to meet with a victim and the coordination of visitation time. The CADA advocate assigned to FCI Waseca also reported each time she visited inmates who called the hotline they were being housed in SHU.

The auditor examined documents relative to concerns levied by the CADA advocate. Initially, the auditor reviewed the Compliance Manager Information Tracking Log dated June 2018. The Compliance Manager Information Tracking Log incidents ranged from 6/15/17-3/7/18. Column 4 of the Compliance Manager Tracking Log indicates "Victim, Warden's signature BP-A1002 (yes/no). Moreover, the Compliance Manager Information Tracking Log gave credence to CADA's concerns. On further review of the individualized BP-A1002 generated for each inmate listed on the Compliance Manager Information Tracking Log, the auditor found only two incidents where inmates alleged to have suffered sexual abuse were held in SHU in the past 12 months for one to 24 hours awaiting completion of an assessment. Neither of the inmates were housed in SHU for longer than 30 days while awaiting alternative placement.

First Visit: A local victim advocate from CADA visited an inmate on November 9, 2017. This visit was based on a sexual abuse incident investigated by FCI Waseca that originated on October 13, 2017. This case is one of seven sexual abuse allegations investigated in the past 12 months. The investigation was unsubstantiated.

Second Visit: A local victim advocate from CADA visited on March 7, 2018. This visit was based on a sexual abuse incident investigated by FCI Waseca on February 24, 2018. This case is also one of the seven allegations received during the past 12 months that was unsubstantiated by FCI Waseca.

Sampling methodology-screening and rescreening for risk of victimization

The auditor sampled 31 initial intake and transfer screening reports for risk of victimization and abusiveness. Each of the 31 intake screening forms contained inmate signatures affirming receipt of an FCI Waseca Admission and Orientation Handbook which defined the rights and responsibilities of inmates, detailed prohibited acts and the disciplinary severity scale for any violation. All inmates could voluntarily declare and self-identify their sexual orientation, gender identity, disabilities and perception of vulnerability. Unit Team staff members also reviewed inmate records for factors such as a history of victimization or sexually abusive behavior, gang affiliation, physical appearance and mental illness.

A total of 31 reassessment files were reviewed. The inmate files examined mirrored by name the random and targeted inmates interviewed during the audit. Of the 31 files reviewed, 28 were referred to Psychology Services for further evaluation and review for risk of victimization and reassessment. Psychology Services staff members at Waseca advised inmates of the limits to confidentiality. Each inmate expressed an understanding of the limitations of confidentiality and consented to be interviewed by a staff psychologist. The auditor confirmed the psychologist reviewed the inmate's mental health history, current symptoms, substance abuse history, history of sexual offense convictions, sexual predation in a correctional setting, history of psychosocial behavior and other noteworthy and problematic adjustments to incarceration, in conjunction with the initial intake evaluation, prior to making an informed decision, during the reassessment.

Investigations

The auditor confirmed investigative information by examination of relevant documents. During the current auditing period for the last 12 months, the number of allegations of sexual abuse and sexual harassment that were investigated by FCI Waseca was seven administrative and zero criminal investigations.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of living units, description of living units including any special living units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

FCI Waseca (WAS) Description and Characteristics

FCI Waseca, a low-security level, female institution, is located 75 miles south of Minneapolis and 13 miles west of Owatonna, MN. The facility was activated on June 1, 1996 and is in Waseca County. The federal reservation is comprised of 87 acres with only 29 of those acres inside the secure perimeter.

FCI Waseca was once an agricultural college, owned and operated by the University of Minnesota. Today the facility still retains many of the architectural aesthetics from the facility's history as the site of the

University. 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, the mission of the institution was changed from incarcerating male inmates to housing low-security female inmates. The transition was completed in November 2008.

Facility Demographics

Rated Capacity	712
Population of first day of onsite audit	664
Actual Population as of August 31, 2018	681
Average Daily Population for last 12 months	692
Average Length of Stay	110.5 months
Security/Custody Level	Low/minimum
Age range of offenders	20-72 years

FCI Waseca Department Highlight and Special Programs

Health Services Department

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 offered include a full-service pharmacy and dental clinic, radiology services, laboratory services, ultrasound and mammography services. In-house consultative services include Optometry, General Surgery, Physical Therapy and Occupational Therapy.

Psychology Services Department

The department provides mental health services and drug abuse treatment for inmates. Also, the psychology department has an employee assistance program (EAP) for employees of FCI Waseca. The responsibilities of the psychology department include management and treatment of suicidal inmates, management and treatment of severely mentally ill inmates and the provision of crisis interventions and individual and group therapy. Group therapy offerings include Cognitive Skills Group, Anger Management, Criminal Lifestyle and Illness Management and Recovery. Also, every inmate who arrives at the institution is screened by the Psychology Services Department. Psychology Services Staff monitor the SHU inmates' adjustment and mental health concerns and provide intervention. The department frequently provides information to staff throughout the institution on inmates who may be having difficulty and helps to manage those 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 period of approximately nine months and treatment covers a variety of areas, including Rational Thinking, Living with Others, Criminal Lifestyles, Lifestyle Balance and Transitional Issues. The RDAP is based on a bio-psychosocial model with a focus on changing lifestyles and developing personal responsibility. Also, non-residential Drug Abuse Programs are offered to all inmates. These 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. Also, the Drug Education Program provides inmates with information about substance abuse and its effects on the person, family and community, as well as treatment options.

Correctional Services

The Correctional Services Department provides for the safe, secure and orderly running of the facility. Highly trained staff members complete security checks each day. Random inmate searches are completed of the inmate living units each shift.

Education

The educational philosophy at FCI Waseca is to provide all inmates with meaningful access to educational materials. Programming opportunities at FCI Waseca are designed to fulfill basic literacy and English as a Second Language (ESL) requirements, to meet the needs and interests of the inmate population, to provide options for the positive use of the inmates' time and to enhance skills related to their successful reentry into the community.

General Education Development (GED)

Inmates who do not have a high school diploma or its equivalent and have not completed the mandatory 240 classroom hours in the literacy program are required to attend GED classes, per Program Statement 5350.28, Literacy Program, GED Standards. The program is offered in English and Spanish.

Other Programs and Services

Other programs include the Resolve Program, Prisoners Assisting with Service Dogs (PAWS) Program, Community Service Projects, Career Resource Center, Vocational Training and Recreation Programs.

Institution Accomplishments and Accreditations

- American Correctional Association (ACA) re-accreditation received on September 15-18, 2015.
- Accreditation Association of Ambulatory Health Care (AAAHC) accreditation was granted on July 18, 2018 by the Joint Commission on the Accreditation of Hospitals. There were five identified areas of improvement. Three of the five areas have met compliance. Two standards conflict with BOP policies and are currently under review by AAAHC.
- Environmental Management System (EMS) Second-Part Certification Audit was conducted July 7-9, 2015 with the final report and re-certification dated July 22, 2018.
- National Oceanic and Atmospheric Administration (NOAA) Weather-Ready National Ambassador certification received on October 18, 2016.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

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

Number of Standards Exceeded: 0

Number of Standards Met: 45

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

Standard 115.13

Safety Hallway: [REDACTED]

[REDACTED] The mobile food delivery unit was returned to the main kitchen to be appropriately stored. FCI Waseca corrected this problem before the close of the on-site phase of the PREA audit.

E Unit: A blind spot was observed near the ice machine. Mirrors were installed to augment safety. FCI Waseca corrected this problem before the close of the on-site phase of the PREA audit.

Laundry: The auditor observed a blind spot behind the washers. Mirrors were installed to augment safety. FCI Waseca corrected this problem before the close of the on-site phase of the PREA audit.

A and E Units: privacy shower curtains were missing in A and E Units. Staff replaced shower curtains to ensure privacy for the inmates in the unit. FCI Waseca corrected this problem before the close of, the on-site phase of the PREA audit.

Receiving and Discharge: Inmates could be seen using the toilet from the doorway. A 2-3' strip was added to a door facing a toilet to give inmates some measure of privacy. FCI Waseca corrected this problem before the close of the on-site phase of the PREA audit.

Staff announcements: 50% of staff relied on the consistent daily announcement alerting inmates that opposite gender staff entered the living unit. They also relied on the posted notices on the living units instead of making announcements, when applicable. To correct the problem, FCI Waseca completed and documented staff training to increase awareness and to remind staff of the facility and agency's mandate for making announcements when entering an opposite-gender living unit.

Suicide watch. The facility has a written policy, Program Statement, Suicide Prevention, and Post Orders in place that enables inmates on suicide watch to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks.

