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

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

☐ **Interim** ☒ **Final**

Date of Interim Audit Report: 05/20/2026 ☐ **N/A**
If no Interim Audit Report, select N/A
Date of Final Audit Report: 06/12/2026

Auditor Information

Name: Haley Boaen	**Email:** haley@preaauditing.com
Company Name: Corrections Consulting Services	
Mailing Address: P.O. Box 596	**City, State, Zip:** Buchanan Dam, Texas 78609
Telephone: 713.818.9098	**Date of Facility Visit:** April 28-30, 2026

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	
The Agency Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☐ State	☒ Federal

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

Agency Chief Executive Officer

Name: William K. Marshall III, BOP Director	
Email: BOP-RSD-PREACoordinator-S@bop.gov	**Telephone:** 202.307.3198

Agency-Wide PREA Coordinator

Name: Dr. Jessica Seaton, National PREA Coordinator	
Email: BOP-RSD-PREACoordinator-S@bop.gov	**Telephone:** 202.307.3198
PREA Coordinator Reports to: Dana DiGiacomo, Assistant Director, Reentry Services Division (RSD)	**Number of Compliance Managers who report to the PREA Coordinator:** 120

Facility Information

Name of Facility: Federal Prison Camp (FPC) Yankton			
Physical Address: 1016 Douglas Avenue		**City, State, Zip:** Yankton, South Dakota 57078	
Mailing Address (if different from above): P.O. Box 680		**City, State, Zip:** Yankton, South Dakota 57078	
The Facility Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☐ State	☒ Federal
Facility Type:	☒ Prison	☐ Jail	

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

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

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

☐ ACA

☐ NCCHC

☐ CALEA

☐ Other (please name or describe):

☒ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
N/A

Warden/Jail Administrator/Sheriff/Director

Name: Marc Delafoisse	
Email: YAN-PREAComplianceMgr@bop.gov	**Telephone:** 605.665.3262

Facility PREA Compliance Manager

Name: Erin Penrose	
Email: YAN-PREAComplianceMgr@bop.gov	**Telephone:** 605.665.3262

Facility Health Service Administrator ☐ N/A

Name: Kayla Pavel	
Email: YAN-PREAComplianceMgr@bop.gov	**Telephone:** 605.665.3262

Facility Characteristics

Designated Facility Capacity:	684
Current Population of Facility:	503

Average daily population for the past 12 months:	432
Has the facility been over capacity at any point in the past 12 months?	☐ Yes ☒ No
Which population(s) does the facility hold?	☐ Females ☒ Males ☐ Both Females and Males
Age range of population:	19 - 72
Average length of stay or time under supervision:	365 days
Facility security levels/inmate custody levels:	Minimum/In, Out, and Community
Number of inmates admitted to facility during the past 12 months:	503
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for *72 hours or more*:	497
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for *30 days or more:*	446
Does the facility hold youthful inmates?	☐ Yes ☒ No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	☒ N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	☐ Yes ☒ No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	☐ Federal Bureau of Prisons ☐ U.S. Marshals Service ☐ U.S. Immigration and Customs Enforcement ☐ Bureau of Indian Affairs ☐ U.S. Military branch ☐ State or Territorial correctional agency ☐ County correctional or detention agency ☐ Judicial district correctional or detention facility ☐ City or municipal correctional or detention facility (e.g. police lockup or city jail) ☐ Private corrections or detention provider ☐ Other - please name or describe: ☒ N/A
Number of staff currently employed by the facility who may have contact with inmates:	118
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	11
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	20
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	20
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	35

Physical Plant	
Number of buildings: **Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.**	13
Number of inmate housing units: **Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.**	4
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	1
Number of open bay/dorm housing units:	3
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	3
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	☐ Yes ☐ No ☒ N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	☒ Yes ☐ No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	☒ Yes ☐ No

Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	☒ Yes ☐ No
Are mental health services provided on-site?	☒ Yes ☐ No

Where are sexual assault forensic medical exams provided? Select all that apply.	☐ On-site ☒ Local hospital/clinic ☐ Rape Crisis Center ☐ Other (please name or describe):

Investigations

Criminal Investigations

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

Administrative Investigations

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

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

Standards Exceeded

Number of Standards Exceeded: 3

List of Standards Exceeded: 115.13 Supervision and monitoring, 115.41 Screening for sexual victimization and abusiveness, and 115.65 Coordinated response.

Standards Met

Number of Standards Met: 42

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: N/A

Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	April 28, 2026
2. End date of the onsite portion of the audit:	April 30, 2026
Outreach	
3. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	☒ Yes ☐ No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	River City Domestic Violence Center
Audited Facility Information	
4. Designated Facility Capacity:	684
5. Average daily population for the past 12 months:	432
6. Number of inmate/resident/detainee housing units: DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	4
7. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☐ No ☒ N/A for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees	
8. Enter the total number of inmates/residents/detainees housed at the facility as of the first day of the onsite portion of the audit:	503
9. Enter the total number of youthful inmates or youthful/juvenile detainees housed at the facility on the first day of the onsite portion of the audit:	N/A
10. Enter the total number of inmates/residents/detainees with a physical disability housed at the facility as of the first day of the onsite portion of the audit:	1
11. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:	7
12. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:	1
13. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	1
14. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:	6
15. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:	2 self-reported
16. Enter the total number of inmates/residents/detainees who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:	1 self-reported
17. Enter the total number of inmates/residents/detainees who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
18. Enter the total number of inmates/residents/detainees who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
19. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:	35
20. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents detained solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:	0

23. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	LGB inmates are not tracked since they are not required to disclose this information. Inmates are also not placed in special housing for reporting sexual abuse or sexual harassment. The facility does not house youthful inmates.
Staff, Volunteers, and Contractors *Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees*	
24. Enter the total number of STAFF, including both full- and part-time staff employed by the facility as of the first day of the onsite portion of the audit:	118
25. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	20
26. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	35
27. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit. *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	N/A
Interviews	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
28. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	34
29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☒ Gender ☐ Other (describe) ☐ None (explain)
30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?	The Auditor received inmate rosters that included each individual's age, race, ethnicity, housing assignment, reception date, end of sentence date, program assignment, classification status, and custody level. These characteristics ensured that the randomly selected sample represented a geographically diverse population.

31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No
a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:	N/A

32. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	Throughout the facility tour, the Auditor conducted eight informal random interviews with inmates. This total is included in the total number of random inmate interviews (Q – 28); Formal – 26, Informal – 8 interviews.
Targeted Inmate/Resident/Detainee Interviews	
33. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed: *As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols.* *For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed.* *If a particular targeted population is not applicable in the audited facility, enter "0".*	16
34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	FPC Yankton does not hold youthful inmates.

35. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1

a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	
36. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	3
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	
37. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	
38. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1

a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	
39. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	3
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	
40. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1 self-reported
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	
41. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1 self-reported
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the	

PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	
42. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The Auditor was able to determine that there were no inmates on the facility during the audit that reported sexual abuse through formal and informal interviews with inmates and staff, and during the documentation review.
43. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	5
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	
44. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Alleged to have Suffered Sexual Abuse)" protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The Auditor was able to determine that there were no inmates placed in segregated housing for risk of sexual victimization by interviewing the inmates in restrictive housing, interviews with staff and inmates, and documentation reviews.
45. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g.,	

any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
46. Enter the total number of RANDOM STAFF who were interviewed:	26
47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☒ Other (describe) gender, race, ethnicity, and languages spoken. ☐ None (explain)
48. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):	☐ Too many staff declined to participate in interviews ☐ Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). ☐ Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. ☐ Other (describe)
b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:	The Auditor chose staff by utilizing the staffing roster for all shifts.
49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	N/A
Specialized Staff, Volunteers, and Contractor Interviews *Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that interview would satisfy multiple specialized staff interview requirements.*	
50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	24
51. Were you able to interview the Agency Head?	☒ Yes ☐ No

a. If no, explain why it was not possible to interview the Agency Head:	
52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No
a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:	
53. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
a. If no, explain why it was not possible to interview the PREA Coordinator:	
54. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)
a. If no, explain why it was not possible to interview the PREA Compliance Manager:	
55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):	☒ Agency contract administrator ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☐ Line staff who supervise youthful inmates (if applicable) ☐ Education and program staff who work with youthful inmates (if applicable) ☒ Medical staff ☒ Mental health staff ☐ Non-medical staff involved in cross-gender strip or visual searches ☒ Administrative (human resources) staff ☒ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☒ Investigative staff responsible for conducting administrative investigations ☐ Investigative staff responsible for conducting criminal investigations ☒ Staff who perform screening for risk of victimization and abusiveness ☒ Staff who supervise inmates in segregated housing/residents in isolation ☒ Staff on the sexual abuse incident review team ☒ Designated staff member charged with monitoring retaliation ☒ First responders, both security and non-security staff ☒ Intake staff ☐ Other (describe)
56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of VOLUNTEERS who were interviewed:	1

b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):	☐ Education/programming ☒ Medical/dental ☐ Mental health/counseling ☐ Religious ☐ Other
57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):	☐ Security/detention ☐ Education/programming ☐ Medical/dental ☐ Food service ☐ Maintenance/construction ☒ Other
58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	N/A

Site Review and Documentation Sampling

Site Review

PREA Standard 115.401(h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

59. Did you have access to all areas of the facility?	☒ Yes ☐ No
a. If no, explain what areas of the facility you were unable to access and why.	
Was the site review an active, inquiring process that included the following:	
60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	☒ Yes ☐ No
a. If no, explain why the site review did not include reviewing/examining all areas of the facility.	
61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	☒ Yes ☐ No
a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.	

62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	☒ Yes ☐ No
63. Informal conversations with staff during the site review (encouraged, not required)?	☒ Yes ☐ No

64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	N/A

Documentation Sampling

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

65. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	☒ Yes ☐ No
66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	N/A

Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	5	0	5	0

Total	5	0	5	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.	N/A

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

a. If you were unable to provide any of the information above, explain why this information could not be provided.	N/A

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

a. If you were unable to provide any of the information above, explain why this information could not be provided.	N/A

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	5	0	0
Total	0	5	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.	Click or tap here to enter text.

Sexual Harassment Investigation Outcomes

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

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

a. If you were unable to provide any of the information above, explain why this information could not be provided.	N/A

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

a. If you were unable to provide any of the information above, explain why this information could not be provided.	There were none reported for the time period.

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	5
a. If 0, explain why you were unable to review any sexual abuse investigation files:	
74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☒ No ☐ N/A (N/A if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)

77. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
78. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	5
79. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
80. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. If 0, explain why you were unable to review any sexual harassment investigation files:	There were none for the audit timeframe.
82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☐ No ☒ N/A (N/A if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
83. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
84. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	☐ Yes ☐ No ☒ N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
85. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
86. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
87. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	☐ Yes ☐ No ☒ N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
88. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	N/A

Support Staff Information	
DOJ-certified PREA Auditors Support Staff	
90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? *Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.*	☐ Yes ☒ No
a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:	N/A
Non-certified Support Staff	
91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? *Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.*	☐ Yes ☒ No
a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:	N/A
Auditing Arrangements and Compensation	
92. Who paid you to conduct this audit?	☐ The audited facility or its parent agency ☐ My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option) ☒ A third-party auditing entity (e.g., accreditation body, consulting firm) ☐ Other

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.

Documents:

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

Interviews conducted with:

PREA Coordinator

Institutions PREA Compliance Manager (IPCM)

115.11 (a) - BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, requires the agency to maintain a written policy that mandates zero tolerance for all forms of sexual abuse and sexual harassment and that sets forth the agency's approach to the prevention, detection, and response to such conduct. This policy is intended to ensure that:

· Staff and inmates are advised that this policy implements the Agency's "zero-tolerance" stance regarding sexually abusive behavior and sexual harassment;

· Standard procedures are established to detect and prevent sexually abusive behavior and sexual harassment at all Bureau facilities;

· Victims of sexually abusive behavior and sexual harassment receive timely and effective responses addressing their physical, psychological, and security needs;

· Allegations of sexually abusive behavior and sexual harassment receive prompt intervention upon being reported; and

· Individuals who engage in sexually abusive behavior or sexual harassment are subject to disciplinary action and, when appropriate, prosecution in accordance with Bureau policy and federal law.

115.11 (b) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, requires the agency to employ or designate an upper-level, agency-wide PREA Coordinator who is afforded sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA standards across all facilities.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, further provides that the National PREA Coordinator's duties include developing, implementing, and overseeing the Agency's compliance with PREA. The National PREA Coordinator provides oversight of all Regional PREA Coordinators and assists the Information, Technology and Data Division (ITDD) in submitting required incident information to the U.S. Department of Justice, Bureau of Justice Statistics, through its collection agent (the U.S. Census Bureau), regarding all incidents of sexually abusive behavior.

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

Additional evidence of compliance with this provision is reflected in the responsibilities assigned to the National PREA Coordinator, which include:

· Serve as the agency's point of contact for all PREA-related matters;

· Provide consultation and guidance to regional and field staff regarding PREA implementation and monitoring;

· Oversee PREA training;

· Review policies to assess compliance with PREA;

· Review contract language applicable to private/contract facilities for PREA-related provisions;

· Coordinate the development or identification of materials required for PREA;

· Maintain the PREA Coordinator Outlook mailbox;

· Maintain and process sexual abuse allegations received through third-party reporting, as well as inmate reports of sexual abuse allegations forwarded by the Office of the Inspector General (OIG);

· Prepare an annual agency report using each facility's findings and corrective actions.

An interview with the National PREA Coordinator confirmed that the position is afforded sufficient time and authority to carry out PREA-related responsibilities for the Bureau. The National PREA Coordinator provides guidance to six Regional PREA Coordinators and 120 Institution PREA Compliance Managers (IPCMs). IPCMs consult with the National PREA Coordinator to support facility compliance with the PREA Standards. The IPCM role is fulfilled by each facility's designated Associate Warden; in that capacity, the Associate Warden reports directly to the Facility Warden. The National PREA Coordinator reports to the Assistant Director, Reentry Services Division. A review of the BOP organizational chart further indicates that the National PREA Coordinator is designated as an upper-level position with agency-wide oversight.

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

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, further provides that the Warden of each institution is responsible for ensuring implementation of all requirements of the Program Statement, including maintaining a current Institution Supplement. The Warden must assign an Institution PREA Compliance Manager (IPCM)—who, except in rare circumstances, is an Associate Warden—with overall responsibility for the program.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, states that the Institution PREA Compliance Manager (IPCM) is responsible for the *Sexually Abusive Behavior Prevention and Intervention Program*. The IPCM must provide supervisory oversight to ensure coordination among institution departments with respect to prevention, detection, intervention, and response, as specified in the Program Statement. The Warden may appoint supervisory staff as PREA points of contact within key departments (e.g., Correctional Services, Psychology Services, Health Services) to assist the IPCM in implementing this policy.

FPC Yankton Institution Supplement 5324.12E, *Sexually Abusive Behavior Prevention & Intervention Program*, states that FPC Yankton will ensure compliance with the zero-tolerance policy regarding all forms of sexual abuse and sexual harassment set forth in PS 5324.12. This standard is communicated to staff, inmates, and visitors through institution bulletin boards; staff, inmate, and volunteer/contractor training; and access to national policy. The supplement further provides that the PREA Compliance Manager (the Associate Warden) is responsible for implementing the agency's zero-tolerance policy regarding sexually abusive behavior and for maintaining the *Sexually Abusive Behavior Prevention and Intervention Program*.

The Auditor interviewed the Institution PREA Compliance Manager (IPCM) and confirmed that the IPCM is afforded sufficient time and authority to carry out PREA-related responsibilities for the institution. In addition, evidence indicates that the FBOP has designated an IPCM for FPC Yankton, as verified through a review of the facility organizational chart and through interviews with the IPCM and the Warden.

The Auditor also interviewed the Warden, who confirmed the responsibilities of the IPCM assigned to FPC Yankton and verified that the IPCM is provided sufficient time and authority to fulfill those responsibilities.

Based on a review of applicable policy and the agency organizational chart, and upon completion of interviews, FPC Yankton demonstrated facility-wide practices consistent with policy and with the requirements of the PREA standard.

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.) ☐ 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.