Standard 115.16

During interviews with random and specialized staff, no staff could explain how to access the interpretive language line in the event of a PREA incident. Also, during interviews with LEP inmates, the interviews were delayed identifying a staff member who spoke Spanish. To correct this problem, FCI Waseca included access information for on-demand interpretive services on PREA Cards issued to each employee to facilitate a quick response in a PREA incident and to increase staff awareness about the interpretive service. FCI Waseca corrected this problem before the close of the on-site phase of the PREA audit.

Standard 115.51 and 115.53

Zero of 31 inmates interviewed were aware of the location of the phone to contact CADA. Zero of 31 inmates interviewed were aware that any staff member could facilitate a phone call to CADA for a victim. 98% of inmates interviewed were unfamiliar with how to access the CADA Advocacy Hotline in Psychology

Services. Written and telephone contact information for CADA was found in the inmate A & O Handbook. To correct this problem, FCI Waseca posted more precise directions on where and how victims of sexual abuse and sexual harassment could access a phone to complete a confidential call for emotional support on the inmate Electronic Bulletin Board (EBB). FCI Waseca corrected this problem before the close of the on-site phase of the PREA audit.

Standard 115.68 and 115.43

A review of sexual abuse investigation indicated that between 6/06/17 and 9/18/2018, FCI Waseca documented 12 allegations on the Compliance Manager Information Tracking Log. Of the 12 incidents reported on the Compliance Manager Tracking Log, the document indicates eight times the victim was placed in SHU and a BPA1002 generated. One of the 12 incidents listed on the log, the auditor could not determine if the inmate was or was not put in SHU by reviewing the Compliance Manager Information Log.

Noteworthy: A review of BP-A1002 forms for each inmate conflicts with the Compliance Manager's Tracking Log. A review of each associated BP-A1002 form confirmed 2 incidents of victims being placed in SHU in the past 12 months. Further, the auditor examined the inmate quarters history and confirmed that perpetrators were being placed in SHU in lieu of victims, except in exigent circumstances.

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)

Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Program Statement (PS) 5324.12, Sexually Abusive Behavior Prevention and Intervention Program and Institution Supplement (IS) 5324.12(b), Sexually Abusive Behavior Prevention and Intervention Program, address the requirements identified in Standard 115.11. The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. The agency, as well as FCI Waseca, outlined the agency and the facility's approach to preventing, detecting and responding to sexual abuse and sexual harassment.

The Bureau of Prisons (BOP) has appointed an agency-wide PREA Coordinator. The agency-wide PREA Coordinator reports to the Acting Assistant Director, Reentry Services Division. In a previous interview with the agency-wide PREA Coordinator, she confirmed having sufficient time and the authority to coordinate the agency's efforts to comply with PREA standards.

The Warden at FCI Waseca has appointed the Associate Warden as the Institutional PREA Compliance Manager (IPCM). The IPCM reports directly to the Warden regarding all PREA related concerns. During the onsite visit to FCI Waseca, the auditor interviewed the Institutional PREA Compliance Manager and he confirmed that he had sufficient time and authority to coordinate the facility's efforts to comply with PREA standards.

In practice, FCI Waseca informs inmates orally about the zero-tolerance policy and the PREA program is also reviewed by inmates during in-processing procedures via video. The inmates are even educated through the admission and orientation process. PREA education is offered in English and Spanish.

The auditor observed, during the tour, that inmates are also informed about the program and zero-tolerance in the Waseca Admission and Orientation (A&O) Handbook; a PREA pamphlet; and postings which are displayed throughout the facility. All written documents are available in English and Spanish. Additional interpretive services are available for inmates who do not speak or read English. All interviews with staff, volunteers (2), contractors (2) and all inmates confirmed that each was aware of the zero-tolerance policy towards all forms of sexual abuse/sexual harassment. The commitment to the enforcement and implementation of the PREA, along with an examination of policy and documentation, supports the facility's compliance with this standard. FCI Waseca met the requirements of Standard 115.11.

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

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

115.12 (a)

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

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The agency meets the requirements of Standard 115.12. A review of the documentation submitted confirmed the agency requires other entities contracted for the confinement of inmates (privatized prisons and residential reentry centers or "halfway houses") to adopt and comply with the PREA standards. All agency contractual agreements were modified to incorporate the language requiring all contractors to adopt and comply with PREA standards. FCI Waseca does not individually contract for the confinement of inmates.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence

of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

PS 3000.03, Human Resource Management Manual, the facility staffing report and the Workforce Utilization Committee meeting minutes address all the requirements of Standard 115.13. A review of the facility staffing plan and the 2nd and 3rd Quarterly Salary Workforce Utilization Committee meeting minutes dated February 6, 2018 and May 31, 2018, from the previous 12 months confirmed that PREA issues were considered when filling positions and developing work rosters/assignments. In both reports, FCI Waseca indicated that "a vacant position in Health Services was the only position that has any effect on the PREA". FCI Waseca is actively pursuing potential candidates for the vacant medical position. Interviews with the Warden and the Associate Warden/Institution PREA Compliance Manager confirmed that the facility considers the items detailed in Standard 115.13, when developing a staffing plan. The facility reviews the staffing plan at least quarterly as confirmed by the examination of two Quarterly Salary Workforce Utilization Reports. The IPCM indicated that he is a member of the Salary and Workforce Utilization Committee and may provide input as to whether adjustments to the staffing plan may be required to meet PREA requirements. The Warden and the PREA Compliance Manager both confirmed that essential posts are filled on each shift and no essential posts are kept open for salary savings.

The FCI Waseca Duty Officer Guidelines, Procedures and Program outline that the Associate Warden is the delegated authority and, therefore, is designated as the Institutional Duty Officer Program Coordinator (IDO). Members of upper management serve as Administrative Duty Officers (ADO) and they are, likewise, required to visit every department, to include all areas where inmates are present in the institution. Through the examination of unannounced rounds logs, the auditor determined that unannounced rounds included locations such as the living units, SHU, Food Service, and Visiting Room. Administrative Detention and Disciplinary Segregation are visited daily. According to the PREA Compliance Manager/Associate Warden/Institutional Duty Officer Program Coordinator, the tour of duty lasts one week. Unannounced rounds are required each day on all shifts during the week. Staff members making rounds are discouraged from completing facility rounds in one day, but rather to spread them out throughout the week. Staff conducting unannounced rounds document the inspection of different areas on a form titled Weekly Duty Officer Area Inspection Sheet and complete, sign and date the Unannounced Rounds/PREA Rounds Form. Interviews with three members of upper management who conduct unannounced rounds confirmed that, while visiting and conducting unannounced rounds in SHU, the IDO/ADO must log into TRUSCOPE (under the supervisor tab) to confirm rounds in this area. Moreover, a review of Institution Duty Officer unannounced PREA rounds logs confirmed that intermediate-level or higher-level supervisors (Department Heads at a minimum) conduct and document such visits throughout the institution. Staff members are prohibited from alerting other employees regarding unannounced rounds. Interviews with inmates and unit officers also confirmed that random, unannounced rounds are conducted by Institution Duty Officers daily, including nights and weekends.

There have been no judicial findings of inadequacy, findings of inadequacy from federal investigative agencies or findings of inadequacy from internal or external oversight bodies relevant to this standard. An examination of supporting documentation also confirms the facility's compliance with this standard. FCI Waseca met the requirements of Standard 115.13.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

FCI Waseca does not house youthful inmates.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates?
 Yes No

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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PS 5324.12 addresses the requirements of Standard 115.15. FCI Waseca also has a corresponding policy (WAS 5324.12c) that addresses the requirements of this standard. FCI Waseca is a female facility. FCI Waseca's policy indicates that cross-gender strip or cross-gender body cavity searches are prohibited, except in exigent circumstances or when performed by medical practitioners. Facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented. The percent of FCI Waseca corrections staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates professionally and respectfully was consistent with the security needs of the facility.

Staff interviewed (random and specialized) during the on-site phase of the audit confirmed that they received cross-gender pat search training during initial and annual training. According to the PREA Compliance Manager, during his interview, the facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities to comply with this provision. The Warden, during her interview, denied that the facility conducted any cross-gender strip and cross-gender body cavity searches in the past 12 months that were not performed by medical practitioners or were not conducted during exigent circumstances.

During the facility tour, the auditor observed that each living unit had individual showers. Except for a few showers, all others had shower curtains to provide privacy. Inmates (random and targeted) reported that staff members of the opposite gender announce their presence 50% of the time. FCI Waseca uses an intercom system to announce, at the beginning of each shift, the possibility of opposite gender staff entering the living unit. Further, the auditor

observed, during her tour, written notices at the entrance of each living unit that opposite gender staff routinely come into the living units. The announcements were written in both English and Spanish. Random and specialized staff members interviewed were aware of the policy prohibiting the search of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.

FCI Waseca quickly corrected the problems identified in this standard by replacing missing shower curtains and conducting refresher training for all personnel regarding policies and procedures that require staff of the opposite gender to announce their presence when entering an inmate living unit. FCI Waseca met the requirements of Standard 115.15.

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

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

115.16 (a)

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

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

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program and the Admission and Orientation (A&O) Handbook addressed the requirements of Standard 115.16. Through policy and practice, FCI Waseca ensures that inmates with disabilities have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. There were four Limited English Proficient (LEP) inmates interviewed by the auditor. There were no physically disabled inmates or inmates identified with limited cognitive disability interviewed during the on-site phase of the audit.

All inmates (random and targeted) interviewed, to include the LEP inmates, verified that they were instructed about PREA compliance and felt safe from sexual abuse. The auditor's interviews with LEP inmates were aided by an officer who spoke Spanish. All PREA related information, including postings, brochures and handouts were available in English and in Spanish, as confirmed through inmate interviews and auditor observations, during the tour. An interview with four LEP inmates also confirmed the availability of a few staff members who spoke Spanish to assist with interpretation, if necessary. The Department of Justice has a blanket purchase agreement for on demand, over the phone, interpretive services seven days a week. The auditor examined purchase order #15B41518FTF72001 dated 11/11/2017. Translators are available for all languages any inmate is likely to speak. The interpretive service is operated by LanguageLine Solutions and can be accessed by contacting ssonnenberg@languageline.com or calling (831) 648-5534. According to the Warden, in a memorandum dated 9/10/2018, Unit Management has a small hand-held electronic device to assist in the translation from English to numerous languages. The language device can be issued to inmates with language barriers or LEP inmates. The facility also has three Psychologists, a Psychiatrist, Social Worker and teacher on staff to assist inmates with intellectual, cognitive or speech disabilities.

During random and specialized interviews, zero staff could explain how to access the interpretive language line, in the event of a PREA incident. Also, when interviewing LEP inmates, the interviews were delayed so that a staff member who spoke Spanish could be identified. To correct this problem, access information for on-demand interpretive services was immediately added to PREA Cards issued to all staff to facilitate a quick response in a PREA incident and to increase staff awareness about available language services.

Random and specialized staff interviews confirmed that the facility does not use inmate interpreters, inmate readers or other types of inmate assistants in the performance of first responder duties or during the investigation of an inmate's allegations. Interviews with first responders, medical, mental health and investigative staff confirmed their awareness of the prohibition against using inmate interpreters for PREA compliance functions. Interviews with staff and an examination of supporting documentation also confirm the facility's compliance with Standard 115.16.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

PS 3000.03, PS 3420.11, Standards of Employee Conduct, the Pre-Employment Guide, SF85P (Questionnaire for Public Trust Positions) and a BOP Recruitment Flyer address the requirements of Standard 115.17. All employees who have contact with inmates have had a background investigation in addition to fingerprinting and inquiry into the FBI's National Crime Information Center (NCIC). A recheck of employee backgrounds takes place every five years.

Contractors and volunteers who have regular contact with inmates also have criminal background checks completed before having contact with inmates. Volunteer and contractor background checks are repeated yearly. The facility does not hire or promote anyone who may have contact with inmates and does not enlist the services of any contractor who may have contact with inmates who has engaged in sexual abuse or harassment. Employees must disclose such misconduct and material omissions regarding such misconduct would be grounds for termination. Submission of false information by any applicant is grounds for not hiring the applicant.

The Human Resource Manager was interviewed and confirmed that the agency attempts to contact prior employers for information on substantiated allegations of sexual abuse or resignations which occurred during a pending investigation of sexual abuse. The Human Resource Manager also confirmed that the agency, not the FCI Waseca Human Resource Department, provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The agency, not the FCI Waseca Human Resource Department, notifies appropriate licensing/certifying agencies when professional employees are terminated for substantiated allegations of sexual abuse or sexual harassment. A review of policy and relevant supporting documentation also supports the facility's compliance with Standard 115.17.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

According to the Warden in a memorandum dated 9/10/2018, the facility did make a substantial technology upgrade, since August 20, 2012 or the last PREA audit at FCI Waseca. FCI Waseca upgraded a monitoring platform and added additional cameras throughout the facility. FCI Waseca met Standard 115.18.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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PS 5324.12, IS 5324.12b, the Guide for First Responder/Operations Lieutenant-When Approached with an Inmate Allegation of Sexual Abuse or Harassment, PS 6031.04, Patient Care, and the PREA Checklist & Instructions address the requirements of Standard 115.21.

Interviews with correctional and health services personnel confirmed that they were all knowledgeable of the required procedures for obtaining, preserving and securing physical evidence when sexual abuse is alleged. Staff members were aware that the Special Investigative Services (SIS) Lieutenant, the Office of Internal Affairs (OIA), the Office of Inspector General (OIG) or the Federal Bureau of Investigation (FBI) conduct investigations relative to sexual abuse/sexual harassment allegations. The agency follows a uniform evidence protocol as described in the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." Victims of sexual assault are referred to health services for initial examination and treatment. Such treatment would be for life preservation only and the victim would be transported to a community hospital for examination, treatment and forensic evidence gathering by a Sexual Assault Nurse Examiner (SANE) on staff at the Mayo Clinic in Mankato, MN.

A gratuitous agreement between FCI Waseca and the Committee Against Domestic Abuse (CADA) was approved by both parties on 10/05/17. Sexual abuse victim advocacy services continue to be provided by CADA in Waseca. A telephonic interview with a victim advocate from CADA confirmed the presence of a written agreement to offer emotional services to victims of sexual abuse at no cost to the victim. The CADA advocate also confirmed that, in the last 12 months (3/2018), she met with an inmate in SHU to provide emotional support. The inmate request for assistance originated from the hotline. Facility staff members have also been trained as victim advocates. Course completion training records confirmed that three

Psychologists and one Chaplain had completed the course, Forensic Medical Exams: An Overview for Victim Advocates.

Routinely, administrative investigations are conducted by trained investigators who are full-time employees of the facility. The Warden generates the referral to the outside agency when deemed necessary. A review of FCI Waseca's training records confirmed that investigators had received training offered by the BOP on the investigation of sexual abuse and sexual harassment in confinement settings. A memorandum from the Warden, dated 9/10/2018, substantiated that an inmate was transported to the Mayo Clinic in November 2017 for a forensic examination. The victim did not request the services of a qualified community-based organization or a staff member accompany her or provide victim support services. Interviews with staff and a SANE (telephonically) from the local hospital and the examination of relevant documentation also confirm the facility's compliance with Standard 115.21.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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PS 5324.12 addresses the requirement of Standard 115.22. The policy requires administrative or criminal investigations to be completed on all allegations of sexual abuse/sexual harassment. Administrative investigations are routinely assigned to trained investigators working in the Special Investigative Services (SIS) Department. If, during an investigation, evidence surfaces indicating criminal misconduct, the case would be initially referred to the FBI for criminal investigation. The Special Investigative Services Lieutenants were interviewed, and both were aware of their responsibilities in the investigative process. The FBI would conduct criminal investigations for the facility, involving inmate-on-inmate sexual abuse and the Office of the Inspector General (OIG) would investigate staff-on-inmate criminal sexual abuse. An investigation would never be terminated due to an inmate being transferred or released or an employee leaving the agency. FCI Waseca has an Evidence Recovery Team (ERT), which is a group of specially trained staff who would be called to a potential crime scene to preserve evidence. A review of training documents confirmed that all investigators received instruction in conducting sexual assault investigations in confined spaces/prisons. Interviews with staff and the investigators and an examination of training documentation, such as the Investigative Intelligence Training Records and training lesson plan, confirm the facility's compliance with Standard 115.22.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

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

115.31 (c)