Documents:

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

BOP Contracts for Confinement of Inmates

Interviews conducted with:

Agency Contract Administrator

115.12 (a) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that a public agency that contracts for the confinement of its inmates with private agencies or other

entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.

115.12 (b) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that any new contract or contract renewal shall include provisions for agency contract monitoring to ensure the contractor's compliance with the PREA standards. The Bureau must ensure that contracts with secure privatized facilities, jails, juvenile facilities, and Residential Reentry Centers include the contractor's obligation to adopt and comply with the PREA standards. Privatization Management Branch and Residential Reentry Management Branch field staff must incorporate PREA compliance monitoring into scheduled contract monitoring activities.

The Auditor reviewed written responses provided by the Agency Contract Administrator the memorandum dated October 28, 2024, regarding contracting with other entities for the confinement of inmates. The BOP has moved away from contracting with private prisons pursuant to the *President's Executive Order on Reforming Our Incarceration System to Eliminate the Use of Privately Operated Criminal Detention Facilities* (January 26, 2021). Accordingly, no new contracts have been executed, and previously existing contracts with privately operated detention facilities have expired.

Based on a review of applicable policy and upon completion of interviews, FPC Yankton demonstrated practices consistent with policy and with the requirements of the PREA standard.

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 facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☒ Yes ☐ No ☐ NA

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.13 (b)

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

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No

- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No

- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

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.

Documents:

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

BOP FPC Yankton *Salary/Workforce Utilization Committee Meeting Minutes (Staffing Plan)*

BOP Institution Duty Officer – *Unannounced Institutional Rounds*

Interviews conducted with:

Warden

PREA Coordinator

Institution PREA Compliance Manager (IPCM)

Intermediate- or higher-level facility staff

On-site Review Observations:

Daily operational functions

Staff interaction with inmates

Inmate movement

Supervisory staff conducting rounds

115.13 (a) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that each facility operated by the agency shall develop and document a staffing plan and make its best efforts to comply with the plan on a regular basis. The staffing plan must provide for adequate staffing levels and, where applicable, video monitoring to protect inmates from sexual abuse. In determining adequate staffing levels and the need for video monitoring, facilities shall consider:

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

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

115.13 (b) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that, when the staffing plan is not followed, the facility shall document and justify all deviations from the plan. Deviations are recorded in the remarks section of the *Salary/Workforce Utilization Committee Meeting Minutes*. For example, if an authorized position is not filled for budgetary or other reasons, the reason(s) should be documented in the remarks section.

115.13 (c) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that, whenever necessary—but no less frequently than annually—each facility operated by the agency shall, in consultation with the PREA Coordinator required by §115.11, assess, determine, and document whether adjustments are needed to:

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

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, further provides that, at a minimum, the most recent *Salary/Workforce Utilization Committee Meeting Minutes* are compiled annually by the Regional PREA Coordinator no later than May 1 and submitted to the National PREA Coordinator no later than June 1.

Based on information contained in the PAQ, FPC Yankton reported no deviations from the staffing plan during the audit period.

The Auditor interviewed the Warden, who confirmed that there were no deviations from the staffing plan during the 12 months preceding the audit. The Warden further confirmed that, if a deviation were to occur, the instance of noncompliance would be documented in the remarks section of the *Salary/Workforce Utilization Committee Meeting Minutes*. The Warden explained that staffing levels are reviewed during the Budget and Planning Committee meeting and during quarterly *Salary/Workforce Utilization Committee* meetings. In developing the staffing plan, the Warden reported that the institution considers multiple factors, including internal reviews, components of the physical plant, composition of the inmate population, the prevalence of substantiated and unsubstantiated allegations of sexual abuse, inmate-on-inmate assaults, and uses of force.

The Warden also reported that weekly camera status updates are provided to Executive Staff to confirm that video monitoring equipment is operating properly and, when needed, that work orders are submitted for repair. The Warden indicated that staffing plan compliance is monitored through meetings and meeting minutes, staffing reports, and routine communications with Associate Wardens (PREA Compliance Managers), the Human Resource Manager, and the Financial Management Administrator.

Interviews with the Institution PREA Compliance Manager (IPCM) and the written responses provided by the National PREA Coordinator confirmed the staffing plan development process described by the Warden.

The Auditor reviewed the average daily inmate count report, staff shift rosters, the facility blueprint, and daily inmate activity schedules to assess whether staff coverage was adequate in relation to inmate population, inmate movement, and facility size and layout. During the facility tour, the Auditor also observed the facility

layout, camera placement, and staff assignments in relation to the inmate population within each housing unit and in work and program areas. These observations provided additional confirmation of the facility's compliance with the provisions of the standard.

115.13 (d) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that each agency operating a facility shall implement a policy and practice requiring intermediate-level or higher-level supervisors to conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. This policy and practice must be implemented on night shifts as well as day shifts. The agency must also prohibit staff from alerting other staff that supervisory rounds are occurring, unless such notification is related to legitimate operational functions of the facility.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, further provides that unannounced rounds by supervisory staff—conducted for the purpose of identifying and deterring sexual abuse and sexual harassment—occur weekly and include all shifts and all areas. The Institution Duty Officer (IDO) conducts and documents these unannounced rounds. At the conclusion of the IDO's tour week, the documentation is forwarded to the IPCM for retention.

The Auditor reviewed 12 months of *Unannounced Institutional Rounds* documentation and verified that unannounced rounds were conducted and documented in accordance with facility policy and the PREA standard. The sample included multiple days from each month of the 12-month audit period and encompassed every shift. The Auditor did not identify any consistent patterns of concern or inadequacies in the documentation reviewed.

The Auditor interviewed supervisory-level staff regarding how unannounced rounds are conducted without advance notice to staff. Supervisory staff reported that this is accomplished by observing staff movement, monitoring radio traffic, varying movement routes and patterns, using unpredictable times and walking patterns, and listening to staff conversations while conducting rounds throughout the facility.

During the facility tour, the Auditor observed daily operational functions, staff interactions with inmates, general inmate movement, inmate recreation, inmates completing job assignments, and supervisory staff conducting rounds. These observations provided additional verification of adherence to policy and compliance with the standard.

Based upon review of the policies and documentation provided and upon completion of interviews, FPC Yankton demonstrated facility-wide practices that are consistent with policy and the requirements that exceeds the PREA standard.

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

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

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

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

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

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

Auditor Overall Compliance Determination

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

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

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

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.

Documents:

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

Interviews conducted with:

Warden

Institution PREA Compliance Manager (IPCM)

115.14 (a-c) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* defines a youthful inmate shall not be placed in a housing unit which the youthful inmate will have sight, sound, or physical contact with any adult inmate though use of a shared dayroom or other common space, shower areas, or sleeping quarters.

According to the information provided in the PAQ, FPC Yankton does not house youthful inmates. This was verified during interviews with the Warden and the Institution PREA Compliance Manager. The Auditor also confirmed FPC Yankton does not house youthful inmates during her observations throughout the facility tour during the on-site visit.

Based upon review of the policy and upon completion of the interviews, FPC Yankton demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

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, except in exigent circumstances? (N/A if the facility does not have female inmates.)
  ☐ Yes ☐ No ☒ NA

- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No

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

115.15 (d)

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

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

- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No

- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

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

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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Documents:

BOP Program Statement 5521.06, *Searches of Housing Units, Inmates, and Inmate Work Areas*

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

BOP PREA Training Logs & Curriculum – *Correctional Fundamentals, Part 1*

Interviews conducted with:

Random sample of inmates

Transgender or intersex inmates

On-site Review Observations:

Daily operational functions

Staff interaction with inmates

Inmate movement

115.15 (a) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that the facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners.

BOP Program Statement 5521.06, *Searches of Housing Units, Inmates, and Inmate Work Areas*, provides that, in furtherance of the safe, secure, and orderly operation of its institutions, the Bureau of Prisons conducts searches of inmates and of inmate housing and work areas to locate contraband and to deter its introduction and movement. Staff are required to use the least intrusive search method practicable, based on the type of contraband and the suspected method of introduction.

Facility documentation indicated that no cross-gender strip searches or cross-gender visual body cavity searches were conducted during the past 12 months. During the on-site phase of the audit, the Auditor interviewed the Warden and the Institution PREA Compliance Manager, who confirmed that no cross-gender strip searches or cross-gender visual body cavity searches occurred during that period.

115.15 (b, c) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that an inspection of an inmate using the hands does not require the inmate to remove clothing and includes a search of the inmate's clothing and personal effects. Staff may conduct pat searches on a routine or random basis to control contraband. Pat searches shall be conducted by staff of the same sex as the inmate, except when circumstances are such that a delay would likely result in the loss of contraband. If a visual search is conducted by staff of the opposite sex, staff shall document the reason(s) in the inmate's central file.

The Auditor observed facility operations throughout the day, including continuous inmate movement, routine staff interactions with inmates, and inmates completing job assignments throughout the facility and within the compound grounds.

During the facility tour, the Auditor observed staff of both genders working in all areas of the facility, including housing, programs, commissary, maintenance, and food service. The Auditor also observed opposite-gender announcements being made throughout the tour. Based on the documentation reviewed and observations during the tour, the Auditor noted that the number of male staff members was adequate to provide coverage across all shifts.

115.15 (d) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that the facility shall implement policies and procedures that enable 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. The policies and procedures must also require staff of the opposite gender to announce their presence when entering an inmate housing unit.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, further provides that inmates should shower, perform bodily functions, and change clothing only in designated areas (e.g., cells, shower rooms, bathrooms). Housing unit officers of the opposite gender, or other cross-gender staff,

may view an inmate's breasts, buttocks, or genitalia only in exigent circumstances or when such viewing is incidental to security checks of these designated areas within the housing unit.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, also provides that staff are not required to make announcements when responding to temporary and unforeseen circumstances that require immediate action to address a threat to security or institutional order, or when staff presence is incidental to routine cell checks (e.g., responding to alarms, conducting contraband detection activities, or addressing behavior that would constitute an inmate prohibited act).

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, further provides that inmates are notified of the presence of opposite-gender staff through multiple means, including:

· Advise inmates during Intake Screening and the Admission and Orientation process of the requirement to remain clothed and, aware of the presence of cross-gender staff;

· Post the following notice on inmate bulletin boards and on signs within housing units, including segregated housing areas: *NOTICE TO INMATES: Male and female staff routinely work and visit housing areas*;

· For housing unit officers, make an announcement at the beginning of primary shifts (or at another locally determined appropriate time). The verbal announcement to each housing unit, including segregated housing areas, is *Notice: Opposite-gender staff will be in housing units during this shift.* This announcement is made using the public address system from Control or the Lieutenants' Office. If the public address system does not cover these areas, an individual announcement is made in each housing area, including segregated housing areas;

· For staff with offices located within housing units (Unit Team), posting the current schedule in the unit so inmates are aware when opposite-gender staff are present.

The Auditor requested an updated facility inmate roster listing all inmates assigned to the facility, organized by housing unit. The roster also included inmate characteristics such as age, gender, race, ethnicity, and housing assignment, which enabled the Auditor to select a representative random sample of inmates for interviews. All inmate interviews were conducted in accordance with guidance from the National PREA Resource Center, *PREA Compliance Audit Instrument – Interview Guide for Inmates*.

The Auditor conducted 26 formal random inmate interviews and eight informal random inmate interviews. 26 of the 34 inmates reported that opposite-gender staff announce their presence when entering the housing area at the beginning and end of the shift. Eight inmates provided varying responses, including reports that announcements are not consistently made, are limited to the beginning of the shift, or are difficult to hear over the public address system. All 34 inmates reported having privacy while showering, changing clothing, and using bathroom facilities. Two inmates reported observing instances in which some inmates were not wearing shirts; however, policy requires inmates to change clothing in designated shower areas. Neither of these two inmates identified as transgender or intersex.

The facility uses a recorded opposite-gender announcement that is broadcast periodically throughout a 24-hour period across the facility compound, including housing areas, in both English and Spanish. During the on-site tour, the Auditor also observed opposite-gender announcements being made when entering housing units, which provided additional verification of compliance with this standard.

115.15 (e) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that the facility shall not search or physically examine a transgender inmate or intersex inmate for the sole purpose of determining the inmate's genital status. If genital status is unknown, it may be determined through conversation with the inmate, by reviewing medical records, or, if necessary, as part of a broader medical examination conducted in private by a medical practitioner.

115.15 (f) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that the agency shall train custody staff to conduct cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner and in the least intrusive manner practicable, consistent with security needs.

Facility documentation reviewed by the Auditor indicated that the facility conducted zero searches of transgender or intersex inmates for the sole purpose of determining an inmate's genital status.

The Auditor interviewed transgender inmates and inquired whether there was any reason to believe they were strip searched for the sole purpose of determining genital status. Each transgender inmate interviewed denied being strip searched for that purpose.

The Auditor reviewed training records and the training curriculum provided to custody staff who may have contact with inmates, including training on how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates. Training records indicated that custody staff receive annual training on the Agency's PREA policies, including cross-gender pat-down search requirements. The training curriculum outlines the Agency's policy regarding cross-gender pat-down searches and searches of transgender and intersex inmates; prohibits searches conducted for the sole purpose of determining an inmate's genital status; defines exigent circumstances; and addresses conducting searches in a professional and respectful manner.

Based upon reviews of staff training records and the training curriculum, observations during the on-site visit, and completion of interviews, FPC Yankton demonstrated facility-wide practices consistent with policy and with the requirements of the PREA standard.

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

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.

Documents:

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

BOP contract with Language Line Services, LLC

BOP *Inmate Admission & Orientation Handbook* (multiple languages)

BOP *Zero-tolerance Policy Bulletins* (multiple languages)

Interviews conducted with:

Warden

Inmates with disabilities or limited English proficiency (LEP)

Random sample of staff

On-site Review Observations:

PREA informational signage (multiple languages)

115.16 (a) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that the agency shall take appropriate steps to ensure inmates with disabilities have an equal opportunity to participate in, or benefit from, all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

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

During the on-site phase of the audit, the Auditor toured the facility and observed PREA informational bulletins posted in each housing area and at various locations throughout the compound. The PREA bulletins (*Zero-tolerance Policy Bulletins*) were posted in multiple languages throughout each housing unit, with additional postings in common areas (e.g., food service, education, and vocational training buildings).

115.16 (b) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that the Institution PREA Compliance Manager (IPCM) should consult local disability assistance offices, as appropriate, to ensure the facility provides effective communication accommodations when such needs are identified. Staff are expected to take reasonable actions to ensure that available communication methods are provided to inmates with disabilities, so they have full access to the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The Auditor interviewed the IPCM regarding the steps taken to ensure that all inmates have an equal opportunity to participate in, or benefit from, the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The IPCM described measures used to ensure that inmates with impairments and inmates with limited English proficiency (LEP) receive accommodations, including videos and brochures tailored to an inmate's primary language.

The Auditor further noted that efforts are made to provide training in formats that are readily understood by inmates with physical or developmental impairments and by inmates with limited English proficiency. FPC Yankton presents PREA-related information both verbally and in writing to all inmates. The Bureau of Prisons also maintains contracts for American Sign Language interpreters, Language Line interpreters, Video Relay System conferencing, telephone access, and electronic messaging access. The Auditor reviewed the existing contract between the BOP and Language Line Services, LLC, which outlines the translation services available to each BOP facility, the applicable rates, and the contract start and end dates.

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

The Auditor conducted targeted interviews with inmates with limited English proficiency (LEP) and with inmates who have physical, cognitive, hearing, or vision impairments. Each inmate reported receiving PREA information during the Admission and Orientation process and receiving the comprehensive PREA orientation within one week of arrival. Each inmate further reported that the information was provided in an accessible format tailored to individual needs. The Auditor utilized a certified interpreter for the interview with the LEP inmate.

The Auditor requested and reviewed an updated facility staff roster listing all staff currently assigned to the facility. The roster was organized by shift and identified each staff member's job assignment and rank. The Auditor selected a random sample of staff for interviews to ensure representation across shifts, ranks, tenure, and job assignments.

The Auditor interviewed a random sample of staff. Staff confirmed the Agency's policy prohibiting the use of inmates to provide translation services except in exigent circumstances. Staff further reported using Language Line or contacting other staff members to obtain translation assistance, as needed.