- Have all current employees who may have contact with inmates received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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PS 5324.12 and IS 5324.12(b) address the requirements of this standard. All BOP employees are considered correctional workers first and all new employees attend training locally and at the Federal Law Enforcement Training Center. This mandatory training addresses all the topics identified in the PREA standard. Related education is provided annually during refresher training. The review of the facility lesson plans, training logs and PREA PowerPoint Presentations confirmed that the provided training also addressed all elements identified in the standard. The objectives of the lesson plan include recognizing the difference between inmate consent and sexual misconduct, zero tolerance, how to maintain professional boundaries, how to effectively communicate with all inmates, including gay, lesbian, bisexual, transgender, intersex and gender nonconforming, and action steps in the advent of an allegation of sexual abuse or sexual harassment. Staff members were required to acknowledge, in writing, their understanding of the PREA. Employees have PREA information noted on PREA reference cards that are issued to each staff person. Staff annual training (208 training acknowledgment's signatures) was reviewed during the audit. The training lesson plan documented evidence supporting compliance with this standard. All staff interviewed indicated that they received the required PREA training initially and annually. The Warden has periodically issued memos (emails) to remind staff of specific standards, practices and to clarify various PREA issues. Electronic staff meetings are also held, addressing the PREA and other safety and security issues, to include transgender inmate management. Officers receive additional PREA training/updates quarterly. Officers assigned to the Special Housing Unit (SHU) receive additional specialized training. The extensive training provided to staff and their knowledge of the PREA requirements confirm the facility meets the compliance requirements of Standard 115.31.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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PS 5324.12 and IS 5324.12(b) address the requirements of Standard 115.32. A review of volunteer and contractor PREA training sign-in forms and training lesson plan confirmed that all facility contractors and volunteers had received training related to their responsibilities concerning the PREA zero-tolerance, detection, prevention, response and reporting requirements, during the previous twelve months, and annual refresher training. Interviews with two medical contractors and two randomly selected volunteers (telephonically) confirmed that training was provided and that they understood the agency's zero tolerance policy for

sexual abuse/sexual harassment and their responsibilities under the Prison Rape Elimination Act. A review of the PREA contractor and volunteer training lesson plan confirmed that the level of instruction was appropriate for the services provided and the training included education on the facility's zero-tolerance of sexual abuse/sexual harassment and the mandatory reporting policies. FCI Waseca met the requirements of Standard 115.32.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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PS 5324.12, IS 5324.12(b), and PS 5290.14 address the requirements of Standard 115.33. During in-processing procedures, each inmate receives an inmate A&O Handbook and a pamphlet describing the agency's PREA compliance program. The information identifies the critical elements of the program and informs inmates of the zero-tolerance policy regarding sexual abuse and sexual assault and multiple ways to report sexual abuse/sexual harassment. FCI Waseca documents inmate education using an Institutional Admission and Orientation Checklist Form. The checklist includes subjects such as sexual abuse/assault prevention and interventions, how to access medical and psychological services and the Administrative Remedy Program. The Admission and Orientation Checklist Form is available in English and Spanish. A staff member conducts an education program regarding the PREA for all inmates within 30 days of their arrival at the facility. The program includes definitions of sexually abusive behavior and sexual harassment, prevention strategies and reporting modalities.

Inmates also view a comprehensive orientation video that explains the facility's zero-tolerance policy and covers the inmate's right to be free from sexual abuse, sexual harassment and retaliation. Inmates also have access to TRULINCS, a computer program system which provides PREA information and can be used as a reporting outlet. Staff interpreters and telephonic translation services are available to inmates who are not proficient in English. Staff members routinely conduct "town hall" meetings (group meetings that provide information and a question/answer session) in the living units to address issues that may include PREA discussions. Each random and targeted inmate interviewed confirmed that they received PREA information and that they were aware of numerous reporting methods, to include anonymous and third-party reporting, the zero-tolerance policy and their right to be free from retaliation. The tour of the facility confirmed that PREA education posters were prominently displayed in all living units and common/program areas and on TRULINCS. Interviews with random and specialized staff, as well as an examination of supporting documentation, also confirm that the facility met the compliance requirements for Standard 115.33.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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PS 5324.12, the Special Investigative Services (SIS)/Special Investigative Agent (SIA) Training Lesson Plan, Sexual Violence PREA Training and DOJ/OIG PREA Training address the requirements of the standard. FCI Waseca's investigators, OIA, OIG and the FBI have received PREA specialized training through the Department of Justice. The auditor reviewed specialized training documentation, to include the SIS/SIA Training Instructor Guide, the BOP Course Completion List for Investigating Sexual Abuse in a Confinement Setting training and the OIG PREA Criminal Investigator Certification Training List. Administrative investigations are conducted by trained investigators who are full-time employees of the facility. When criminal investigations are indicated, they are performed by the Federal Bureau of Investigation or the Office of the Inspector General. Interviews with staff and the SIS Investigators and a review of supporting documentation confirm the facility's compliance with Standard 115.34.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.35 (b)

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

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12 and IS 5324.12(b) address the requirements of Standard 115.35. When required, both medical and mental health practitioners at FCI Waseca are available for immediate call back to the facility during off-duty hours. A review of 36 medical and mental health personnel training records by the auditor confirmed that these employees receive the same PREA training as correctional officers and understand their duty to report any knowledge of sexual abuse/sexual assault, even when disclosed during a healthcare encounter.

Further, a review of training records also confirmed that all mental health and medical staff have received specialized training on victim identification, interviewing, reporting and required clinical interventions. For example, the PREA video training for medical and mental health staff included PREA and Medical and Mental Health Care: A Trauma-Informed Approach, Why PREA Matters-Understanding Sexual Trauma in Custody, Effective and Professional Response and Preserving Physical Evidence. During her interview, the Health Services Administrator confirmed that all cases requiring the processing of sexual assault evidence collection kits would be transported to a community hospital where Sexual Assault Nurse Examiners are always available. A SANE was interviewed and confirmed the facility's access to these services. Interviews with medical and mental health staff also confirmed the provision of specialized training and that they are aware of their duty to report and address allegations and suspicions of sexual abuse/sexual harassment.

According to a 9/10/2018 memorandum submitted by the Warden, one inmate was transferred to a community hospital for a forensic examination during the audit period. Once at the hospital, the inmate declined to be examined. FCI Waseca met the requirements of Standard 115.35.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? Yes No

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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PS 5324.12 addresses the requirements of Standard 115.41. In the pre-arrival phase of the intake process, the Case Management Coordinator or designee reviews all relevant information for newly arriving inmates. Risk factors identified are highlighted in the inmate's pre-arrival packets to assist screeners during the intake process. Intake screening in the Bureau of Prisons is completed according to the Program Statement, Intake Screening. All inmates are immediately assessed for a history of sexual abusiveness and risk of sexual victimization, during the in-processing procedures performed in Receiving and Discharge (R&D). Policy prohibits disciplining inmates for refusing to answer or for not disclosing complete information during the screening process. The PREA Intake Objective Screening Instrument considers factors such as general build, criminal history and risk of abusiveness, prior history of sexual victimization and childhood history of victimization. The auditor sampled 31 initial Intake and Transfer Screening Forms for risk of victimization and abusiveness and confirmed that a member of the inmate's Unit Team (case manager or counselor) screens all new arrivals within their first 72 hours at the facility. Each form contained inmate signatures affirming receipt of an FCI Waseca Admission and Orientation Handbook which defined the rights and responsibilities of inmates and included a detailed list of prohibited acts and the accompanying disciplinary severity scale for any violation. All inmates could voluntarily declare and self-identify their sexual orientation, gender identity, disabilities and perception of vulnerability. The Unit Team also reviewed inmate records to help determine a history of victimization or sexually abusive behavior, gang affiliation, physical appearance, mental illness or vulnerability. Intake and Unit Team staff members involved in the intake and screening process were interviewed, during the audit. Each staff member was able to explain their role and responsibility in the intake process, to include their review of records or supportive information from other facilities. A Unit Team member also explained that a record review would also include all relevant information received from other facilities and they would continue to reassess an inmate's risk level within 30 days of her arrival. Information obtained during the screening process is deemed confidential and only available to staff with a need-to-know and never to other inmates. Specialized and random staff interviews, a review of relevant documentation, to include the BOP Screening Form and the PREA Intake Objective Screening Instrument, and observations of the intake process confirm the facility's compliance with Standard 115.41.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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not meet the 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 5290.15 addresses the requirements of Standard 115.42. Risk screening information is used to determine housing, bed assignment, work assignment, education and program assignments. Before arrival, bed assignments are preliminarily assigned using known risk factors. According to the intake screener, if new information is identified, bed/housing assignments may be adjusted, before the inmate is escorted to her living unit.