Based upon on reviews of applicable policies and the inmate handbook, and completion of interviews with inmates and staff, FPC Yankton demonstrated facility-wide practices consistent with policy and with the requirements of the PREA standard.

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 who may have contact with inmates? ☒ Yes ☐ No

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

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes ☐ No

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

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

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

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.

Documents:

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

Interviews conducted with:

Administrative (Human Resources) staff

On-site Review Observations:

Documentation of staff background checks

115.17 (a) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that the agency shall not hire or promote any person who may have contact with inmates and shall not enlist the services of any contractor who may have contact with inmates if the person or contractor:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);

2. Has been convicted of engaging in, or attempting to engage in, sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

115.17 (b) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that the agency shall consider any incidents of sexual harassment when determining whether to hire or promote any person, or to enlist the services of any contractor, who may have contact with inmates.

115.17 (c) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that, before hiring new employees who may have contact with inmates, the agency shall perform a criminal background record check and, consistent with federal, state, and local law, make its best efforts to contact all prior institutional employers for information regarding substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

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

115.17 (e) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that the agency shall either conduct criminal background record checks at least every five years for current employees and contractors who may have contact with inmates, or have in place a system for otherwise capturing such information for current employees.

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

115.17 (g) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

115.17 (h) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that, unless prohibited by law, the agency shall provide information regarding substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom the former employee has applied to work.

The Auditor interviewed a representative from the agency's Human Resource Management Division, who confirmed that the Bureau conducts the required criminal background checks prior to hiring new employees, promoting employees into positions with inmate contact, and enlisting the services of contractors or volunteers who may have contact with inmates. The representative further confirmed that the Bureau of Prisons conducts background reinvestigations at least every five years in accordance with 5 CFR 731, including a criminal history check through the National Crime Information Center (NCIC).

The representative also described the BOP requirement that applicants and employees disclose any previous misconduct, including on- or off-duty misconduct under the agency's Standards of Employee Conduct. In addition, the representative confirmed the Agency's practice of providing information regarding a former employee, upon request, to another institution or Bureau, as applicable.

FPC Yankton reported that, during the 12 months preceding the audit, 11 criminal background record checks were completed for individuals hired or promoted into positions that may involve contact with inmates. During the on-site review, the Auditor examined supporting documentation and verified that the background checks were completed as outlined in BOP policy and in accordance with the requirements of this standard.

Based upon reviews of applicable policy and supporting documentation, and completion of interviews, FPC Yankton demonstrated facility-wide practices consistent with policy and with the requirements of the PREA standard.

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.

Documents:

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

Interviews conducted with:

Agency Head Designee

Warden

On-site Review Observations:

Video monitoring system

115.18 (a) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that, when designing or acquiring any new facility, and when planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification on the agency's ability to protect inmates from sexual abuse.

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

During the on-site facility tour, the Auditor observed convex mirrors and security cameras in housing areas, food service, the warehouse, the gymnasium, Health Services, the education building, and common areas throughout the compound. Information provided in the PAQ indicated that the facility has not undergone an expansion or modification; however, the facility has installed or updated cameras since the last PREA audit. The Auditor confirmed this information during an interview with the Warden.

The Auditor reviewed written responses provided by the Agency Head Designee regarding whether the Bureau considers how facility modifications or expansions may affect the agency's ability to protect inmates from sexual abuse. The Agency Head Designee explained that such considerations are incorporated into new facility designs and that technology upgrades may enhance the Agency's ability to protect inmates from sexual abuse. For existing institutions, substantiated and unsubstantiated incidents of inmate sexual abuse are reviewed to determine whether facility design modifications or the addition or upgrade of technology could help prevent similar occurrences.

The Agency Head Designee reported that institution-level reviews are ongoing to determine whether enhancements or additions to existing technology would improve inmate protection from sexual abuse. The Agency Head Designee noted that monitoring technology serves as a deterrent, may assist in identifying unreported victims and perpetrators, and may support successful criminal prosecutions.

The Auditor also interviewed the Warden, who confirmed that, prior to designing or acquiring any new facility, or when planning any substantial expansion or modification of existing facilities, the Bureau considers the effect such actions may have on the facility's ability to protect inmates from sexual abuse. The Warden further explained that the facility has evaluated and prioritized the placement of monitoring technology in areas where inmates are housed and where work and programming occur to enhance inmate protection. The Warden also reported that camera placement is considered in a manner that supports inmate privacy during activities such as showering and changing clothing.

Based upon reviews of applicable policy and completion of interviews, FPC Yankton demonstrated facility-wide practices consistent with the requirements of the PREA standard.

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? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

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.

Documents:

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

BOP FPC Yankton Gratuitous Service Agreement w/River City Domestic Violence Center

MOU between BOP and the Federal Bureau of Investigation (August 1996 – ongoing)

SANEs/SAFEs Uniform Evidence Protocol

BOP *Sexual Assault Crisis Intervention – First Responder Guide*

BOP Training Curriculum – *Forensic Medical Examinations: An Overview for Victim Advocates*

DOJ/OIG *PREA Training* curriculum

FBI *Domestic Investigations and Operations Guide*

Interviews conducted with:

Random sample of staff

Victim advocate

Institution PREA Compliance Manager (IPCM)

On-site Review Observations:

Zero-tolerance policy signage

Inmate phones

TRULINCS

115.21 (a) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that, to the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

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

During the pre-on-site phase of the audit, the Auditor reviewed the existing Memorandum of Understanding (MOU) between the BOP and the Federal Bureau of Investigation (FBI). The MOU establishes interagency operational procedures and guidelines regarding violations of federal criminal statutes occurring in BOP facilities, on BOP property, or involving BOP staff. The MOU further defines the respective roles and responsibilities of the BOP and the FBI, including expectations related to policy, training, and practice compliance with applicable regulations and standards. In addition, consistent with 28 CFR § 115.21(g)(2), the MOU provides that the FBI shall follow a uniform evidence protocol consistent with § 115.21(a)–(f).

115.21 (b) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that the protocol shall be developmentally appropriate for youth, where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice 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.

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

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

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

During the on-site audit, the Auditor interviewed the Clinical Nurse Manager of Emergency Services at Avera Sacred Heart Hospital. She described the facility's process for conducting forensic medical examinations, noting adherence to the Department of Justice (DOJ) National Protocol for Sexual Assault Medical Forensic Examinations for adults, and confirmed that a SANE/SAFE Examiner is available 24/7. She further explained that when the facility receives a request for services, a qualified SANE/SAFE Examiner responds immediately to perform the examination. The Clinical Nurse Manager also confirmed that no forensic medical examinations were completed for FPC Yankton in the past 12 months.

During the pre-on-site phase of the audit, the Auditor reviewed documentation provided by the facility, including the SANEs/SAFEs evidence protocol and the gratuitous service agreement between FPC Yankton (Bureau of Prisons) and the River City Domestic Violence Center. The agreement is written in clear, concise terms and describes each party's responsibilities, including applicable reporting and documentation requirements.

The River City Domestic Violence Center is a nonprofit organization located in Yankton, SD, which provides support services to victims of domestic and sexual violence. In accordance with the agreement between FPC Yankton and the River City Domestic Violence Center, inmates at FPC Yankton have access to advocacy services for victims of sexual abuse or sexual violence. These services include emotional support related to sexual violence, hospital accompaniment during forensic medical examinations and investigatory interviews, and follow-up crisis counseling upon request. The Center also provides a mailing address for inmates to communicate in writing for support or advocacy needs.

During the on-site audit, the Auditor interviewed a victim advocate from the River City Domestic Violence Center, who confirmed the agreement and described in detail the one-on-one counseling and advocacy services offered, including emotional support, availability of a victim advocate upon request, and accompaniment during forensic exams and interviews.

Under the agreement between FPC Yankton and the River City Domestic Violence Center, inmates incarcerated at FPC Yankton are provided access to a range of advocacy services for victims of sexual abuse or sexual violence. These services include emotional support, hospital accompaniment during the forensic medical examination process, presence during investigatory interviews, and follow-up crisis counseling when requested. The Center also maintains a mailing address that inmates may use to request support or advocacy services.

The Auditor interviewed a victim advocate from the River City Domestic Violence Center, who confirmed the existing agreement with the facility. The advocate described the advocacy services available to inmates at FPC Yankton, including crisis intervention and emotional support, accompaniment during forensic examinations and investigatory interviews, and follow-up crisis counseling upon request.

During the on-site audit, the Auditor interviewed one staff members about their duties as First Responders to sexual abuse allegations. They explained that their responsibilities include separating the victim and alleged abuser (safeguard), preserving the crime scene, preventing both parties from destroying evidence, and immediately notifying the shift Lieutenant and Psychology Services. All staff members interviewed during random and specialized interviews affirmed understanding the agency's response protocol and the importance of their role.

115.21 (e) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that, as requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

115.21 (f) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that, to the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.

115.21 (g) – The Auditor is not required to audit this provision.

115.21 (h) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that, for the purposes of this section, a qualified agency staff member or qualified community-based staff member is an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

The Auditor interviewed the facility's Health Services Administrator, who explained that, if a forensic medical examination is required, the inmate victim would be transported to the local hospital. The Health Services Administrator reported that the hospital has certified SANE/SAFE examiners available to conduct forensic medical examinations. The Health Services Administrator confirmed that no forensic medical examinations were completed for FPC Yankton during the 12-month audit period. The Auditor also interviewed the facility's Chief of Psychology Services and the IPCM separately, and each confirmed this information.

The Auditor interviewed random and specialized staff regarding their roles as first responders to allegations of sexual abuse. Staff described first responder responsibilities, including separating the victim and alleged abuser (safeguarding), preserving and protecting the crime scene, instructing the alleged victim to refrain from actions that could compromise physical evidence, ensuring the alleged abuser does not take actions that could compromise physical evidence, and immediately notifying the Shift Lieutenant. Staff also acknowledged the importance of the agency's response protocol and their responsibilities as first responders.

The Auditor was not able to interview inmates who reported an incident of sexual abuse. However, the Auditor asked inmates whether, after reporting, the facility permitted them to contact anyone. Inmates reported that they were able to meet with Psychology Services and were provided information regarding additional advocacy services available through the River City Domestic Violence Center.

Based upon reviews of applicable policies, contracts, and documentation with outside entities, the SANEs/SAFEs Uniform Evidence Protocol, observations during the facility tour, and completion of interviews, FPC Yankton demonstrated facility-wide practices consistent with the requirements of the PREA standard.

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 the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

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.

Documents:

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

BOP Program Statement 5508.02, *Hostage Situations or Criminal Actions Requiring FBI Presence*

Memorandum of Understanding between BOP and the Federal Bureau of Investigation (August 1996 – ongoing)

SANEs/SAFEs Uniform Evidence Protocol

BOP *Sexual Assault Crisis Intervention – First Responder Guide*

BOP Training Curriculum – *Forensic Medical Examinations: An Overview for Victim Advocates*

DOJ/OIG *PREA Training* curriculum

FBI *Domestic Investigations and Operations Guide*

BOP website

Interviews conducted with:

Agency Head Designee

Investigative staff

115.22 (a) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that the agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The agency shall maintain a policy requiring that allegations of sexual abuse or sexual harassment be referred for criminal investigation to an agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency shall publish this policy on its website or make it available through other means and shall document all such referrals.

115.22 (b) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that, if a separate entity is responsible for conducting criminal investigations, the agency's public posting shall describe the responsibilities of both the agency and the investigating entity. Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have a policy governing the conduct of such investigations.

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

During the on-site phase of the audit, the Auditor reviewed written responses provided by the Agency Head Designee regarding how the agency ensures that administrative or criminal investigations are completed for allegations of sexual abuse or sexual harassment. The Agency Head Designee confirmed that all allegations are investigated and that the investigative process is initiated immediately upon receipt of an allegation. The Agency Head Designee further described the roles of the Department of Justice Office of the Inspector General (DOJ OIG), the Bureau of Prisons Office of Internal Affairs (OIA), institution Special Investigative Services (SIS), and the Federal Bureau of Investigation (FBI), as applicable. Investigative entities review the allegation(s) and predicating information, and determinations in substantiated administrative investigations or criminal prosecutions are supported through corroboration of witness and victim statements, predicating information, and available physical evidence.

115.22 (c) – BOP Program Statement 5508.02, *Hostage Situations or Criminal Actions Requiring FBI Presence*, provides that the FBI has investigative responsibility for criminal activities at all Bureau facilities. In accordance with the existing MOU between the BOP and the FBI, when an incident may involve a criminal act, the BOP takes immediate action to preserve the scene and promptly notifies the appropriate designated FBI representative.

During the pre-on-site phase of the audit, the Auditor reviewed the existing Memorandum of Understanding (MOU) between the BOP and the FBI. The MOU establishes interagency operational procedures and guidelines regarding violations of federal criminal statutes occurring in BOP facilities, on BOP property, or involving BOP staff, and it defines the respective roles and responsibilities of the BOP and the FBI, including expectations related to policy, training, and practice compliance with applicable regulations and standards. Consistent with 28 CFR § 115.21(g)(2), the MOU further provides that the FBI shall follow a uniform evidence protocol consistent with § 115.21(a)–(f).

During the on-site phase of the audit, the Auditor interviewed a Special Investigative Agent (SIA), who reviewed investigator responsibilities and confirmed the use of a uniform evidence protocol for the collection of physical evidence. During the pre-on-site phase, the Auditor also reviewed the DOJ/OIG *PREA Training* curriculum and the FBI *Domestic Investigations and Operations Guide*, which support compliance with investigatory requirements under the PREA standards.

Based upon reviews of applicable policies and supporting documentation, and completion of interviews, FPC Yankton demonstrated facility-wide practices consistent with the requirements of the PREA standard.

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

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.

Documents:

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

BOP FPC Yankton PREA Training Curriculum

BOP FPC Yankton Training Roster / Documentation of Completion

Interviews conducted with:

Random sample of staff

On-site Review Observations:

Personnel training documents

115.31 (a) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that the agency shall train all employees who may have contact with inmates on:

· Its zero-tolerance policy for sexual abuse and sexual harassment;

· How to fulfill responsibilities under Bureau policies and procedures for the prevention, detection, reporting, and response to sexual abuse and sexual harassment;

· Inmates' right to be free from sexual abuse and sexual harassment;

· The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;

· The dynamics of sexual abuse, sexual battery, and sexual harassment in confinement;

· Common reactions of victims of sexual abuse and sexual harassment;

· How to detect and respond to signs of threatened and actual sexual abuse;

· How to avoid inappropriate relationships with inmates;

· How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and

· How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

115.31 (b) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that training shall be tailored to the gender of the inmate population at the employee's facility. Employees shall receive additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa. Annual refresher training takes the gender of the inmate population at each facility into account, and transferring staff receive gender-appropriate training, as needed.

115.31 (c) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that all current employees who have not received this training shall be trained within one year of the effective date of the PREA standards. The agency shall provide each employee with refresher training at least every two years to ensure employees understand the agency's current sexual abuse and sexual harassment policies and procedures. In years when an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

115.31 (d) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that the agency shall document, through employee signature or electronic verification, that employees understand the training they have received.

During the pre-on-site phase of the audit, the Auditor reviewed the training curriculum and electronic documentation verifying staff training comprehension and attendance. The curriculum outlines staff responsibilities for the prevention, detection, reporting, and response to inmate sexual abuse and sexual harassment and addresses communicating effectively and professionally with inmates, including inmates' right to be free from sexual abuse and sexual harassment.

The Auditor reviewed the BOP PREA training curriculum, including *Sexually Abusive Behavior Prevention & Intervention Program* and *PREA Presentation*. The training addresses, among other topics, inmates' right to be free from sexual abuse and sexual harassment; reporting methods; first responder responsibilities; appropriate responses to victims of sexual abuse; and administrative and criminal investigative processes. The curriculum also addresses procedures for introducing and announcing opposite-gender correctional and supervisory staff in single-gender housing units and for conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with correctional security needs. The training materials include discussion of applicable PREA standards and BOP policies and procedures.

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

The Auditor conducted random staff interviews, and staff articulated the agency's zero-tolerance policy regarding sexual abuse and sexual harassment; staff roles and responsibilities for prevention, detection, reporting, and response; effective and professional communication with inmates; and inmates' right to be free from sexual abuse and sexual harassment. Staff reported receiving this training annually as part of required annual training.

Based upon reviews of applicable policies and training documentation, and completion of interviews and the on-site file review, FPC Yankton demonstrated facility-wide practices consistent with the requirements of the PREA standard.

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

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.

Documents:

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

BOP Volunteer & Contractor PREA Training Curriculum

BOP Volunteer & Contractor PREA Training Attendance (w/Signatures)

Interviews conducted with:

Contract and volunteer staff

115.32 (a) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that the agency shall ensure that all volunteers and contractors who have contact with inmates are

trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

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

115.32 (c) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that the agency shall maintain documentation confirming that volunteers and contractors understand the training they have received. Participation shall be documented through volunteer and contractor signature or electronic verification. At the conclusion of training, volunteers and contractors are instructed to seek additional direction from Bureau staff, as needed, to ensure understanding of the training.

During the pre-on-site phase, the Auditor reviewed training documentation, including the training curriculum titled *Sexually Abusive Behavior Prevention and Intervention Program* and the attendance roster for contract and volunteer staff. The attendance roster included signatures confirming that contract and volunteer staff understood the policies and training received. The volunteer and contractor training was tailored based on the services provided and the level of contact with inmates and included the Agency's zero-tolerance policy regarding sexual abuse and sexual harassment, as well as reporting procedures.

The Auditor interviewed contract and volunteer staff, who confirmed their understanding of the Agency's zero-tolerance policy, PREA standards, and reporting responsibilities.

Based upon reviews of applicable policy and supporting documentation, and completion of interviews, FPC Yankton demonstrated facility-wide practices consistent with the requirements of the PREA standard.

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 the comprehensive education referenced in 115.33(b)? ☒ Yes ☐ No

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

115.33 (d)

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

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

- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

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

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

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.

Documents:

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

BOP *Inmate Admission & Orientation Handbook* (multiple languages)

BOP *Inmate Acknowledgement of Receipt of PREA Orientation* (with inmate signatures)

BOP *Admission & Orientation Pamphlet – PREA* (multiple languages)

Interviews conducted with:

Institution PREA Compliance Manager (IPCM)

Intake staff

Random sample of inmates

Targeted inmates (limited English proficient (LEP), hearing or vision impaired, or disabled)

On-site Review Observations:

Comprehensive PREA education documentation

Zero-tolerance signage posted throughout the facility

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

The Program Statement further provides that the Agency's Admission and Orientation (A&O) Pamphlet on sexually abusive behavior prevention and intervention is provided to each inmate at intake screening. The pamphlet describes key elements of the program, informs inmates of the Agency's zero-tolerance policy regarding sexual abuse and sexual harassment, and explains how to report incidents of sexual abuse. It also advises inmates that male and female staff routinely work and visit inmate housing areas.

115.33 (b) - The Program Statement also provides that, within 30 days of intake, the agency shall provide comprehensive education to inmates, either in person or through video, regarding inmates' rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and incident reporting. During the A&O Program, a staff member designated by the Warden presents the *Sexually Abusive Behavior Prevention & Intervention Program*. This presentation must include:

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

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, further provides that, when inmates do not participate in a formal A&O Program, the Warden designates a staff member to ensure these inmates receive information regarding the Agency's *Sexually Abusive Behavior Prevention & Intervention Program* within 30 days of intake. This is documented in the same manner as for inmates who participate in the regularly scheduled A&O session.

115.33 (c) - The Program Statement also provides that current inmates who have not received this education shall be educated within one year of the effective date of the PREA standards. Inmates shall also receive education upon transfer to a different facility, to the extent that the policies and procedures of the new facility differ from those of the previous facility.

115.33 (d,e) - The Program Statement further provides that inmate education shall be provided in formats accessible to all inmates, including inmates with limited English proficiency, inmates who are deaf, visually impaired, or otherwise disabled, and inmates with limited reading skills. The agency shall maintain documentation of inmate participation in these education sessions. A&O forms are filed in the Inmate Central File or as applicable, in pretrial/holdover files.

115.33 (f) - The Program Statement also provides that, in addition to providing education, the agency shall ensure key information is continuously and readily available to inmates through posters, inmate handbooks, or other written formats. In each housing unit, the following are posted:

• A notice stating: "Male and female staff routinely work and visit inmate housing areas."

• A poster reflecting the BOP's zero-tolerance policy regarding sexual abuse and sexual harassment and providing contact information for inmate reporting of sexual abuse allegations.

During the pre-on-site phase of the audit, the Auditor reviewed documentation, including the inmate PREA education curriculum and the BOP *Inmate Acknowledgement of Receipt of PREA Orientation*. The inmate education curriculum indicates that inmates receive education on PREA definitions, zero tolerance, reporting methods, prevention techniques, counseling opportunities available to victims of sexual abuse, and the investigative process. A review of twenty-seven *Inmate Acknowledgement of Receipt of PREA Orientation* forms confirmed documentation of inmate attendance and acknowledgement of understanding (inmate signatures).

During the on-site phase of the audit, the Auditor conducted separate interviews with the Institution PREA Compliance Manager (IPCM) and intake staff regarding the comprehensive PREA orientation and documentation process. Both described the process for educating inmates at intake and during the Admission and Orientation process. They also confirmed that inmates receive additional PREA information through informational pamphlets, the BOP *Inmate Admission & Orientation Handbook*, and signage posted throughout the facility.

During the on-site visit, the Auditor interviewed nine targeted inmates with physical or cognitive disabilities, limited English proficiency (LEP), or hearing or vision impairments. Eight inmates reported receiving PREA information upon arrival at the facility, and one inmate stated they could not recall. Eight inmates also reported receiving comprehensive PREA information during the Admission and Orientation (A&O) process, and one inmate stated they could not recall. Inmates further reported that the information was provided in an accessible format tailored to their individual needs.

During the on-site phase of the audit, the Auditor toured the facility and observed PREA informational bulletins posted in multiple languages. Bulletins were located near inmate phones in each housing unit, with additional postings in common areas, including education and vocational buildings. The bulletins include phone numbers and address for victim advocate services and the Tips hotline.

During the on-site phase of the audit, the Auditor requested an updated inmate roster for each housing unit and selected a representative random sample of inmates for interviews. All inmate interviews were conducted in accordance with the National PREA Resource Center, *PREA Compliance Audit Instrument – Interview Guide for Inmates*. Twenty-five inmates recalled receiving both the initial PREA orientation and the comprehensive A&O orientation; one inmate reported not receiving PREA information and was provided the information on-site by the IPCM. All but one inmate acknowledged the zero-tolerance policy regarding sexual abuse and sexual harassment and identified multiple methods for reporting; information was provided on-site, as needed.

Inmates identified multiple sources of PREA information, including informational bulletins, pamphlets, and brochures posted throughout the facility. Seventeen of the 34 inmates interviewed identified TRULINCS as a resource, and 15 indicated that notifying a staff member was the most direct method to report or inquire about PREA information. Additional reporting options identified by inmates included contacting a family member (21), notifying an attorney (1), contacting the Department of Justice (DOJ) (1), filing a grievance (1), and contacting the Office of the Inspector General (OIG) (3); two inmates were unsure. Twenty-five inmates demonstrated knowledge of third-party reporting; one reported no knowledge. Twenty-five of 26 inmates reported awareness of the option to submit an anonymous PREA report.

During the on-site phase of the audit, the Auditor was provided with a demonstration of TRULINCS, the inmate electronic messaging system. During the facility tour, the Auditor privately interviewed an inmate and requested a demonstration of TRULINCS functionality. The demonstration confirmed that TRULINCS provides a method for inmates to report sexual abuse and sexual harassment, including an option to report anonymously.

Based upon reviews of applicable policy and supporting documentation, completion of interviews, and observations during the on-site tour, FPC Yankton demonstrated facility-wide practices consistent with the requirements of the PREA standard.

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 receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

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

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

- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

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.

Documents:

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

FBI *Domestic Investigations and Operations Guide*

Memorandum of Understanding between BOP and the Federal Bureau of Investigation (August 1996 – ongoing)

National Institute of Corrections Specialized Training: *Investigating Sexual Abuse in Confinement Settings*

DOJ/OIG *PREA Training* curriculum

BOP SIS/SIA Training curriculum

Interviews conducted with:

Investigative staff

On-site Review Observations:

Training files

115.34 (a) - BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that, in addition to the general training provided to all employees pursuant to § 115.31, the agency shall ensure that, to the extent the agency conducts sexual abuse investigations, investigators receive training in conducting such investigations in confinement settings. The Chief of Correctional Services ensures Special Investigative Supervisors and Special Investigative Agents are appropriately trained under this section. The Chief of the Office of Internal Affairs ensures staff are appropriately trained under this section.

115.34 (b) - The Program Statement further provides that specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or referral for prosecution.

115.34 (c) - The Program Statement also provides that the agency shall maintain documentation demonstrating that investigators have completed the required specialized training in conducting sexual abuse investigations. Any state entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to agents and investigators who conduct these investigations.

During the pre-on-site phase of the audit, the Auditor reviewed the existing Memorandum of Understanding (MOU) between the BOP and the FBI. The agreement establishes interagency operational procedures and guidelines for violations of federal criminal statutes occurring in BOP facilities, on BOP property, or involving BOP staff. It also defines the respective roles and responsibilities of the BOP and the FBI, including expectations related to policy, training, and practice compliance with applicable regulations and standards. Consistent with 28

CFR § 115.21(g)(2), the MOU provides that the FBI shall follow a uniform evidence protocol consistent with § 115.21(a)–(f).

The Auditor interviewed a Special Investigative Agent (SIA), who reviewed investigator responsibilities and the investigative process and confirmed use of a uniform evidence protocol for the collection of physical evidence. The SIA explained that, in general, the Department of Justice Office of the Inspector General (DOJ OIG) investigates potential criminal matters involving staff-on-inmate sexual abuse; the Bureau of Prisons Office of Internal Affairs (OIA) investigates administrative matters involving staff-on-inmate sexual abuse or sexual harassment; and institution Special Investigative Services (SIS) investigate all other cases. When an inmate-on-inmate allegation of sexual abuse is deemed potentially criminal in nature, the matter is referred to the Federal Bureau of Investigation (FBI) for investigation.

During the pre-on-site phase of the audit, the Auditor reviewed the DOJ/OIG *PREA Training* curriculum and the FBI *Domestic Investigations and Operations Guide*, which support compliance with investigatory requirements under the PREA standards.

The SIA also confirmed successful completion of the required National Institute of Corrections specialized training, *Investigating Sexual Abuse in Confinement Settings*. The SIA described key training components, including investigating sexual abuse and sexual harassment in confinement settings; understanding the impact of victim trauma; techniques for interviewing sexual abuse victims; preservation of crime scenes and evidence collection; proper use of *Miranda* and *Garrity* warnings; and the criteria required for administrative action and referral for prosecution.

The Auditor reviewed training documentation, including the National Institute of Corrections specialized training curriculum, *Investigating Sexual Abuse in Confinement Settings*, and certificates of completion verifying that investigative staff who conduct sexual abuse investigations attended and completed the required training.

Based upon reviews of applicable policy and supporting documentation, completion of interviews, and observations during the on-site visit, FPC Yankton demonstrated facility-wide practices consistent with the requirements of the PREA standard.

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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

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

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

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

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

Auditor Overall Compliance Determination

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

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

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

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.

Documents:

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

BOP Medical & Mental Health Specialized Training Curriculum – *PREA and Psychology Services*

BOP Training Certificates

Interviews conducted with:

Medical and mental health staff

115.35 (a) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that the agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:

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

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

115.35 (b) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that, if medical staff employed by the agency conduct forensic examinations, such staff shall receive appropriate training to conduct those examinations.

115.35 (c) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that the agency shall maintain documentation demonstrating that medical and mental health practitioners have received the training required by this standard, whether provided by the agency or from other sources.

115.35 (d) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that medical and mental health care practitioners shall also receive the training mandated for employees under § 115.31 or for contractors and volunteers under § 115.32, depending on the practitioner's status with the agency.

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

The Auditor interviewed staff assigned to Health Services and Psychology Services, who confirmed receiving specialized training on preserving physical evidence of sexual abuse, responding effectively and professionally to victims of sexual abuse and sexual harassment, and reporting allegations of sexual abuse and sexual harassment. Staff also confirmed receiving general PREA training, including the Agency's zero-tolerance policy regarding sexual abuse and sexual harassment.

Based upon reviews of applicable policy and supporting documentation, completion of interviews, and the on-site file review, FPC Yankton demonstrated facility-wide practices consistent with the requirements of the PREA standard.

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, as known to the agency, prior acts of sexual abuse? ☒ Yes ☐ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes ☐ No

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

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to a request? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

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

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

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.

Documents:

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

BOP *PREA Intake Objective Screening Instrument*

Interviews conducted with:

Staff responsible for risk screening

Random sample of inmates

PREA Coordinator

On-site Review Observations:

PREA Intake Objective Screening Instrument screening forms

115.41 (a) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that all inmates shall be assessed during intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or being sexually abusive toward other inmates.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, further provides that all inmates entering an institution are screened as directed by Health Services, Psychology Services, and Unit Management policies. The following steps are taken:

· Inmates with a history of sexual victimization while in BOP custody – When, during the intake screening process, staff identify inmates with a history of sexual victimization within BOP custody (e.g., through self-report or review of available documents), staff must refer the inmate to Psychology Services. If not previously documented in BOP records, staff must notify the Chief of Correctional Services of the inmate's report of victimization to ensure appropriate steps have been taken.

· Inmates with a history of sexual victimization in a non-BOP setting – If victimization occurred in a non-BOP setting, staff should document the information, and appropriate psychological treatment and monitoring will be provided, as needed.

· Inmates with a history of sexual predation – When, during the intake screening process, staff identify inmates with a history of sexual predation (through self-report or review of available documents), staff must refer the inmate to Psychology Services. If incidents of sexual predation have not previously been documented in BOP records, staff must notify the Chief of Correctional Services of the inmate's history of predation to ensure appropriate steps have been taken.

115.41 (b, c) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that intake screening shall ordinarily occur within 72 hours of arrival at the facility and shall be conducted using an objective screening instrument. The *PREA Intake Objective Screening Instrument* should be completed using only information available to staff at the time of intake and for the purpose of referring the inmate for further assessment, as needed.

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

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, also provides that inmates are encouraged to disclose as much information as possible to allow the agency to provide protection under this policy. If an inmate chooses not to respond to questions related to risk level, the inmate may not be disciplined.

115.41 (d) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that the intake screening shall consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization:

Whether the inmate has a mental, physical, or developmental disability;

The age of the inmate;

The physical build of the inmate;

Whether the inmate has previously been incarcerated;

Whether the inmate's criminal history is exclusively nonviolent;

Whether the inmate has prior convictions for sex offenses against an adult or child;

Whether the inmate is, or is perceived to be, gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (This provision is no longer applicable to your compliance finding)

Whether the inmate has previously experienced sexual victimization;

The inmate's own perception of vulnerability; and

Whether the inmate is detained solely for civil immigration purposes.

115.41 (e) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that the initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and a history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. For inmates identified as "at risk" for perpetration, Psychology Services should notify Correctional Services.

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

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

115.41 (h) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that inmates may not be disciplined for refusing to answer, or for not disclosing complete information, in response to questions asked pursuant to this standard.

115.41 (i) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that the agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard to ensure that sensitive information is not exploited to an inmate's detriment by staff or other inmates. Information related to sexual victimization or abusiveness is limited to staff with a need to know and may be used only for treatment and for security and management decisions (e.g., housing and cell assignments, work, education, and programming assignments).

During the on-site phase of the audit, the Auditor reviewed thirteen *PREA Intake Objective Screening Instrument* screening forms completed during the audit period. The forms reviewed were from the files of inmates selected for random and targeted inmate interviews. All forms reviewed—including the *PREA Intake Objective Screening Instrument*, *Intake Screening*, *Psychology Services Risk of Sexual Victimization*, *Psychology Services Risk of Sexual Abusiveness*, and the *Inmate Individualized Treatment Plan (28-day Risk Reassessment)*—were completed and consistent with agency policy.