Transgender and intersex inmates are identified and referred to Psychology Services. Determinations for various assignments are made on a case-by-case basis. The agency, through an established committee, decides whether to assign a transgender or intersex inmate to a facility for male or female inmates. FCI Waseca's policy states that a transgender or intersex inmate's view concerning her safety is given serious consideration when making a program or housing assignment. During interviews with the Warden and Associate Warden/PREA Compliance Manager, each affirmed that FCI Waseca determines appropriate housing and programming assignments for transgender or intersex inmates on a case-by-case basis and careful deliberation is given to all assignments. Interviews with each transgender inmate confirmed that FCI Waseca has not examined their genital area to determine sexual identity, except when medically indicated. Each transgender inmate affirmed during an interview with the auditor that staff at FCI Waseca considered their views with respect to their own safety, gave serious consideration when making facility housing placement decisions and programming assignments. Interviews also confirmed that transgender inmates were given the opportunity to shower separately from other inmates. The Associate Warden/PREA Compliance Manager also confirmed that housing and program assignment considerations include whether a placement would ensure the inmate's health and safety and whether the placement would present management or security problems. Staff members assigned to conduct intake screening have been provided additional training and resource materials.

Staff interviews and supporting documents indicate that medical and mental health practitioners meet on a regular basis to assess the status of any inmate thought to be at risk for victimization or inmates that are exhibiting institutional adjustment problems. Further, interviews with the Warden and the Associate Warden/PREA Compliance Manager also confirmed that a transgender inmate's genital status is not the sole criteria for placement in a specific facility. Placement and programming assignments for each transgender or intersex inmate are reassessed at least once every six months. The Warden and the Associate Warden/PREA Compliance Manager indicated that transgender and intersex inmates housed at FCI Waseca are given the opportunity to shower, dress and use toilet facilities separately from other inmates. Interviews with 31 inmates, including four LEP inmates and two transgender inmates confirmed that all were able to shower privately.

During the on-site tour, the auditor noticed that some shower stalls did not provide privacy for all inmates. The issues of privacy noted by the auditor were corrected by the Associate Warden/PREA Compliance Manager before the on-site audit concluded.

Interviews with staff and random/targeted inmates, as well as an examination of documentation/policy confirm that FCI Waseca follows the requirements outlined in Standard 115.42.

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program addresses Standard 115.43. According to a memorandum dated 9/10/18 from the Warden, FCI Waseca will not place inmates in involuntary segregated housing unless an assessment of all available alternatives has been made on the inmate and a determination has been made that there is no available alternative means of separation from likely abusers.

Interviews with SHU officers and the SHU Lieutenant confirmed that, to the extent possible, access to programs, privileges, education and work opportunities are not limited to inmates placed in the SHU for the purposes of protective custody, except when there are safety concerns. FCI Waseca would document the reason for restricting access and the length of time the restriction would last. Mental Health and Unit Team staff members meet with each inmate placed in SHU status at least weekly. A Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation Form is completed, when applicable, to document all appropriate alternatives for safeguarding inmate victims. Random and specialized interviews with staff, during the on-site audit, and an examination of documentation confirm staff members' understanding of Standard 115.43. An interview with a victim advocate (CADA) raised the question of whether victims of sexual assault were being placed in SHU, when a victim reports an allegation of sexual abuse or sexual harassment.

A review of the Compliance Manager Information Tracking Log indicated that between 6/6/17 and 9/18/2018, FCI Waseca documented 12 allegations of sexual abuse or sexual harassment at the facility. Of the 12 incidents listed on the tracking log report, it would appear the victim was placed in SHU at least eight times and a BP-A1002 was completed. One of the 12 incidents (dated 11/27/17), the auditor could not determine if the inmate was or was not placed in SHU. A review of BP-A1002 for each inmate conflicted with the PREA Compliance Manager's Tracking Log.

Noteworthy: A review of each associated BP-A1002 forms confirmed only 2 incidents of victims being placed in SHU in the past 12 months, except in exigent circumstances. Further, the auditor examined the inmate quarters history and confirmed that perpetrators were being placed in SHU in lieu of victims.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request?
 Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

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PS 5324.12, IS 5324.12(b), the Admission and Orientation Handbook and PREA postings address the requirements of Standard 115.51. 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 sexual harassment internally. Inmates (random and targeted) confirmed that they are informed about the reporting methods through the A&O Handbook and various PREA notices displayed on bulletin boards located in each living unit and common area. Inmates also have access to TRULINCS, a computer program system which also provides PREA information and other internal reporting mechanisms. Through TRULINCS, the inmate can contact the Office of the Inspector General anonymously, and the email is untraceable at the institution level. A sufficient number of TRULINCS computers and phones were observed in each living unit at FCI Waseca. All random and specialized staff interviewed affirmed they would accept reports of sexual abuse/sexual harassment from inmates made verbally, in writing, anonymously and from third parties. Also, the same staff confirmed that they would promptly document any form of reporting and immediately notify their superior while keeping the inmate safe. Program Statement 5324.12 requires all staff to immediately document any allegation.

Family and friends of inmates may report sexual abuse/sexual harassment by using the BOP website, making a phone call to the OIG or contacting facility staff. All inmates sampled during the on-site audit confirmed that they were aware of multiple methods of how to internally report

sexual abuse/assault allegations. Inmates at FCI Waseca are not detained solely for civil immigration purposes. Interviews with staff and an examination of documentation also confirm the facility's compliance with Standard 115.51.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
 Yes No NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

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

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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PS 1330.18, Administrative Remedy Program, addresses the requirements of Standard 115.52. Grievances (administrative remedies) filed alleging sexual abuse/sexual harassment would result in the immediate opening of a formal investigation. The BOP policy states that there is no time limit for filing a grievance relating to sexual abuse or sexual harassment. Additionally, the policy does not require an inmate to use any informal grievance process before filing an allegation involving sexual abuse/sexual harassment.

Allegations of physical abuse by staff shall be referred to the Office of Internal Affairs (OIA) by procedures established for such referrals. PS 1330.18 addresses the filing of emergency administrative remedy requests. If an inmate files the emergency grievance with the institution and believes he/she is under a substantial risk of imminent sexual abuse, an expedited response is required by the BOP within 48 hours.

There is no prohibition that limits third parties, including fellow inmates, staff members, family members, attorneys and outside advocates, in assisting inmates in filing requests for grievances relating to allegations of sexual abuse or filing such claims on behalf of inmates.

A review of documentation related to grievances indicated zero grievances alleging sexual abuse/sexual harassment were filed within the last twelve months that resulted in disciplinary action. No grievances were filed alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached a final decision within five days. Additionally, in the past 12 months, zero inmate grievances were filed alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith. Interviews with random staff and random/targeted inmates confirm FCI Waseca's compliance with Standard 115.52.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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PS 5324.12 addresses the requirements of Standard 115.53. The facility does not detain inmates solely for civil immigration purposes. FCI Waseca has entered into a service agreement with a local victim advocacy organization called the Committee Against Domestic Abuse (CADA) to provide outside emotional support services to victims of sexual abuse/sexual harassment. The auditor's telephone communication with CADA confirmed that the facility had obtained a service agreement for victims of sexual abuse/sexual harassment. Further, FCI Waseca provided the auditor with a copy of the service agreement. Facility staff members, to include mental health practitioners, have also been trained as victim advocates. The A & O Handbook provides a vague reference to how inmates can communicate with CADA using the 1-800-477-0466 number. The inmate handbook indicates "... any staff will facilitate a telephone call which is visually monitored." Staff orientation does not include information on how and where inmates can be given telephone access to CADA. Written and telephone contact information for CADA was found in the inmate A & O Handbook. During the tour, the auditor noted that access to a direct line to CADA is in a locked office in Psychology Services. Once a user picks up the phone, the victim is immediately on the telephone with a victim advocate. FCI Waseca enables reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible.

Inmates are informed, as part of their orientation process, that all telephone calls (except legal calls) are subject to monitoring and recording and that all mail (except for legal mail) is subject to monitoring as well. Inmates are informed that emails to the Office of the Inspector General through TRULINCS - Request to Staff tab and selecting the Department Mailbox titled DOJ Sexual Abuse is not monitored by the facility or BOP. PREA postings in the living units and common areas, the PREA pamphlet issued upon the inmate's arrival and the A&O Handbook provide the address to the OIG and explain that inmates may confidentially submit written allegations of sexual abuse/sexual harassment to this entity.

Zero of 31 inmates interviewed were aware of the location of the phone to contact CADA. Zero of 31 inmates interviewed were aware that any staff member could facilitate a phone call to CADA for a victim. To correct this problem, FCI Waseca posted on the EBB more precise directions on where and how victims of sexual abuse and sexual harassment could access a phone to complete a confidential call for emotional support. After the corrective action, FCI Waseca met the requirement for compliance with Standard 115.53.

Standard 115.54: Third-party reporting

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

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

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The BOP pamphlet "Sexually Abusive Behavior Prevention and Intervention," the Admission and Orientation Handbook, PREA posters throughout the facility, the posted Office of Inspector General address and the BOP website (www.bop.gov) address the requirements of Standard 115.54. The FCI Waseca website and posted notices located in all living units inform third-party reporters on how to report allegations of sexual abuse/sexual harassment. During the on-site audit, interviews with random staff and inmates confirmed that both have a clear understanding that anonymous and third-party reporting procedures are acceptable sexual abuse/sexual harassment reporting practices at FCI Waseca. On-site interviews with random and specialized staff and random and targeted inmates confirm the facility's compliance with Standard 115.54.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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PS 5324.12, IS 5324.12(b), and PS 3420.11, pages 37 and 38, address the requirements of Standard 115.61. All staff, contractors and volunteers are required to report any information regarding sexual abuse or sexual harassment, any staff neglect, any violation that may contribute to an incident and an act of retaliation. The reporting is ordinarily made to the Shift Operations Lieutenant/Supervisor. The policy requires that information concerning the identity of the alleged inmate victim and the specific facts of the case be limited to staff who need-to-know to protect the victim and maintain the integrity of the investigative process.

Interviews with random and specialized staff to include contractors and volunteers confirmed that all were aware and understood their reporting duties and responsibilities. Moreover, 100% of specialized and random staff interviewed acknowledged a requirement that all staff should report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility. Further, 100% of specialized and random staff interviewed acknowledged an affirmative duty for all staff to report immediately any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment.

All medical and mental health practitioners were aware that they are required to inform inmates of the practitioner's duty to report and the limitations of confidentiality, at the initiation of services. Additional compliance with all aspects of Standard 115.61 was verified through document and policy review. It should be noted that FCI Waseca does not house inmates under the age of 18. FCI Waseca met the requirements of Standard 115.61.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

PS 5324.12 addresses the requirements of Standard 115.62. Both random and specialized staff interviewed indicated they take immediate action to protect the victim, when they learn that the victim is subject to a substantial risk of imminent sexual abuse. Both random and specialized staff interviewed confirmed that they would isolate the area as a potential crime scene to preserve evidence and notify the Shift Operations Lieutenant for assistance. When reported, the interviewed Shift Operations Lieutenants stated they would further protect the victim, inform medical and mental health staff and advise the Institution Duty Officer of the incident. In a memorandum dated 9/17/18, the Warden advised that there were no inmates subject to substantial risk of imminent sexual abuse, in the past twelve months. Interviews

with staff and an examination of documentation confirm the facility's compliance to Standard 115.62.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

PS 5324.12, pages 39 and 40, Sexually Abusive Behavior Prevention and Intervention Program, addresses the requirements of Standard 115.63. The policy requires the reporting of any PREA related allegation by an inmate that occurred at another facility. FCI Waseca's Warden explained the notification process. She indicated that the Warden at the inmate's current facility is required to notify the Warden at the previous facility and an investigation is initiated. When an inmate reports sexual abuse/sexual harassment

from state, non-Bureau privatized facilities, jails, juvenile facilities, and Residential Reentry Centers (halfway houses), the Warden contacts the appropriate office of the facility and notifies the Privatization Management or Residential Reentry Management Branch of the BOP, if applicable. The notification is to occur as soon as possible, but within 72 hours of receiving the allegation.

In the past 12 months, FCI Waseca received two allegations that an inmate was sexually abused while confined at another facility. The first incident occurred on September 30, 2016 but brought to the attention of staff at FCI Waseca on January 11, 2018. The inmate indicated that during transport from a BOP facility to Ramsey County Jail she was sexually assaulted by the transporting officer. FCI Waseca did not contact the facility within 72 hours, because the inmate did not remember the name of the transport company. On January 17, 2018, FCI Waseca generated a letter to the Sheriff of the Ramsey County Sheriff's Office, Saint Paul, Minnesota. The second incident occurred on November 3, 2017. The inmate disclosed the incident on March 7, 2018, to a staff member at FCI Waseca. On March 9, 2018, FCI Waseca generated a letter to the Sheriff of Genesee County Sheriff's Office, Flint, MI.

The Warden provided letters confirming, that upon receiving an allegation that an inmate was sexually abused while confined at another facility, she notified the head of the facility or appropriate office of the agency where the alleged abuse occurred for both incidents. FCI Waseca met the requirements of Standard 115.63.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

PS 5324.12, page 40, and IS 5324.12(b) address the requirements of Standard 115.64. All random and specialized staff members interviewed were knowledgeable concerning their first responder responsibilities and the actions necessary when learning of an allegation of sexual abuse/sexual harassment. All random and specialized staff interviewed, during the on-site audit, indicated they would separate the inmates, secure the area as a crime scene, not allow inmates to destroy any physical evidence and contact the Shift Operations Lieutenant. The Shift Operations Lieutenant confirmed, during his interview, that he would continue to protect the inmate and notify medical and mental health staff, the Emergency Response Team and members of the executive staff. Within the last year, there were zero incidents requiring corrections staff only to act as a first responder to an allegation of sexual abuse/sexual harassment. Interviews with random and specialized staff and an examination of documentation confirm the facility's compliance with Standard 115.64

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

PS 5324.12, IS 5324.12(b), Sexually Abusive Behavior Prevention and Intervention Program addresses the requirements of Standard 115.65. FCI Waseca has a policy that outlines the notification process and the role and responsibilities for a coordinated response. For example, the Operations Lieutenant is responsible for notifying the Warden, Associate Warden, Institution Duty Officer, Captain, Health Services Administrator and Chief Psychologist/On-call Psychologist of the incident. Further, the coordinated response outlines how staff should respond to the victim and the accused, the role of medical and mental practitioners and the role of the PREA Compliance Manager. The policies and information provide direction to corrections staff, medical/mental health practitioners, investigators, staff and community victim advocates, community service practitioners (SANE) and facility leadership. Random and specialized staff members, along with the service practitioners interviewed, confirmed that they were knowledgeable regarding their responsibilities in the event of a coordinated response. An examination of documentation and interviews with staff also confirm the facility's compliance with Standard 115.65.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The Collective Bargaining Agreement (CBA), Memorandum of Certification, between the Federal Bureau of Prisons and Council of Prison Locals, American Federation of Government Employees, dated July 21, 2014-July 20, 2017, was examined by the auditor and found to comply with Standard 115.66. The agreement does not limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The auditor was advised that the CBA is currently being renegotiated and will contain the required language in its final form. FCI Waseca met the requirements of Standard 115.66.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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PS 5324.12, pages 42 and 43, and IS 5324.12(c), pages 6 and 11, address the requirements of Standard 115.67. FCI Waseca and BOP policy confirm the agency's intent to protect an inmate or staff from retaliation. The agency and the facility prohibit retaliation against any staff or inmate who has reported sexual abuse, sexual harassment or cooperated in any related investigation. The PREA Compliance Manager is the designated retaliation monitor. During the on-site interview, the PREA Compliance Manager confirmed that he would document and follow-up on all potential cases of retaliation to ensure the policy is being enforced. Also, the PREA Compliance Manager confirmed his duty to conduct frequent periodic status checks on the inmate or staff member, monitor incident reports, housing reassignments and negative performance reviews/staff job reassignments for up to 90 days. If there was still a concern that there was a potential for possible retaliation, the PREA Compliance Manager indicated he would monitor the situation indefinitely. According to the PREA Compliance Manager, there have been no suspected or actual incidents of retaliation in the last 12 months. Facility compliance with Standard 115.67 was determined by a review of policy and supporting documentation and random and specialized staff interviews, to include the PREA Compliance Manager and SHU staff. FCI Waseca met the requirements of Standard 115.67.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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PS 5324.12 addresses the requirement of Standard 115.68. FCI Waseca has a policy that requires staff to assess and consider all appropriate alternatives for safeguarding alleged inmate victims of sexual abuse/sexual harassment. The Warden and the PREA Compliance Manager both confirmed that staff must first consider other alternatives based on the circumstances of the allegation before considering the placement of an inmate in protective custody (SHU), such as placing her in another living unit or transferring the inmate to another federal correctional facility. To aid in that decision, the agency and the facility policy requires the staff to complete the BOP's Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation Form. The form serves to document consideration of all options. Interviews with staff and the tour of the facility confirmed that there are usually viable alternatives to placing victims of sexual abuse/sexual harassment in involuntary segregated housing (SHU). Staff members consider separate housing of the victim/predator, to include transfer of the inmates. To the extent possible, access to programs, privileges, education and work opportunities are not limited to inmates placed in SHU for the purposes of protective custody. The PREA Compliance Manager indicated that FCI Waseca would document the reasons for restricting access to programs, privileges, education and work opportunities and the length of time the restrictions would last.