The Auditor interviewed staff responsible for conducting screenings for risk of victimization and abusiveness. Staff described the inmate risk screening process, including that inmates are screened on the day of arrival. Staff confirmed that risk screening interviews are conducted privately and that information obtained is used solely to assess an inmate's risk of sexual victimization or abusiveness. Staff further reported that sensitive information is limited to staff with a need to know for security, management, and treatment decisions (e.g., housing, programming, and work assignments).

The Auditor asked what actions are taken when inmates decline to cooperate with, or answer questions during, the risk screening process. Staff reported that inmates are not required to provide answers and are not disciplined for refusing to cooperate or respond during risk screening.

The Auditor interviewed inmates who disclosed prior sexual victimization. Inmates reported that they were offered the opportunity to meet with Psychology Services during the risk screening process. One inmate requested Psychology Services during the interview, and Psychology staff scheduled an appointment immediately. Inmates reported that they may request Psychology Services as needed, including if they decline services during intake and request services later.

During the on-site visit, the Auditor requested an updated facility inmate roster listing all inmates currently assigned to the facility, organized by housing unit. The roster also included inmate characteristics such as age, gender, race, ethnicity, and housing assignment, which supported selection of a representative random sample of inmates for interviews. All inmate interviews were conducted in accordance with the National PREA Resource Center, *PREA Compliance Audit Instrument – Interview Guide for Inmates*.

The Auditor conducted 26 formal random inmate interviews. Six of the 26 inmates, who had been at the facility for 12 months or longer, this interview question was not applicable and was not asked. Of the remaining 20 inmates interviewed, all 20 recalled the initial risk screening assessment interview, and 14 of the 20 recalled a second risk assessment interview with Psychology Services occurring within approximately two to three weeks of the initial risk assessment.

The Auditor reviewed written correspondence provided by the National PREA Coordinator regarding how the facility protects sensitive information, including inmate risk assessment information. The National PREA Coordinator explained that policy requires limiting such information to staff with a need to know, which varies based on the recommendations resulting from the assessment. As an example, if an elevated risk level results in recommendations related to housing or work assignments, the Correctional Counselor may be notified because that position is responsible for those assignments. Executive staff are made aware in all instances due to security considerations.

Based upon reviews of applicable policies, the on-site file review, and completion of interviews, FPC Yankton demonstrated facility-wide practices that exceed the requirements of the PREA standard.

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

  This provision is no longer applicable to your compliance finding.

- 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

  This provision is no longer applicable to your compliance finding.

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

  This provision is no longer applicable to your compliance finding.

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

  This provision is no longer applicable to your compliance finding.

115.42 (f)

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

  This provision is no longer applicable to your compliance finding.

115.42 (g)

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

  This provision is no longer applicable to your compliance finding.

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

  This provision is no longer applicable to your compliance finding.

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

  This provision is no longer applicable to your compliance finding.

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.

Documents:

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

BOP *PREA Intake Objective Screening Instrument*.

Interviews conducted with:

Staff responsible for risk screening

Random sample of inmates

Institution PREA Compliance Manager (IPCM)

PREA Coordinator

On-site Review Observations:

PREA Intake Objective Screening Instrument screening forms

115.42 (a) - BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that the agency shall use information obtained through the risk screening required by 7115.41 to inform housing, bed, work, education, and program assignments, with the goal of separating inmates at high risk of sexual victimization from those at high risk of sexual abusiveness.

115.42 (b) - BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, provides that the agency shall make individualized determinations regarding the measures necessary to ensure the safety of each inmate.

115.42 (c) - This provision is no longer applicable for purposes of a compliance determination.

115.42 (d) - This provision is no longer applicable for purposes of a compliance determination.

115.42 (e) - This provision is no longer applicable for purposes of a compliance determination.

115.42 (f) - This provision is no longer applicable for purposes of a compliance determination.

115.42 (g) - This provision is no longer applicable for purposes of a compliance determination.

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

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

The Auditor interviewed a staff member responsible for screening inmates for risk of sexual victimization and sexual abusiveness. The staff member provided a comprehensive overview of the inmate risk-screening process,

including confirmation that all inmates are screened on the day of arrival. The staff member further confirmed that screening interviews are conducted privately and that information obtained during the interview is used solely to determine an inmates risk of sexual victimization or abusiveness. The staff member also confirmed that access to sensitive information is limited to staff with a need to know for security, management, and treatment decisions (e.g., housing, programming, and work assignments).

The Auditor inquired regarding the measures implemented when inmates decline to cooperate with, or respond to, questions during the risk-screening process. The staff member stated that inmates are not required to provide responses and confirmed that inmates are not disciplined for declining to cooperate or answer questions during the risk-screening process.

The Auditor reviewed thirteen *PREA Intake Objective Screening Instrument* forms from the files of inmates selected for random and targeted inmate interviews. All forms including the *PREA Intake Objective Screening Instrument*, *Intake Screening*, *Psychology Services Risk of Sexual Victimization*, *Psychology Services Risk of Sexual Abusiveness*, and the *Inmate Individualized Treatment Plan (28-day Risk Reassessment)* were completed in full and in accordance with agency policy and the requirements of the PREA standard.

The Auditor interviewed the Institution PREA Compliance Manager (IPCM) regarding the way the facility uses information obtained during risk-screening assessments to mitigate the risk of sexual victimization and sexual abusiveness. The IPCM described the risk-screening process and explained that, based on an inmate's responses, information obtained through screening is used to facilitate appropriate treatment referrals and to support appropriate housing determinations.

The Auditor requested an up-to-date inmate roster identifying gay or bisexual inmates in order to conduct targeted inmate interviews. All other inmate interviews were conducted using the National PREA Resource Centers *PREA Compliance Audit Instrument Interview Guide for Inmates*. Although not required at this time, the Auditor interviewed one transgender inmate and one gay inmate. Each inmate was asked whether they were housed in an area designated exclusively for gay or bisexual inmates; both indicated that they were housed within a general-population housing area for inmates of the same classification level.

The Auditor reviewed written responses provided by the National PREA Coordinator regarding the way the agency ensures that lesbian, gay, bisexual, transgender, or intersex inmates are not placed in dedicated facilities, units, or wings. The National PREA Coordinator confirmed that the Bureau of Prisons does not operate any facilities, units, or wings dedicated to lesbian, gay, transgender, or intersex inmates.

Based upon reviews of applicable policies and the interviews conducted, FPC Yankton demonstrated facility-wide practices consistent with agency policy and the requirements of the PREA standard.

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 any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No

- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

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

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

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.

Documents:

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

The Auditor interviewed the following personnel:

Warden

115.43 (a) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment

immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.

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

The opportunities that have been limited;

The duration of the limitation; and

The reasons for such limitations.

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

115.43 (d) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states if an involuntary segregated housing assignment is made, the facility shall clearly document:

The basis for the facility's concern for the inmate's safety; and

The reason why no alternative means of separation can be arranged.

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

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

The Auditor interviewed a facility staff member who supervises inmates in segregated housing. The Auditor inquired whether, when an inmate is placed in segregated housing for protection from sexual abuse or following an allegation of sexual abuse, any restrictions are imposed. The staff member stated that inmates housed in the Special Housing Unit (SHU) do not have additional restrictions and retain the same privileges as inmates in general-population housing, including participation in programs and educational opportunities. The staff member further explained that, if restrictions are imposed, they are limited in scope and that the Chief of Correctional Services ensures the facility maintains documentation reflecting the limitations, duration, and rationale.

According to the information in the PAQ, the facility reported that no inmates at risk of sexual victimization were assigned to involuntary segregated housing during the twelve-month audit period. During the on-site phase of the audit, the Auditor interviewed the Warden and the IPCM; both confirmed the information previously provided by the facility in the PAQ. Therefore, inmates in this targeted category were not interviewed.

Based upon reviews of the policy and documentation provided, and the interviews conducted, FPC Yankton demonstrated facility-wide practices consistent with agency policy and the requirements of the PREA standard.

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? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) ☐ Yes ☐ No ☒ NA

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No

- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.51 (d)

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

Auditor Overall Compliance Determination

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

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

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

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.

Documents:

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

BOP *Sexually Abusive Behavior Prevention and Intervention: Information and How to Report, An Overview for Inmates* (English/Spanish)

BOP Inmate Handbook (English/Spanish)

BOP Admission & Orientation Pamphlet – PREA (multiple languages)

BOP PREA Zero-tolerance Poster (English/Spanish)

Interviews conducted with:

Institution PREA Compliance Manager (IPCM)

Random sample of Staff

Random sample of Inmates

On-site Review Observations:

Zero-Tolerance Policy signage

Inmate phones

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

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

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

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall also provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Inmates detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. Inmates are provided with contact information and access to the Office of the Inspector General (OIG) to make such reports.

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

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

During the pre-on-site phase of the audit, the Auditor reviewed the booklet *Sexually Abusive Behavior Prevention and Intervention: Information and How to Report, An Overview for Inmates*. This document is provided to all inmates upon entry to the facility and contains detailed PREA-related information across several key sections, including: an overview of PREA; the agency's zero-tolerance policy; guidance on what inmates should do if they are sexually assaulted; methods for reporting; an explanation of the investigative process; counseling resources for victims (including contact information for River City Domestic Violence Center); the management program for inmate assailants; prohibited acts; and contact information for BOP Regional Offices and the U.S. Department of Justice Office of the Inspector General (OIG).

Each section offers clear, step-by-step instructions. The section titled *How Do You Report an Incident of Sexually Abusive Behavior* outlines multiple reporting avenues for allegations of sexual abuse or sexual harassment. This section also explains that the OIG is an external component of the Department of Justice and operates independently of the Bureau of Prisons. Inmates may contact the OIG by mail using the address provided, or they may email the OIG directly through the TRULINCS Request to Staff function by selecting the Department Mailbox labeled "DOJ Sexual Abuse Reporting." Inmates may request anonymity when using this method.

During the on-site phase of the audit, the Auditor reviewed the gratuitous service agreement between FPC Yankton, Bureau of Prisons, and the River City Domestic Violence Center. The River City Domestic Violence Center is a non-profit organization located in Yankton, South Dakota, providing services to victims of domestic violence, sexual assault, human trafficking, and child abuse. The Center's mission is to break cycles of trauma through survivor empowerment, advocacy, education, awareness, and community-based social change.

Under the agreement, the River City Domestic Violence Center provides advocacy services to inmates incarcerated at FPC Yankton who are victims of sexual abuse or sexual violence. These services include emotional support and advocacy related to sexual violence, hospital accompaniment during forensic medical exams and investigatory interviews, and follow-up crisis counseling upon request. The Center also provides inmates with a mailing address for written communication to request support or advocacy services.

As part of the pre-audit work, the Auditor conducted an interview with a victim advocate from the River City Domestic Violence Center. The advocate confirmed the existing agreement with the facility and provided detailed information regarding the scope of services offered. She explained that the Center provides emotional support, one-on-one counseling, advocacy upon request, and in-person accompaniment during forensic medical exams and investigative processes.

The Auditor also obtained an up-to-date inmate roster from each housing unit and selected a random sample of inmates for interviews, following the National PREA Resource Center's PREA Compliance Audit Instrument – Interview Guide for Inmates. Inmates were asked how they would report an incident of sexual abuse or sexual harassment involving themselves or another inmate. Sixteen of the twenty-six inmates interviewed identified TRULINCS or notifying a staff member as their primary method of reporting. All inmates stated they could call a family member to make a third-party report, and twenty inmates demonstrated awareness of third-party reporting options. Nineteen inmates confirmed they were aware of the option to submit an anonymous report.

The Auditor also interviewed twenty-seven randomly selected staff members. Each staff member was able to accurately describe the various methods inmates may use to privately report sexual abuse, sexual harassment, or retaliation, including reporting to supervisory staff, Institutions PREA Compliance Manager, or the Office of the Inspector General (OIG). Staff consistently stated that all reports—verbal or written—are treated as confidential and must be documented immediately.

Staff were also asked how they themselves would privately report an allegation involving an inmate. Staff responses included directly contacting the OIG or notifying their immediate supervisor. Staff expressed confidence in the reporting process and did not report any fear of retaliation for making such reports.

The Auditor conducted an interview with the Institution PREA Compliance Manager (IPCM) to further verify reporting methods available to inmates and staff. The IPCM confirmed that multiple reporting mechanisms are available, including verbal and written reporting, third-party reporting, and anonymous reporting. The IPCM emphasized that all reports, regardless of the method, are handled promptly, professionally, and with strict confidentiality. The IPCM also confirmed that inmates may report anonymously via TRULINCS or through mailed correspondence to the OIG.

During the facility tour, the Auditor observed PREA informational bulletins displayed in every housing area and throughout multiple areas of the compound, including food service, education, and vocational spaces. These zero-tolerance PREA bulletins were posted in multiple languages, ensuring accessibility to the inmate population.

During the on-site facility tour, an inmate provided the Auditor with a demonstration of TRULINCS, the facility's electronic messaging system. The demonstration was conducted privately at the auditor's request. While the system offers a variety of communication and service functions, the inmate's demonstration confirmed that TRULINCS includes a direct and confidential method for reporting allegations of sexual abuse and sexual harassment, with the capability for inmates to submit reports anonymously.

Based upon reviews of the policies, contracts, employee handbook, BOP inmate handbook, and PREA bulletins and signs posted throughout the facility, and upon completion of interviews, FPC Yankton demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

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

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

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

- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

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

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.). ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
  ☒ Yes ☐ No ☐ NA

- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

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

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

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

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

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.

Documents:

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

BOP Program Statement 1330.18, *Administrative Remedy Program*

BOP Inmate Admission & Orientation Handbook

115.52 (a) – BOP Program Statement 1330.18, *Administrative Remedy Program* states the agency shall establish procedures for the filing of an emergency grievance where an inmate is subject to a substantial risk of imminent sexual abuse.

115.52 (b) – BOP Program Statement 1330.18, *Administrative Remedy Program* states administrative remedies regarding allegations of sexual abuse may be filed at any time. Accordingly, administrative remedies regarding an allegation of sexual abuse shall not be rejected as untimely. Inmates are not required to attempt an informal resolution for sexual abuse incidents.

115.52 (c) – BOP Program Statement 1330.18, *Administrative Remedy Program* the agency shall ensure that an inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the compliant.

115.52 (d) – BOP Program Statement 1330.18, *Administrative Remedy Program* states an administrative remedy response shall be made by the Warden within 20 calendar days.

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

BOP Program Statement 1330.18, *Administrative Remedy Program* if a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.

115.52 (f) – BOP Program Statement 1330.18, *Administrative Remedy Program* states after receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within five calendar days. The initial response and final agency decision shall document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

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

During the pre–on-site phase of the audit, the Auditor conducted a review of the Bureau of Prisons (BOP) Inmate Handbook and verified that it contains comprehensive information regarding the administrative remedy process, including explanations of both informal and formal avenues for resolution.

Within the 12 months preceding the audit, FPC Yankton reported five allegations of sexual abuse. During the on-site phase, the facility provided documentation demonstrating that, in each case, the involved inmate had either been released from BOP custody or transferred to another correctional institution, rendering them unavailable for interview.

The Auditor confirmed that required notifications were completed by examining the investigative files. Each file included the date of inmate notification, the final case disposition, and the inmate's signature, thereby verifying compliance with notification requirements.

Based upon reviews of applicable policies, the BOP Inmate Admission and Orientation Handbook, and interviews conducted during the audit, FPC Yankton demonstrated institutional practices that are consistent with agency policy and fully compliant with applicable PREA standards.

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? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA

- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

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

115.53 (c)

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

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

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.

Documents Reviewed:

BOP Program Statement 5324.12: Sexually Abusive Behavior Prevention and Intervention Program

BOP Gratuitous Service Agreement with River City Domestic Violence Center

BOP PREA Zero-Tolerance Bulletins (English and Spanish)

BOP Admission and Orientation PREA Pamphlet (English and Spanish)

BOP Inmate Admission and Orientation Handbook (English and Spanish)

Interviews Conducted

Random sample of inmates

Victim Advocate

On-Site Review Observations

Zero-Tolerance Policy signage posted throughout the facility

BOP Intake Screening form, including acknowledgment of receipt of the Admission and Orientation Handbook

115.53(a) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, establishes that the facility shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse. This requirement includes providing inmates with mailing addresses and telephone numbers— including toll-free hotline numbers when available—of local, state, or national victim advocacy or rape crisis organizations. For individuals detained solely for civil immigration purposes, contact information for immigrant service agencies must also be provided. The facility is required to enable reasonable communication between inmates and these organizations in as confidential a manner as possible.