A review of sexual abuse investigations indicated that between 6/06/17 and 9/18/2018, FCI Waseca documented 12 allegations on the Compliance Manager Information Tracking Log. Of the 12 incidents reported on the Compliance Manager Tracking Log, the document indicates eight times the victim was placed in SHU and a BPA1002 generated. One of the 12 incidents listed on the log, the auditor could not determine if the inmate was or was not put in SHU by reviewing the Compliance Manager Information Log.

Noteworthy: A review of associated BP-A1002 forms for each inmate conflicts with the Compliance Manager's Tracking Log. A review of each associated BP-A1002 forms confirmed only two incidents of victims being placed in SHU in the past 12 months. Further, the auditor examined the inmate quarters history and confirmed that perpetrators were being placed in SHU in lieu of victims, except in exigent circumstances. Compliance with this standard was determined by a review of relevant policies during the on-site audit, SHU documentation and staff interviews, as well as a memorandum from the Warden. FCI Waseca met the requirements of Standard 115.68.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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PS 5324.12, pages 43, 44 and 45, address the requirements of Standard 115.71. The facility's investigators (SIS) conduct administrative investigations within the facility and were interviewed by the auditor. When an allegation appears to be criminal, the SIS, in conjunction with the BOP's Office of Internal Affairs and the facility Warden, will refer the incident to the FBI for a criminal investigation, if the investigation involves an inmate-on-inmate allegation. Staff-on-inmate criminal investigations are conducted by the Office of the Inspector General. The FBI or OIG consults with the Assistant U.S. Attorney when necessary. If the FBI or OIG substantiates the allegation, the case is referred to the local United States Attorney for possible prosecution. During the current auditing period, there were seven reported allegations of sexual abuse/sexual harassment, five were determined to be unsubstantiated, one was unfounded, and one was substantiated. Zero incidents of sexual abuse or sexual harassment were referred for prosecution in the past 12 months.

It should be noted that there was one case referred for criminal prosecution since the last PREA audit, according to the PREA Compliance Manager and the SIS Lieutenant. The incident took place in February 2017 and involved an unauthorized relationship between an inmate and a staff member. The case is still open, and it appears the Bureau of Prisons followed all applicable policies and procedures regarding this incident.

The SIS and the PREA Compliance Manager, during separate interviews, confirmed that all written reports associated with an administrative or criminal investigation of alleged sexual assault or sexual harassment would be retained by FCI Waseca for as long as the alleged abuser is incarcerated or employed by the BOP, plus five years. Further, the investigators confirmed that both administrative and criminal investigations are documented in a written report that contains a thorough description of the physical, testimonial and documentary evidence and copies are attached of all documentary evidence, where feasible. The auditor confirmed by review of investigative files that all investigations are completed according to the criteria established in this standard.

The agency does not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth assessment device as a condition for proceeding with the investigation of such an allegation.

Compliance with Standard 115.71 was determined by a review of PS 5324.12, a review of relevant investigations, and interviews with the SIS Lieutenant and the PREA Compliance Manager. FCI Waseca met the requirements of Standard 115.71.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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PS 5324.12, page 45, addresses the requirement of Standard 115.72. The evidentiary measure for this standard is a "preponderance of the evidence" in determining whether allegations of sexual abuse or sexual harassment are substantiated. The SIS investigator was aware of the evidentiary standard of measure requirement in determining whether allegations of sexual abuse/sexual harassment are substantiated. Additional SIS staff interviewed, during the audit, confirmed awareness of the evidentiary standard of measure. They also confirmed that they utilized the preponderance of evidence in their role as SIS. FCI Waseca met the requirements of Standard 115.72.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

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

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

PS 5324.12, pages 45 and 46, the PREA Compliance Information Tracking Log, Warden's memorandum dated 9/10/18 and sample supporting documentation address the requirements of Standard 115.73. FCI Waseca conducts administrative investigations when needed. There were seven allegations of inmate sexual abuse/sexual harassment during this audit review period. All seven cases were closed, and the inmates were notified of the findings in their respective cases. The PREA Compliance Manager and SIS confirmed that the number of criminal/administrative investigations of alleged inmate sexual abuse that were completed by FCI Waseca was seven. A review of the investigative documentation confirmed the above statement. The local policy requires that inmates be informed in writing of the results of a PREA investigation. The PREA Compliance Manager indicated, during his interview, that when the allegation involves staff, the inmate would be informed if the staff member is no longer posted within their living unit or is no longer employed at this facility. Further, if the staff member was indicted related to sexual abuse within the facility or the agency learned that the staff member was convicted on a charge related to sexual abuse within its facilities, the inmate would be notified. Facility compliance with Standard 115.73 was determined by a review of policy and investigative documentation and staff interviews. FCI Waseca met the requirements of Standard 115.73.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

PS 3420.11, pages 6 and 7, and PS 5324.12 address the requirements of Standard 115.76. All employees are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. There have been no cases of inmates engaging in sexual activity with staff in the last twelve months. The Collective Bargaining Agreement (examined by the auditor) between the Federal Bureau of Prisons and Council of Prison Locals, American Federation of Government Employees, dated July 21, 2014-July 20, 2017, allows for disciplinary sanctions against staff, including termination, for the sexual abuse or sexual harassment of an inmate. During her interview, the Human Resource Manager confirmed that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, may be reported to criminal investigators and any relevant professional/certifying/licensing bodies by the agency, unless the activity was clearly not criminal. In the past 12-month period, there were zero disciplinary sanctions against staff for violating the agency's sexual abuse or sexual harassment policies. The documented memorandum from the Warden, dated 9/10/2018, also

confirms zero disciplinary sanctions against staff for violating the agency's sexual abuse or sexual harassment policies. FCI Waseca met the requirements of Standard 115.76.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

PS 5324.12 and FCI Waseca 's memorandum from the Warden, dated 9/10/2018, confirming there were no reports of alleged sexual abuse by a volunteer or the contractor, address the requirements of Standard 115.77. The Warden and the PREA Compliance Manager, during interviews, indicated that any contractor or volunteer who engages in sexual abuse/sexual harassment would be prohibited from contact with inmates and would be reported to the appropriate investigator and relevant professional/licensing/certifying bodies unless the activity was not criminal. In cases that were not criminal, the facility would take appropriate remedial

measures and consider whether to prohibit further contact with inmates. Compliance with Standard 115.77 was determined by a review of facility and BOP policies and staff interviews, to include the PREA Compliance Manager and Warden.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

PS 5270.09, Inmate Discipline Program, PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, page 48, and FCI Waseca Warden's memorandum, dated 9/10/2018, regarding disciplinary sanctions for inmates zero cases, address the requirements of Standard 115.78. The Inmate Discipline Program defines sexual assault of any person, involving non-consensual touching by force or threat of force, as the highest severity level prohibited act. The Inmate Discipline Program identifies inmates engaging in sexual acts and making sexual proposals or threats to another inmate as a high severity level prohibited act. Consensual sex or sexual harassment of any nature is prohibited and will result in discipline. Consensual sex between inmates does not constitute sexual abuse. Sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history and the sanctions imposed for comparable offenses by other inmates with similar histories. Inmates are subject to disciplinary sanctions under the formal disciplinary process defined in the Inmate Discipline Program. 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 SIS investigators supported the facility's compliance. The PREA Compliance Manager confirmed, during his interview, that the disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to the inmate's behavior when determining what type of sanction, if any, should be imposed. Also, the PREA Compliance Manager indicated that, if mental disabilities or mental illness is a factor, the facility considers the offer of therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse. Facility compliance with this standard was determined by a review of the facility and BOP policies and documentation, interviews with staff, to include staff psychologists and SIS Investigator, and random and targeted inmate interviews. FCI Waseca met the requirements of Standard 115.78.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 29, 30, 32, and 49, medical and mental health screening instruments, a review of risk instruments and inmate and intake staff interviews address the requirements of Standard 115.81. FCI Waseca retains all risk of victimization notes in the Bureau Electronic Medical Record (BEMR). The risk of victimization notes document follow-up meetings with a psychologist. Moreover, the notes document referral sources as needed, to include those from the Unit Team, as a result of the initial screening. Interviews with medical, mental health and specialized staff also confirm the facility has a comprehensive system for collecting medical and mental health information relevant to the PREA and has the capacity to provide continued re-assessment and follow-up services. The auditor's review of Psychology Services' "Risk of Sexual Victimization" and "Risk of Sexual Abusiveness" Forms confirmed that, of the 31 initial screenings that were sampled, all inmates who disclosed prior victimization during screening were offered a follow-up screening with medical or mental health staff within fourteen days. Treatment services are offered without financial cost to the inmate. As confirmed by the auditor's observation and a review of intake screening documents, screening for prior sexual victimization in any setting is conducted by Unit Team staff during in-processing procedures. During in-processing procedures, inmates are also screened for previous sexually assaultive behavior in an institutional setting or the community. Information related to sexual victimization or abusiveness is limited to medical and mental health practitioners and other staff with a need-to-know for determining treatment plans, security, housing, work, program assignments and management decisions. Medical and mental health practitioners educate inmates regarding limits to confidentiality and mandated reporting. Signed and dated informed consents are obtained from inmates before reporting prior sexual victimization that did not occur in an institutional setting. FCI Waseca does not house inmates under the age of 18. Facility compliance with Standard 115.81 was determined by a review of policy, review of relevant documentation and staff and random/targeted inmate interviews. FCI Waseca met the requirements of Standard 115.81.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

PS 5324.12, page 52, IS 5324.12(b) and PS 6031.04 address the requirements of Standard 115.82. The facility medical and mental health personnel provide services to FCI Waseca. When medical or mental health practitioners are alerted to a potential sexual abuse allegation, a Psychologist will meet with the victim within 24 hours of learning of the allegation. During this type of contact, which is documented as sexual abuse intervention notes, the victims' treatment needs are assessed, including the need for crisis intervention. Mental health practitioners are on-site five days per week and are also available for call-back on off hours.

Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical/mental health treatment and crisis intervention services within the facility or are transported to a hospital in the community when health care needs exceed the level of care available within the institution. Victim advocacy through CADA is offered through community practitioners or trained staff members. There is no financial cost to the inmate for any sexual abuse/sexual harassment related incident medical or mental health care or advocacy service, regardless of whether the victim names the abuser or cooperates with the incident investigation. Inmate victims of sexual abuse, while incarcerated, are offered information

about and timely access to emergency contraception and sexually transmitted infection prophylaxis by professionally accepted standards of care, where medically appropriate.

There was one allegation of sexual abuse that required referral for forensic evidence collection by a SANE the past 12 months. Once at the hospital, the inmate declined the forensic examination. Facility compliance with this standard was determined by a review of policy and relevant documentation, as well as interviews with a Sexual Assault Nurse Examiner, the CADA community victim advocate and specialized medical and mental health staff. FCI Waseca met the requirements of Standard 115.82.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

PS 5324.12, page 51, and FCI Waseca's policy on ongoing Medical/Mental Health Treatment of Victims and Abusers address the requirement of Standard 115.83. As confirmed by a review of policies, the facility may offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility. Inmates are also re-evaluated within 30 days of admission to the facility. The evaluation and treatment of such victims include follow-up services. The facility would arrange for referrals for continued care following their transfer to or placement in other facilities or after their release from custody.

The facility has fully staffed medical and mental health departments and offers sexual abuse/sexual harassment victims medical and mental health services consistent with the standard of care available in the community. Inmate victims, while incarcerated, would be offered to be tested for sexually transmitted infections as medically appropriate.

The Health Service Administrator, during the onsite audit, confirmed if pregnancy results from the conduct described in paragraph § 115.83(d), FCI Waseca would offer victims timely and comprehensive access and information regarding all lawful pregnancy-related medical services. Further, the Health Service Administrator added that treatment services are provided

to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Mental health evaluations are conducted on all known inmate-on-inmate abusers at least within 14 days of learning of such abuse history, but usually immediately, when staff members become aware of this information. When appropriate, treatment is offered by mental health practitioners. Facility compliance with this standard was determined by a review of policy and documentation and medical and mental health staff interviews. FCI Waseca met the requirements of Standard 115.83.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
 Yes No

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

PS 5324.12, pages 52 and 53, incident review logs of administrative investigations and support memorandums address the requirements of Standard 115.86. Administrative and criminal investigations are completed on all allegations of sexual abuse/sexual harassment. FCI Waseca closed seven investigations in the last 12 months. The facility investigators and the FBI/OIG/OIA conducts all investigations. Interviews with the SIS staff confirmed that they were knowledgeable concerning the requirements of the program and that they provided information to the Incident Review Team. The facility would conduct a sexual abuse incident review at the end of every sexual abuse investigation, unless the allegation was determined to be unfounded. The Incident Review Team consists of the PREA Compliance Manager, Acting Captain, the Associate Warden's Secretary, Chief of Psychology Services, Acting Health Services Administrator, Acting Unit Manager, Union Representative, SIS Lieutenant and other administrative staff. Based on interviews with two (2) 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, and status or gang affiliation. The auditor examined six of seven, Sexual Abuse Incident Review Reports from the past 12 months. The auditor determined that the Incident Review was conducted at the end of every sexual abuse investigation, including where the allegation had not been substantiated, unless the allegation has been determined to be unfounded. The minutes from the Sexual Abuse Incident Reviews confirmed that the review team considered whether additional monitoring technology or staffing should be added to enhance inmate supervision

and presented the findings to the Warden. The PREA Compliance Manager confirmed that FCI Waseca would either implement the recommendations for improvement or document its reasons for not doing so. Compliance with Standard 115.86 was determined by a review of policy and relevant documentation, minutes of the Sexual Abuse Incident Reviews and interviews with specialized staff. FCI Waseca met the requirements of Standard 115.86.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

PS 5324.12, page 54 and 55, addresses the requirements of Standard 115.87. As confirmed by a review of documentation, 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 using data from the facility's Special Investigative Services (SIS) department, the agency's Office of Internal Affairs and SENTRY, the BOP's computerized data management program. The data collected includes the information necessary to answer all questions from the most recent version of the Survey of Sexual Violence, conducted by the Department of Justice. The agency aggregates and reviews all data annually. Upon request, the agency would provide all such data from the previous calendar year to the Department of Justice no later than June 30. Facility compliance with this standard was also determined by a review of policy, a review of tracking documentation and staff interviews. FCI Waseca met the requirements of Standard 115.87.

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

PS 5324.12 addresses the requirements of Standard 115.88. The Bureau of Prisons and FCI Waseca 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, to identify any trends, issues or problem areas and to take corrective action if needed. The IPCM forwards data to the respective BOP Regional PREA Coordinator and then to the National BOP PREA Coordinator. An Annual Report is prepared and placed on the BOP website. The Annual Report was reviewed by the auditor. The report can be found at the following website address: www.bop.gov. Facility compliance with Standard 115.86 was determined by a review of policy and data and staff interviews. FCI Waseca met the requirements of Standard 115.88.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

PS 5324.12, pages 56 and 57, addresses the requirement of the Standard 115.89. The National PREA Coordinator reviews data compiled by each BOP facility, from SENTRY, from each Regional PREA Coordinator, from the Information, Policy, and Public Affairs Division of the BOP and the Office of Internal Affairs and issues a report to the Director of the Bureau of Prisons on an annual basis. Facility data is maintained in locked files or on computer databases that are user ID and password protected. Agency PREA data is securely retained and is published on the BOP website after removing all personal identifying information. The required reports cover all necessary data in this standard and are maintained in a file. Compliance with this standard was determined by a review of policy and documentation and staff interviews. FCI Waseca met the requirements of Standard 115.89

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The date of the last agency PREA audit was September 15-17, 2015. The PREA report, posted on the public website on November 3, 2015. The PREA report, details the findings of an audit that was conducted to determine compliance with the Prison Rape Elimination Act.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCI Waseca has fully implemented all policies, practices and procedures outlined in the PREA standards. The auditor reviewed applicable standards and, through the review of supporting documentation, interviews with staff and inmates and the observation of physical evidence, concluded that this facility fully meets and substantially complies in all material ways with the PREA standards for the relevant review period. The agency has posted all audit reports on its website within ninety days of completion. The public has access to reporting mechanisms and BOP PREA trends data via the BOP website. FCI Waseca currently meets all applicable standards and no corrective actions are required. FCI Waseca met the requirements for Standard 115.403.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Sonya Love

10/25/2018

Auditor Signature

Date

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

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