115.53(b) – Program Statement 5324.12 further requires that, prior to granting access to outside victim advocacy services, the facility must inform inmates of the extent to which such communications may be monitored and the extent to which reports of abuse will be forwarded to appropriate authorities in accordance with mandatory reporting laws.

115.53(c) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, requires the agency to attempt to make available to a victim a victim advocate from a rape crisis center. When a rape crisis center is not available to provide such services, the agency must make available a qualified staff member from a community-based organization or a qualified agency staff member to fulfill this role.

During the facility tour, the Auditor conducted informal interviews with inmates in the housing dormitories, in various work assignments, and throughout the programs, education, and workshop buildings. Throughout these areas, the Auditor observed PREA Zero-Tolerance bulletins prominently displayed. These postings contained information regarding reporting methods as well as details about available counseling and advocacy services.

During the pre–on-site phase of the audit, the Auditor reviewed the BOP Inmate Admission and Orientation Handbook. The handbook provides inmates with information on obtaining victim advocacy services and clearly states that all information shared will be kept confidential, except for disclosures requiring mandatory reporting.

The Auditor also reviewed supporting documentation, including the SANE/SAFE evidence protocol and the gratuitous service agreement between FPC Yankton and the River City Domestic Violence Center. The agreement is clearly written and provides an explicit description of each party’s responsibilities, along with detailed reporting and documentation requirements.

Additionally, the Auditor conducted an interview with a victim advocate from the River City Domestic Violence Center. The advocate confirmed the active agreement with the facility and provided a detailed description of the services offered to inmates at FPC Yankton. These services include crisis intervention, emotional support,

accompaniment during forensic examinations and investigative interviews, and follow-up crisis counseling upon request.

The Auditor requested an up-to-date facility inmate roster, which included a list of all inmates currently housed at the facility organized by housing unit. The roster also identified inmate characteristics such as age, gender, race, ethnicity, and housing assignment. This information enabled the Auditor to select a representative random sample of inmates for interviews. All inmate interviews were conducted using the National PREA Resource Center's *PREA Compliance Audit Instrument – Interview Guide for Inmates*.

The Auditor interviewed twenty-six randomly selected inmates. Each inmate was asked whether they had been informed of services available outside the facility for addressing the impacts of sexual abuse. Fourteen inmates reported that these services were explained during the comprehensive PREA orientation (A&O) and referenced the informational bulletins posted in the housing units and the information contained in the Inmate Admission and Orientation Handbook. The remaining twelve inmates stated that, if a need arose, they would know where to access information on available services, noting they would either contact a staff member or review the Inmate Admission and Orientation Handbook.

The Auditor reviewed documentation confirming that all twenty-six inmates interviewed had received the BOP Inmate Admission and Orientation Handbook, as evidenced by inmate signatures. The handbook provides an explanation of available victim advocacy services, including contact information. Additionally, the facility posted an Inmate Notice titled *Access to Confidential Rape Crisis Counseling and Victim Advocacy* on the TRULINCS system for all inmates to access. This bulletin included information regarding the River City Domestic Violence Center, the emotional support services offered, and relevant contact information.

The Auditor was unable to conduct targeted interviews with inmates who had reported sexual abuse incidents, as none were currently housed at the facility. However, the Auditor did ask inmates who disclosed a history of prior sexual abuse whether they had been offered services. These inmates reported they met with Psychology Services and were provided information regarding advocacy services available through the River City Domestic Violence Center.

Based upon reviews of the policies and upon completion of the interviews, FPC Yankton demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

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

☐ **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.

Documents Reviewed

BOP Program Statement 5324.12: Sexually Abusive Behavior Prevention and Intervention Program

BOP Inmate Admission and Orientation Handbook (multiple languages)

BOP website: https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp

BOP PREA Zero-Tolerance Bulletin (English / Spanish)

Interviews Conducted

Random sample of inmates

On-Site Review Observations

Zero-Tolerance Policy signage

115.54(a) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, requires the agency to establish a method for receiving third-party reports of sexual abuse and sexual

harassment. The agency must also publicly distribute information describing how third parties may report sexual abuse and sexual harassment on behalf of an inmate.

During the on-site phase of the audit, the Auditor conducted a tour of the facility and observed PREA informational bulletins prominently displayed throughout the compound. These PREA Zero-Tolerance bulletins, available in multiple languages, were posted near the entrances of housing units as well as in common areas, including educational and vocational buildings. The bulletins contained multiple reporting options, including informing any staff member, filing an administrative remedy, submitting a TRULINCS message, or writing directly to the Office of the Inspector General.

During the on-site visit, the Auditor requested an up-to-date facility inmate roster. The roster, organized by housing unit, included inmate characteristics such as age, gender, race, ethnicity, and housing assignment. This information enabled the Auditor to select a random representation of inmates for interviews. All interviews were conducted using the National PREA Resource Center's *PREA Compliance Audit Instrument – Interview Guide for Inmates*.

The Auditor conducted twenty-six formal random inmate interviews. Twenty inmates reported that they received both the initial PREA orientation upon arrival and the comprehensive orientation during the Admission and Orientation (A&O) process. Each inmate also acknowledged awareness of the agency's zero-tolerance policy toward sexual abuse and sexual harassment, as well as the various methods available for reporting such incidents.

When asked specifically about third-party reporting, All of the twenty-six inmates affirmed that they understood how a third party could submit a report on their behalf. Several inmates referenced the PREA informational bulletins posted throughout the facility or the TRULINCS system, both of which provide clear instructions for submitting a third-party report. Most inmates interviewed stated they would tell a family member.

During the pre–on-site phase of the audit, the Auditor reviewed the agency's public website and verified that third-party reports of sexual abuse and sexual harassment may be submitted on behalf of an inmate, including anonymously.

Based upon reviews of policies and the results of inmate interviews, FPC Yankton demonstrated facility-wide practices that are consistent with agency policy and meet the requirements of the PREA standard.

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

☐ **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.

Documents Reviewed

BOP Program Statement 5324.12: Sexually Abusive Behavior Prevention and Intervention Program

Interviews Conducted With

Random sample of staff

Medical and mental health staff

Warden

115.61(a) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, requires all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is operated by the agency. Staff are also required to report any retaliation against inmates or staff who report such incidents, as well as any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The Program Statement further specifies that all staff must report information concerning incidents or possible incidents of sexual abuse or sexual harassment to the Operations Lieutenant, or as otherwise required under the *Standards of Employee Conduct*.

115.61(b) – Program Statement 5324.12 states that, apart from reporting to designated supervisors or officials, staff shall not disclose any information related to a sexual abuse report to anyone except to the extent necessary to make treatment, investigation, security, or management decisions, as specified by agency policy.

115.61(c) – Program Statement 5324.12 requires that, unless prohibited by federal, state, or local law, medical and mental health practitioners must report sexual abuse in accordance with policy. Practitioners must also inform inmates of their duty to report and the limitations of confidentiality at the initiation of services.

115.61(d) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, requires that if the alleged victim is under the age of 18 or is considered a vulnerable adult under a state or local vulnerable-persons statute, the agency must report the allegation to the designated state or local services agency, consistent with applicable mandatory reporting laws.

115.61(e) – Program Statement 5324.12 further requires that all allegations of sexual abuse and sexual harassment—including third-party and anonymous reports—be reported to the facility's designated investigators. Staff must report and respond to allegations of sexually abusive behavior regardless of the source of the information. The Institution PREA Compliance Manager (IPCM) refers each incident to the appropriate office for investigation and evaluates whether any additional response is required. The Program Statement also emphasizes that the level of response must increase in relation to the severity of the sexually abusive behavior.

During interviews with random staff members, each staff member clearly articulated the agency's zero-tolerance policy for sexual abuse and sexual harassment, as well as their specific roles and responsibilities in prevention, detection, reporting, and response. Staff consistently demonstrated an understanding of how to communicate effectively and professionally with inmates and affirmed that inmates have the right to be free from sexual abuse and sexual harassment. Staff also acknowledged that any verbal or written report of sexual abuse or sexual harassment is confidential and must be documented and reported immediately.

The Auditor also conducted interviews with Health Services and Psychology Services staff. These staff members accurately described their responsibilities to inform inmates of the limitations of confidentiality and to report incidents of sexual abuse or sexual harassment in accordance with policy. Each practitioner articulated, in detail, the step-by-step process for reporting an allegation and emphasized the requirement to report immediately. All staff confirmed that they disclose confidentiality limitations at the initiation of services. When asked whether any inmates had previously reported an incident of sexual abuse or sexual harassment to them, only the Psychology Services staff member confirmed having received such a report and affirmed that it was reported without delay.

The Auditor conducted an interview with the Warden and inquired about the facility's response when an allegation of sexual abuse or sexual harassment is made involving an individual under the age of 18 or someone considered a vulnerable adult under state law. The Warden explained that FPC Yankton does not house inmates under the age of 18 or inmates who meet the definition of a vulnerable adult.

The Auditor also asked the Warden whether all allegations of sexual abuse and sexual harassment— including those reported anonymously or by third parties—are referred to designated facility investigators. The Warden confirmed that all such allegations, regardless of the source of the report, are forwarded for investigation in accordance with agency policy.

Based upon reviews of policies and the results of staff and leadership interviews, FPC Yankton demonstrated facility-wide practices consistent with policy and in compliance with the requirements of the PREA standard.

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.

Documents Reviewed

BOP Program Statement 5324.12: Sexually Abusive Behavior Prevention and Intervention Program

Interviews Conducted With

Agency Head Designee

Warden

Random sample of staff

115.62(a) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, mandates that when the agency learns an inmate is subject to a substantial risk of imminent sexual abuse, immediate action must be taken to protect the inmate.

The Program Statement directs that when the alleged perpetrator is another inmate, the Operations Lieutenant is to be notified immediately and must safeguard the inmate. Safeguarding actions may include monitoring, changing housing or work assignments, or placing the alleged victim or perpetrator in Special Housing, depending on the severity of the allegations. The Operations Lieutenant must also promptly refer the alleged victim to Psychology Services for assessment and needed treatment and notify the Institution PREA Compliance Manager (IPCM).

If the alleged perpetrator is a staff member, the Program Statement requires consideration of all safeguarding options. While removal from the facility is considered an extreme measure, other actions—such as reassignment to another post or alternative measures—must be implemented to ensure full separation between the inmate and the staff member, consistent with the Master Agreement.

During interviews with random staff members, each staff member clearly articulated the agency's required response protocol when learning an inmate may be at imminent risk of sexual abuse. All staff emphasized that ensuring inmate safety is the immediate priority. Staff consistently stated that once the inmate is secured, they must immediately notify the Operations Lieutenant and the IPCM.

During the interview with the Warden, the Auditor asked what actions are taken when an inmate is determined to be at substantial risk of imminent sexual abuse. The Warden reported that staff safeguard the inmate immediately and ensure required notifications are made, including to the IPCM, Operations Lieutenant, Special Investigative Services (SIS), Health Services, and Psychology Services for appropriate assessment, follow-up, and investigative response.

The Auditor also reviewed written response provided with the Agency Head Designee regarding the agency's response. The Agency Head Designee explained that if an inmate is determined to be at substantial risk of imminent sexual abuse, staff must separate the inmate from the immediate threat as the first priority. Safeguarding actions vary depending on the nature of the threat. If the threat is from another inmate, interventions may include changes in housing or work assignments or placement in the Special Housing Unit. If the threat involves a staff member, additional options may be employed, including reassignment of the staff member or removal from the facility during the investigative process.

Based upon reviews of policy, observations made during the on-site tour, and the results of staff and leadership interviews, FPC Yankton demonstrated facility-wide practices consistent with agency policy and compliant with the requirements of the PREA standard.

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.

Documents Reviewed

BOP Program Statement 5324.12: Sexually Abusive Behavior Prevention and Intervention Program

Interviews Conducted With

Agency Head Designee

Warden

115.63(a) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility receiving the allegation must notify the head of the facility or appropriate office within the agency where the alleged abuse occurred.

The Program Statement specifies that when the allegation involves another Bureau facility, the Warden (or designee) of the inmate's current institution must report the allegation to the Warden of the identified facility. When the allegation involves staff at another Bureau institution, the Warden must refer the allegation directly to the Office of Internal Affairs (OIA).

For non-Bureau secure privatized facilities, jails, juvenile facilities, and Residential Reentry Centers, the Warden is required to notify the appropriate office within that facility and inform the Privatization Management or Residential Reentry Management Branches as appropriate. For allegations involving non-Bureau agencies, the Warden (or designee) contacts the designated office within that correctional agency.

115.63(b–d) – Program Statement 5324.12 further requires that such notifications be made as soon as possible, but no later than 72 hours after receiving the allegation. The agency must document that notification was provided. The facility head or agency office receiving such notification must ensure the allegation is investigated in accordance with applicable PREA standards.

In the twelve months preceding the audit, FPC Yankton reported receiving no allegations of sexual abuse originating from another facility.

During the Auditor's review of documentation, she confirmed that all required Warden-to-Warden notifications were completed in accordance with agency policy and the provisions of this standard.

During the interview with the Warden, the Auditor inquired about the facility's process upon receiving an allegation from another facility or Bureau office that sexual abuse or sexual harassment occurred. The Warden confirmed that all such allegations are investigated in accordance with Program Statement 5324.12 and applicable institution supplements.

The Auditor also reviewed written response provided by the Agency Head Designee asking whether there is a designated point of contact for allegations referred by another facility or agency. The Agency Head Designee

explained that in most cases, other agencies make referrals directly to the institution's Warden. When external agencies are uncertain how to make the referral, they may contact the Bureau of Prisons National PREA Coordinator, who then forwards the referral directly to the Warden. For referrals originating from within the Bureau, if the notification does not initially reach the Warden, staff receiving the information immediately forward it to the Warden for appropriate action. The Warden determines whether allegations can be investigated locally or should be referred to the Office of Internal Affairs.

Agency Head Designee explained that each institution tracks allegations referred by other facilities or agencies. In these cases, the receiving institution contacts the originating facility and collaborates to conduct the investigation, including interviews, obtaining statements, and collecting evidence. All materials are then provided to the facility responsible for completing the investigation.

Based upon reviews, documentation and investigative file review, and interviews with leadership, FPC Yankton demonstrated facility-wide practices consistent with agency policy and in compliance with the requirements of the PREA standard.

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.

Documents:

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

BOP FPC Yankton PREA Training Curriculum

BOP FPC Yankton Training Roster / Documentation of Attendance

Interviews conducted with:

Security Staff / Non-Security Staff First Responders

Random sample of Staff

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, outlines specific requirements for staff upon learning that an inmate has alleged sexual abuse. The policy states that the first security staff member to respond must:

• Separate the alleged victim and abuser.
• Preserve and protect the crime scene until appropriate evidence-collection procedures can occur.
• If the incident occurred within an evidence-collection timeframe, instruct the alleged victim not to take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
• If the incident occurred within an evidence-collection timeframe, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

• If the first responder is not security staff, he or she must instruct the alleged victim not to take actions that could compromise evidence and immediately notify security staff.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, specifies that the staff member who first responds to an allegation of sexual abuse is responsible for preserving the crime scene until appropriate evidence-collection procedures can be initiated. The policy establishes that SIS staff retain responsibility for gathering information and evidence, and that all investigative actions must follow agency policy and established practices regarding evidence collection and processing.

During the audit, the Auditor conducted interviews with random and specialized staff to assess their understanding of first responder requirements. All staff interviewed accurately described their responsibilities when responding to a sexual abuse allegation. These responsibilities included: separating the victim and alleged abuser; ensuring the safety and protection of the victim; preserving and protecting the crime scene; instructing the alleged victim not to take any actions that could compromise physical evidence; ensuring the alleged abuser is similarly restricted from taking actions that could destroy evidence; and immediately notifying the Operations Lieutenant.

Staff articulated these responsibilities clearly and consistently, demonstrating both comprehension of the policy and a high level of operational readiness when responding to allegations of sexual abuse.

During staff interviews, each employee emphasized the importance of the agency's response protocol when an allegation of sexual abuse or sexual harassment is reported. Staff consistently demonstrated a clear understanding of their role as First Responders and articulated, in detail, the critical responsibilities they are expected to perform. This included the immediate separation of the alleged victim and abuser, safeguarding the victim, preserving the crime scene, protecting potential physical evidence, and providing appropriate notifications.

The Auditor conducted targeted interviews with inmates who had previously reported an incident of sexual abuse. These inmates were specifically asked how staff responded at the time of their report and what actions staff took upon arriving at the scene. Each inmate confirmed that staff reacted promptly and appropriately. They reported that staff immediately responded to their disclosure and escorted them without delay to medical services for assessment and treatment, consistent with agency protocol and PREA requirements.

Based upon reviews of agency policy, supporting documentation, and the comprehensive interviews with both staff and inmates, FPC Yankton demonstrates facility-wide practices that fully align with BOP policy and the requirements of PREA Standard 115.64. Staff responses, inmate reports, and policy implementation all confirm that the facility meets the standard.

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.

Documents:

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

BOP *FPC Yankton Response Protocol*

Interviews conducted with:

Warden

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, requires that each facility develop a written institutional plan outlining the coordinated actions to be taken in response to an incident of sexual abuse. This coordinated response includes staff first responders, medical and mental health practitioners, investigators, and facility leadership, ensuring all components work together to provide an immediate, organized, and effective response.

The Program Statement further directs that all staff must report incidents of sexual abuse to the Operations Lieutenant. Upon receiving such a report, the Operations Lieutenant is responsible for immediately safeguarding the inmate and promptly referring the alleged victim to Health Services for a physical assessment and injury

documentation, as well as to Psychology Services for assessment of vulnerability and identification of treatment needs.

In addition, policy requires the Operations Lieutenant to ensure that the Special Investigative Services (SIS), the Chief of Correctional Services, the Institution PREA Compliance Manager (IPCM), and the Warden are notified without delay. This multi-layered notification process ensures that investigative, operational, and administrative components of the institution are fully engaged in the response.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, outlines that the Institution PREA Compliance Manager (IPCM) is responsible for reviewing all relevant factors following a report of sexual abuse and determining whether a full activation of the facility's Response Protocol is necessary. Once the IPCM determines that the intervention should proceed, the Program Statement requires that the institution implement a sensitive and coordinated response designed to meet both the security and therapeutic needs of the inmate.

Under the policy, the full Response Protocol—monitored and overseen by the IPCM—includes the following coordinated components:

- Correctional Services is responsible for safeguarding the inmate; conducting institutional evidence collection and preservation, including securing inmate clothing and footwear; investigating cases involving inmate perpetrators; arranging for outside medical care if needed; and ensuring Security Threat Group (STG) classifications for both victims and abusers are entered into SENTRY.

- Psychology Services provides crisis intervention, assesses treatment needs, documents evaluation results, offers ongoing treatment, makes psychiatric referrals as necessary, and initiates other treatment interventions for the alleged victim. Psychology staff also notify the qualified agency staff member or outside victim advocate as appropriate.

- Health Services, using clinicians who are properly trained, conducts assessment, examination, documentation, and treatment of injuries resulting from sexual abuse. This includes pregnancy testing when indicated, as well as testing for HIV and other sexually transmissible infections (STIs). When necessary, medical staff trained in sexual assault forensic evidence collection conduct the examination or arrange for the inmate to be transported to a community facility equipped to perform sexual assault evaluations.

During the pre-on-site phase of the audit, the Auditor reviewed FPC Yankton's written Response Protocol. The plan is comprehensive, detailed, and provides clear, systematic instructions outlining the coordinated roles and responsibilities of first responders, Health Services, Psychology Services, investigative staff, and facility leadership during a sexual abuse incident.

The Auditor also conducted an interview with the Warden and specifically inquired about implementation of the Response Protocol. The Warden provided a detailed explanation of the institution's coordinated response procedures, confirming how first responders, medical and mental health staff, investigators, and leadership work together to ensure an effective and timely institutional response to allegations of sexual abuse.

Based upon reviews of agency policy, supporting documentation, and the comprehensive interviews with both staff and inmates, FPC Yankton demonstrated facility-wide practices that are consistent with policy and the requirements that exceed the PREA standard.

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

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.

Documents:

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

Federal Bureau of Prisons and Council of Prison Locals, American Federation of Government Employees *Master Agreement*

Interviews conducted with:

Agency Head or Designee

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, clearly states that neither the agency nor any governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or a determination regarding disciplinary action. This requirement ensures the agency retains full operational authority to safeguard inmates by promptly removing staff from inmate contact whenever allegations of sexual abuse are made.

115.66 (b) – The Auditor is not required to audit this provision.

The Federal Bureau of Prisons has entered or renewed a collective bargaining agreement, as evidenced by the *Federal Bureau of Prisons and Council of Prison Locals, American Federation of Government Employees Master Agreement*. This agreement governs labor relations between the agency and the union representing staff.

The Master Agreement, specifically Article 30, Section (g), titled *Disciplinary and Adverse Actions*, provides the agency with the authority to reassign an employee to another position within the institution or remove the employee from the institution entirely pending the investigation and resolution of the matter. These actions are permitted in accordance with applicable laws, rules, and regulations. This provision ensures that the agency retains full discretion to remove an alleged staff sexual abuser from inmate contact throughout the investigative process, thereby supporting compliance with PREA Standard 115.66(a).

The Auditor reviewed written response provided with the Agency Head Designee regarding the collective bargaining agreements the Federal Bureau of Prisons has entered or renewed since August 20, 2012. The Agency Head Designee confirmed that the Bureau has maintained a collective bargaining agreement with the Council of Prison Locals, American Federation of Government Employees since July 21, 2014.

The Agency Head Designee explained that Article 30(g) of the Master Agreement authorizes the agency to remove an employee from the institution when an allegation adversely impacts the agency's confidence in the employee or affects the security of the institution. This provision permits the agency to reassign or remove the employee from the institutional setting pending investigation and final resolution, in accordance with applicable laws, rules, and regulations. This authority ensures the agency retains unrestricted ability to prevent alleged

staff abusers from having contact with inmates while an investigation is ongoing, consistent with PREA Standard 115.66(a).

Based upon reviews of agency policy, supporting documentation, and the comprehensive interviews with staff, FPC Yankton demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

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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Documents:

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

Interviews conducted with:

Designated Member Charged with Monitoring Retaliation

Warden

Agency Head Designee

On-site Review Observations:

Investigative files (5)

115.67 (a) - BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, requires the agency to establish policy protections for all inmates and staff who report sexual abuse or sexual harassment, or who cooperate with investigations. The policy mandates safeguards against retaliation by other inmates or staff and requires the designation of specific staff or departments responsible for monitoring potential retaliation.

115.67 (b) - Program Statement 5324.12 also mandates the use of multiple protective measures to safeguard individuals who may be at risk of retaliation. These measures include housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and the provision of emotional support services for inmates or staff who fear retaliation for reporting or cooperating with sexual abuse or sexual harassment investigations.

115.67 (c) - In accordance with Program Statement 5324.12, the agency must monitor, for a minimum of 90 days following a report of sexual abuse, the conduct and treatment of inmates or staff who reported the incident and inmates who were alleged victims. The monitoring is intended to identify any changes that may indicate possible retaliation by inmates or staff. If any signs of retaliation are detected, the agency is required to take immediate corrective action to mitigate and resolve the issue.

Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, further requires the agency to monitor indicators of potential retaliation, including inmate disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff. The agency is required to continue

monitoring beyond the initial 90-day period if circumstances suggest an ongoing need for protection or if any concerns arise during the monitoring period.

115.67 (d-e) - Program Statement 5324.12 also states that, in the case of inmates, retaliation monitoring shall include periodic status checks to ensure the inmate's safety and well-being throughout the monitoring period. Additionally, if any individual cooperating with an investigation—whether inmate or staff—expresses fear of retaliation, the agency must take appropriate and immediate measures to safeguard that individual. These measures are intended to prevent intimidation, reprisals, adverse actions, or any behavior that could discourage reporting or cooperation with sexual abuse investigations.

115.67 (f) – The Auditor is not required to audit this provision.

The Auditor conducted an interview with the designated staff member responsible for monitoring staff and inmates who report allegations of sexual abuse to ensure they are protected from retaliation. The staff member explained that monitoring is conducted for a minimum of 90 days and includes regular reviews of indicators that may signal retaliatory behavior.

For inmates, the monitoring period includes review of housing or cell assignments, work assignments, program participation changes, and disciplinary actions. For staff, the monitoring includes reassignment of duties, post changes, shift adjustments, and performance evaluations. The staff member further stated that if any concerns arise, or if there is reason to believe retaliation may continue beyond the 90-day period, monitoring will be extended until the concern or threat is fully resolved.

The Auditor reviewed five investigative files, each of which contained documentation of retaliation monitoring for inmates who previously reported sexual abuse or sexual harassment. The files included completed monitoring forms reflecting detailed interview notes, inmate statements, and comments from the Institution PREA Compliance Manager (IPCM). The monitoring was conducted on the 30-, 60-, and 90-day intervals, as required. In addition to these scheduled reviews, the files also documented periodic interim checks that occurred between the formal monitoring dates to track changes in housing assignments, work assignments, or other relevant conditions. These entries demonstrated consistent, real-time oversight throughout the monitoring period.

The Auditor was unable to conduct targeted interviews with inmates who reported an incident of sexual abuse due to none being at the facility at the time of audit.

The information provided by the facility in the Pre-Audit Questionnaire (PAQ) indicated that no incidents of retaliation were reported by inmates during the 12-month audit period. The Auditor verified this during the documentation review and through an interview with the Institution PREA Compliance Manager (IPCM), who

confirmed that no cases of retaliation had been identified. As a result, inmates in this targeted monitoring category were not interviewed.

The Auditor also interviewed the Warden regarding measures taken to protect inmates and staff from retaliation following the reporting of sexual abuse or sexual harassment. The Warden confirmed that, if retaliation is suspected, appropriate protective actions would be taken for inmate victims, including reviews of their housing assignments, work details, and program placements to ensure their continued safety. For staff who may be at risk of retaliation, the Warden stated that performance evaluations, work assignments, and post placements would be closely reviewed and adjusted as needed.

The Warden further explained that any suspected retaliatory behavior by inmates or staff would be thoroughly investigated, and disciplinary action would be taken when appropriate. These measures ensure that the institution maintains a safe and supportive environment for individuals who report or cooperate with investigations into sexual abuse or sexual harassment, consistent with the requirements of PREA Standard 115.67.

The Auditor reviewed written responses provided with the Agency Head Designee to assess agency-level procedures for protecting inmates and staff from retaliation. The Agency Head Designee confirmed that the Institution PREA Compliance Manager (IPCM) is responsible for monitoring both inmates and staff following a report of sexual abuse or sexual harassment to ensure no acts of retaliation occur. For inmates, monitoring includes regular reviews of housing and cell assignments, work details, programming changes, and disciplinary actions. For staff, monitoring includes reviews of work reassignments, post changes, performance evaluations, and shift adjustments. The Designee added that monitored staff are also offered psychological services to support their mental and emotional well-being.

The Auditor further inquired how the Bureau protects individuals who cooperate with an investigation and express fear of retaliation. The Agency Head Designee explained that such individuals receive the same level of monitoring and protection as those who originally reported the allegation. Protective measures may include changing housing or work assignments, arranging transfers, reassigning work supervisors, or implementing any other necessary actions to prevent retaliation. As with staff who report abuse, staff who cooperate with investigations are also offered psychological services to ensure their emotional well-being is supported throughout the monitoring period.

Based upon reviews of agency policy, supporting documentation, and the comprehensive interviews with both staff and inmates, FPC Yankton demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

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

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.

Documents:

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

BOP Form BP-A1002, *Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation*

Interviews conducted with:

Warden

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

OP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, states that inmates identified as being at high risk for sexual victimization shall not be placed in involuntary segregated housing unless all available alternatives for separation have been fully assessed and determined to be insufficient to ensure the inmate's safety. The Program Statement further specifies that if the facility is unable to

complete the assessment of alternatives immediately, the inmate may be temporarily held in involuntary segregated housing for less than 24 hours while the required assessment is completed.

BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program*, requires that inmates placed in involuntary segregated housing for protective purposes must be afforded access to programs, privileges, education, and work opportunities to the extent possible. When a facility restricts access to any of these opportunities, the facility is required to document:

The specific opportunities that have been limited;

The duration of the limitation; and

The reasons for such limitations.

The Program Statement further specifies that inmates placed in involuntary segregated housing under this standard must remain there only until an alternative means of separation from likely abusers can be arranged. Such placements should not ordinarily exceed 30 days. In cases where involuntary special housing is necessary, the facility must clearly document:

The basis for the facility's concern regarding the inmate's safety; and

The rationale for why no alternative means of separation could be arranged.

Additionally, Program Statement 5324.12 requires that every 30 days, the facility must provide a review for each inmate placed in involuntary segregated housing for protective purposes. This review must assess whether there continues to be a need for separation from the general population and must document any ongoing or resolved concerns.

The Auditor conducted an interview with a Facility Staff Member who supervises inmates housed in segregated housing. The Auditor inquired about any restrictions placed on inmates who enter segregated housing for protection from sexual abuse or after alleging sexual abuse. The Facility Staff Member stated that inmates placed in the Special Housing Unit (SHU) for protective purposes do not lose privileges and retain access to the same opportunities as general population inmates, including participation in programs and educational activities. The Staff Member further explained that if any limitations are necessary, they are minimal and must be documented by the Chief of Correctional Services, including the nature of the restriction, its duration, and the rationale for imposing it.

During the 12 months preceding the audit, the facility reported no instances in which an inmate who alleged sexual abuse was placed in involuntary segregated housing. During the on-site portion of the audit, the Auditor reviewed investigative files and confirmed that inmates who reported sexual abuse had not been placed in involuntary special housing. This information was further verified through staff interviews. Therefore, no inmates from this targeted category required interviews.

The Auditor also conducted an interview with the Warden regarding placement of inmates who allege sexual abuse or who are at high risk for sexual victimization. The Warden explained that such inmates are not to be placed in involuntary segregated housing unless all available alternatives have been assessed and determined inadequate to ensure the inmate's safety. The Warden emphasized that the use of SHU for involuntary protective custody is a last resort. If an assessment cannot be completed immediately, and if doing so does not jeopardize the inmate's safety, the inmate may be temporarily held in SHU for less than 24 hours pending completion of the required assessment. The Warden further confirmed that any restrictions on programming or privileges due to involuntary special housing are documented in compliance with policy requirements.

Based upon reviews of agency policy, supporting documentation, and the comprehensive interviews with both staff and inmates, FPC Yankton demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

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

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.

Documents:

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

BOP Program Statement 5508.02, *Hostage Situations or Criminal Actions Requiring FBI Presence*

DOJ/OIG *PREA Training* curriculum

FBI *Domestic Investigations and Operations Guide*

Interviews conducted with:

Investigative Staff

On-site Review Observations:

Investigative files (5)

115.71 (a) - BOP Program Statement 5324.12 requires that when the agency investigates allegations of sexual abuse or sexual harassment, it must conduct those investigations promptly, thoroughly, and objectively.
This applies to all allegations, including third-party reports and anonymous reports.

115.71 (b) - Where sexual abuse is alleged, the Program Statement requires the agency to use only investigators who have received specialized training in sexual abuse investigations, as detailed in §115.34.

115.71 (c) - Investigators are required to:
• Gather and preserve direct and circumstantial evidence, including any available physical evidence, DNA evidence, and electronic monitoring data
• Conduct interviews with the alleged victim, suspected perpetrator, and all relevant witnesses
• Review prior complaints or reports of sexual abuse involving the same suspected perpetrator

115.71 (d) - When evidence suggests that a case may support criminal prosecution, the Program Statement requires the agency to consult with prosecutors before conducting any compelled interviews.

115.71(e) - Program Statement 5324.12 requires that investigators assess the credibility of victims, suspects, and witnesses individually, without relying on their status as staff or inmate.
The policy also prohibits the agency from requiring an inmate who alleges sexual abuse to submit to a polygraph or any other truth-verification device as a condition for moving forward with the investigation.

115.71(f) - For administrative investigations, the Program Statement requires investigators to determine whether staff actions or failures to act contributed to the incident.
These investigations must result in written reports that include:
• A description of all physical and testimonial evidence
• The rationale for any credibility determinations
• The investigative facts and findings.

115.71(g) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states that criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

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

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

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

115.71(k) The Auditor is not required to audit this provision.

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

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

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

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

PREA Training curriculum, and the FBI Domestic Investigations and Operations Guide that confirmed compliance with all investigatory requirements under the PREA standards.

The Auditor reviewed five investigations thoroughly and systematically to ensure each investigation contained all required procedures, completed documentation, and that all processes were carried out as required, including the report findings. The investigations were selected and reviewed based on the initial reporting method, the outcome or investigation status (closed or open), and the Auditor's requirement to review all necessary steps and processes to verify compliance with multiple PREA Standards. Each investigation reviewed by the Auditor contained all documented reports for that specific incident, inmate notifications, a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and the investigative facts and findings. Additionally, each report included an assessment as to whether staff actions or failures to act contributed to the abuse.

The Auditor found each investigation contained all the appropriate documentation and determined that the incidents were investigated promptly, thoroughly, and objectively by a qualified Special Investigative Agent who has received the training, education, and authority to conduct such investigations. The Auditor noted that each file contained documentation including, but not limited to, the initial incident report, SIS report, PREA OneSource Checklist, memorandums, Institution Medical Assessment, Psychology Report, Hospital Report (if applicable), 30-Day Sexual Abuse Incident Review (if applicable), 90-day Retaliation Checks (if applicable), photographs, crime scene log, chain of custody, SENTRY documentation, and victim notification.

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

The Auditor was unable to conducted targeted interviews with inmates who reported an incident of sexual abuse due to none being reported while on the facility.

Based upon reviews of agency policy, supporting documentation, and the comprehensive interviews, FPC Yankton demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

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

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.

Documents:

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

Interviews conducted with:

Investigative Staff

115.72(a) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The BOP applies this section in accordance with its disciplinary and adverse action processes, collective bargaining agreement, and applicable laws, rules, and regulations.

During the on-site phase of the audit, the Auditor conducted an interview with a Special Investigative Agent (SIA) who confirmed the responsibilities of an investigator, reviewed the investigative process, and confirmed the use of a uniform evidence protocol for the collection of physical evidence. The SIA provided the Auditor with a complete overview of the investigative process as it relates to sexual abuse and sexual harassment. The SIA is responsible for conducting administrative sexual abuse investigations within the facility.

The SIA explained the investigative process beginning with initial notification, investigation of the allegation, understanding the impact of victim trauma, techniques for interviewing victims, preservation of crime scenes and evidence collection, proper use of Miranda and Garrity, and the criteria required for administrative action and prosecution referrals. The Auditor asked the SIA what standard of evidence is required to substantiate allegations of sexual abuse or sexual harassment. The SIA stated that the agency imposes no standard higher than a preponderance of the evidence.

Based upon reviews of agency policy, supporting documentation, and the comprehensive interviews, FPC Yankton demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

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.

Documents:

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

BOP PREA Investigative Case – Victim Notifications

Investigative Case file – (5)

Interviews conducted with:

Investigative Staff

Warden

On-site Observations:

Case disposition notifications (to inmate)

115.73(a) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The Special Investigative Services Lieutenant provides all notifications to inmates required under this provision.

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

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

The staff member is no longer posted within the inmate's unit;

The staff member is no longer employed at the facility;

The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or

The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

115.73(d) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever:

The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or

The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

115.73(e) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states all such notifications or attempted notifications shall be documented.

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

The Auditor conducted an interview with the Special Investigative Agent (SIA) and inquired about the agency's notification procedures for an alleged victim of sexual abuse when a case is closed and a final determination of substantiated, unsubstantiated, or unfounded is made. The SIA confirmed that these notifications are completed by the Special Investigative Services Lieutenant, are documented, and are retained in the case file.

The Auditor was unable to conduct targeted interviews with inmates who reported an incident of sexual abuse due to none being reported. The Auditor verified notifications during the review of investigative files, noting that each notification contained the date, case disposition, and inmate signature.

During the on-site phase of the audit, the Auditor reviewed five investigative files from the twelve-month audit period. The closed investigative files included final case dispositions and contained an inmate notification form documenting the outcome (substantiated, unsubstantiated, or unfounded) with the inmate's signature.

The Auditor interviewed the Warden and inquired how the facility notifies an inmate who makes an allegation of sexual abuse when the case is closed and a determination is made. The Warden confirmed that the Special Investigative Services Lieutenant completes the victim notification process.

Based upon reviews of the policies and completion of the interviews, FPC Yankton demonstrated facility-wide practices consistent with policy and in compliance with the PREA standard.

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.

Documents:

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

Interviews conducted with:

Administrative (Human Resources) Staff

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

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

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

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

The facility reported no staff violations, resignations prior to termination, or terminations for violating the agency's sexual abuse or sexual harassment policies during the twelve months prior to the audit.

Based upon reviews of the policies and completion of the interviews, FPC Yankton demonstrated facility-wide practices consistent with policy and in compliance with the PREA standard.

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.

Documents:

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

Interviews conducted with:

Warden

115.77 (a) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

115.77 (b) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

The facility reported there have been no contractor or volunteer violations or terminations of the Agency's sexual assault, sexual abuse, sexual harassment, or sexual misconduct polices during the 12 months prior to the audit.

The facility reported there have been no contractor or volunteer violations or terminations of the Agency's sexual assault, sexual abuse, sexual harassment, or sexual misconduct polices during the 12 months prior to the audit.

The Auditor conducted an interview with the Warden regarding any violation of the facility's sexual abuse or sexual harassment by a contractor or volunteer. The Warden explained that FPC Yankton defers to national policy, which requires any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. Additionally, they would be prohibited from further contact with inmates.

Based upon reviews of the policy and upon completion of interviews, FPC Yankton demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

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)

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

Auditor Overall Compliance Determination

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

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

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

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.

Documents:

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

Interviews conducted with:

Warden

Medical / Mental Health Staff

115.78 (a) - BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.

115.78 (b) - BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.

115.78 (c) - BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

115.78 (d) - BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

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

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

115.78 (g) - BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states an agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

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

finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate abuse.

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

Based upon reviews of the policy and upon completion of interviews, FPC Yankton demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

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 ☒ NA Yankton is not a jail.

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.

Documents:

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

BOP *PREA Intake Objective Screening Instrument*

Interviews conducted with:

Inmates who disclose Sexual Victimization at Risk Screening

Staff responsible for Risk Screening

Medical and Mental Health Staff

On-site Review Observations:

Inmate records of initial assessment & reassessment

115.81 (a, c) - BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states if the screening pursuant to §115.41 indicates that a prison inmate or jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

115.81 (b) - BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states if the screening pursuant to §115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow- up meeting with a medical or mental health practitioner within 14 days of the intake screening.

115.81 (d) - OP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states any information relating to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, state, or local law.

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

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

The Auditor conducted an interview with a Staff Member responsible for conducting screenings for risk of victimization and abusiveness. The Staff Member provided the Auditor with a complete overview of the inmate risk screening process, including confirmation that all inmates are screened on the same day they arrive at the facility. The Staff Member confirmed that all risk screening interviews are conducted privately, and that any information obtained during the interview is used solely to determine an inmate's risk of sexual victimization or abusiveness. The Staff Member also confirmed that this sensitive information is limited to staff for the purposes of security, management, and treatment decisions such as housing, programming, and work assignments.

The Auditor asked what actions are taken when an inmate refuses to cooperate or answer questions during the risk screening process. The Staff Member explained that inmates are not required to provide answers and are not disciplined for refusing to cooperate or answer questions during the screening.

The Auditor conducted interviews with staff members from Health Services and Psychology Services and asked whether inmates who disclose prior sexual victimization during intake—or whose records indicate prior sexual abuse perpetration—are provided follow-up meetings. Each staff member confirmed that follow-up meetings are offered to inmates who previously experienced sexual victimization, whether in an institutional setting or in the community. Staff also confirmed that inmates who have perpetrated sexual abuse are offered services as well. Participation in these services is voluntary.

The Auditor also conducted interviews with inmates who had disclosed prior sexual victimization. Each inmate confirmed that they were offered the opportunity to meet with Psychology Services during the risk screening process. One inmate reported he declined the offer because he trusted the facilities psychologist. The remaining inmates stated they declined the opportunity. The Auditor verified these reports through documentation review.

Based upon reviews of the policy and upon completion of interviews, FPC Yankton demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

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.

Documents:

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

Interviews conducted with:

Medical / Mental Health Staff

Security Staff / Non-Security Staff First Responders

On-site Review Observations:

Secondary Medical Records

115.82 (a) - BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states inmate victims of sexual abuse shall 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.

115.82 (b) - BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is

made, security staff first responders shall take preliminary steps to protect the victim pursuant to §115.62 and shall immediately notify the appropriate medical and mental health practitioners.

115.82 (c) - BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

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

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

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

The Auditor was unable to conduct targeted interviews with inmates who reported an incident of sexual abuse due to none being reported.

Based upon review of the policy and upon completion of interviews, FPC Yankton demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

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. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment

when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

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.

Documents:

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

Interviews conducted with:

Medical / Mental Health Staff

115.83 (a) - BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the facility shall offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

115.83 (b) - BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the evaluation and treatment of such victims shall 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.

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

115.83 (d) - BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

115.83 (e) - BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states if pregnancy results from the conduct described in this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

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

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

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

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

The Auditor was unable to conduct targeted interviews with inmates who reported an incident of sexual abuse due to none being reported.

Based upon reviews of the policy and upon completion of interviews, FPC Yankton demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

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

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Documents:

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

BOP *30 Day Sexual Abuse Incident Reviews*

Interviews conducted with:

Warden

Incident Review Team

115.86 (a) - BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the facility shall conduct a sexual abuse incident review within 30 days of the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

115.86 (b) - BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states such review shall ordinarily occur within 30 days of the conclusion of the investigation.

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

115.86 (d) - BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the review team shall:

Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

Consider whether the incident or allegation was motivated by race, ethnicity, gender identity; LGBTI identification, status, or perceived status or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;

Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

Assess the adequacy of the staffing levels in that area during different shifts;

Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

Prepare a report of its finding including, but not necessarily limited to, determinations made pursuant to the above considerations and any recommendations for improvement and submit such report to the facility head and Institution PREA Compliance Manager (IPCM).

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

The Auditor conducted an interview with a staff member who is a participating member of the Incident Review Team and inquired if the Sexual Abuse Incident Review (SAIR) Team considers whether an incident or allegation was motivated by race, ethnicity, or gender identity and if the SAIR Team examines the area in the facility where the incident allegedly occurred. The staff member confirmed the SAIR Team does consider whether the incident was motivated by race, ethnicity, or gender identity, and gang affiliation. The SAIR Team also tours the area where the alleged incident occurred as well as consider if additional monitoring technology should be deployed or augmented to supplement supervision by staff. The Incident Review Team member explained how touring the area in conjunction with reviewing monitoring technology provides the team with the best possible representation of an incident and assists the SAIR Team in determining if changes or additions to monitoring technology is warranted.

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

During the past 12 months, FPC Yankton reported five administrative investigation of alleged sexual abuse were completed at the facility, which were closed as unfounded; therefore, a sexual abuse incident review was not required during the past twelve months.

Based upon review of the policy and upon completion of interviews, FPC Yankton demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

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.

During the pre-on-site phase of the audit, the Auditor reviewed the *Federal Bureau of Prisons Annual PREA Report* (2024), which contained annual aggregation of incident-based sexual abuse data collected with a standardized instrument. The standardized instrument used contained a set of definitions and data collected from incident reports, investigative files, and sexual abuse incident reviews.

Based upon review of the policy and annual reports, FPC Yankton demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

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.

Documents:

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

Federal Bureau of Prisons Annual PREA Report (2024)

Interviews conducted with:

Institution PREA Compliance Manager (IPCM)

PREA Coordinator

Agency Head Designee

115.88 (a) - BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall review data collected and aggregated pursuant to §115.87 in order to assess and improve

the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by:

Identifying problem areas;

Taking corrective action on an ongoing basis; and

Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

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

115.88 (b) - BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

115.88 (c) - BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency's report shall be approved by the agency head designee and made readily available to the public through its website or, if it does not have one, through other means.

115.88 (d) - BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.

The Auditor conducted an interview with the IPCM and inquired whether the agency reviews data collected and aggregated pursuant to §115.87. The IPCM explained how the agency collects data to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies. The IPCM confirmed that data reviews are completed during FPC Yankton departmental Operational Reviews and perpetual audits to ensure compliance with applicable PREA standards. Correctional Programs, Correctional Services, Health Services, Human Resources, and Psychology Services participate in these departmental Operational Reviews.

The Auditor reviewed written responses provided from the National PREA Coordinator to inquire how data is collected pursuant to PREA Standard §115.87. The National PREA Coordinator stated that the data collected is securely retained and that the agency takes corrective action on an ongoing basis or as needed based on the data. The National PREA Coordinator confirmed that the agency completes an annual report, which is made public on the agency website. The coordinator also confirmed that the agency complies with the Freedom of Information Act (FOIA) and all applicable laws, rules, and regulations. No information that identifies victims or

perpetrators is included in the report, and no information that could potentially threaten the security of the institution is released. When information requires redaction, the nature of the redacted material is indicated.

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

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

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 it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

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

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

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.

Documents:

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

Federal Bureau of Prisons Annual PREA Report (2024)

Interviews conducted with:

PREA Coordinator

115.89 (a) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall ensure that data collected pursuant to §115.87 are securely retained.

115.89 (b) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website, or through other means.

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

115.89 (d) – BOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall 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.

During the pre-on-site phase of the audit, the Auditor reviewed the *Federal Bureau of Prison Annual PREA Report*, (2024), which contained annual aggregation of incident-based sexual abuse data collected with a standardized instrument. The standardized instrument used contained a set of definitions and data collected from incident reports, investigative files, and sexual abuse incident reviews. BOP publishes the current annual report on the agency website.

The Auditor reviewed written responses from the National PREA Coordinator, and the Auditor inquired how data is collected pursuant to PREA Standard §115.87. The National PREA Coordinator stated that the data collected is securely retained and that the agency takes corrective action on an ongoing basis or as needed based on the collected data. The National PREA Coordinator confirmed that the agency prepares an annual report, which includes data collected from all facilities that house BOP inmates. The Coordinator further confirmed that prior to publishing the Annual Report on the agency website, the agency ensures compliance with the Freedom of Information Act (FOIA) and all other applicable laws, rules, and regulations. No information that identifies victims or perpetrators is included in the report, nor is any information released that could potentially threaten the security of the institution. If information requires redaction, the nature of the redacted material is indicated.

Based upon review of the policy and upon completion of interviews, FPC Yankton demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

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 facilit*115.401 (a) – During the prior three-year audit period, the agency ensured that each facility operated was audited, once.

115.401 (b) – Federal Bureau of Prisons, FPC Yankton's previous PREA Audit was conducted on October 25-27, 2022; the second year of the fourth three-year auditing cycle. This audit was conducted on April 28-30, 2026; the first year of the fifth three-year auditing cycle.

115.401 (h) – The Auditor was granted complete access to, and the ability to observe, all areas of the facility.

115.401 (i) – The Auditor was permitted to request and view copies of any relevant documents (including electronically stored information).

115.401 (m) – The Auditor was permitted to conduct private interviews with inmates and staff.

115.401 (n) – The Auditor verified through inmate and staff interviews that inmates and staff were permitted to send confidential correspondence to The Auditor in the same manner as if they were communicating with legal counsel. The Auditor verified the posting of the audit notifications including posting of the audit in all housing units and common areas accessible and visible for inmates and staff.

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

Auditor Overall Compliance Determination

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

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

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

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.

115.403 (f) – Federal Bureau of Prisons publishes PREA Audit Reports for all facilities within the BOP on the agency website, specifically on each facilities designated webpage. During the pre-on-site phase of the audit, The Auditor reviewed the facility's prior PREA Audit Report (December 2022).

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.

Haley Boaen _____ *Haley Boaen* _____

Auditor Signature **June 12, 2026**

[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.