

**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' (BOP) compliance with the Prison Rape Elimination Act (PREA). As the work product of independent auditors subcontracted by [PREA Auditors of America \(PAOA\)](#), the BOP 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 PAOA at [\(713\) 818-9098](#), or 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:** May 4, 2021

**Date of Final Audit Report:** October 27, 2021

### Auditor Information

<b>Name:</b> Kendra Prisk	<b>Email:</b> Kendra@preaauditing.com
<b>Company Name:</b> PREA Auditors of America, LLC	
<b>Mailing Address:</b> PO Box 1071	<b>City, State, Zip:</b> Cypress, TX 77410
<b>Telephone:</b> 713-818-9098	<b>Date of Facility Visit:</b> March 23-25, 2021

### Agency Information

<b>Name of Agency:</b> Federal Bureau of Prisons			
<b>Governing Authority or Parent Agency (If Applicable):</b> U.S. Department of Justice			
<b>Physical Address:</b> 320 First Street, NW		<b>City, State, Zip:</b> Washington, DC 20534	
<b>Mailing Address:</b> 320 First Street, NW		<b>City, State, Zip:</b> Washington, DC 20534	
<b>The Agency Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input checked="" type="checkbox"/> Federal
<b>Agency Website with PREA Information:</b> <a href="https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp">https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp</a>			

### Agency Chief Executive Officer

<b>Name:</b> M.D. Carvajal	
<b>Email:</b> BOP-RSD-PREACoordinator@bop.gov	<b>Telephone:</b> 202-616-2112

### Agency-Wide PREA Coordinator

<b>Name:</b> Jill Roth	
<b>Email:</b> BOP-RSD-PREACoordinator@bop.gov	<b>Telephone:</b> 202-616-2112
<b>PREA Coordinator Reports to:</b> Sonya Thompson, Assistant Director, Reentry Services Division	<b>Number of Compliance Managers who report to the PREA Coordinator:</b> 0

Facility Information			
Name of Facility: United States Penitentiary (USP) Leavenworth			
Physical Address: 1300 Metropolitan Avenue		City, State, Zip: Leavenworth, KS 66048	
Mailing Address (if different from above): PO Box 1000		City, State, Zip: Leavenworth, KS 66048	
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input checked="" type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Facility Website with PREA Information: <a href="https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp">https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp</a>			
Has the facility been accredited within the past 3 years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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): <input checked="" type="checkbox"/> ACA <input type="checkbox"/> NCCHC <input type="checkbox"/> CALEA <input type="checkbox"/> Other (please name or describe): <input type="checkbox"/> N/A			
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: The facility has completed numerous internal program reviews in 2019 and 2020.			
Warden/Jail Administrator/Sheriff/Director			
Name: D. Hudson			
Email: LVN-PREAComplianceMgr-S@bop.gov		Telephone: 913-682-8700	
Facility PREA Compliance Manager			
Name: J. Bermingham			
Email: LVN-PREAComplianceMgr-S@bop.gov		Telephone: 913-682-8700	
Facility Health Service Administrator			
Name: P. Viscon			
Email: LVN-PREAComplianceMgr-S@bop.gov		Telephone: 913-682-8700	
Facility Characteristics			
Designated Facility Capacity:		1506	
Current Population of Facility:		1522	

Average daily population for the past 12 months:	1657	
Has the facility been over capacity at any point in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	19-77	
Average length of stay or time under supervision:	132 Months	
Facility security levels/inmate custody levels:	Community, Minimum &, Medium	
Number of inmates admitted to facility during the past 12 months:	810	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	799	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	798	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> 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)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	283	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	28	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	1	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	15	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	64	

## Physical Plant

<b>Number of buildings:</b>  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.	16
<b>Number of inmate housing units:</b>  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.	17
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	11
Number of open bay/dorm housing units:	6
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	120
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)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p><b>Where are sexual assault forensic medical exams provided?</b> Select all that apply.</p>	<p><input type="checkbox"/> On-site</p> <p><input checked="" type="checkbox"/> Local hospital/clinic</p> <p><input type="checkbox"/> Rape Crisis Center</p> <p><input type="checkbox"/> Other (please name or describe):</p>
<p align="center"><b>Investigations</b></p>	
<p align="center"><b>Criminal Investigations</b></p>	
<p><b>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:</b></p>	<p align="center">0</p>
<p><b>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by:</b> Select all that apply.</p>	<p><input type="checkbox"/> Facility investigators</p> <p><input type="checkbox"/> Agency investigators</p> <p><input checked="" type="checkbox"/> An external investigative entity</p>
<p><b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b></p>	<p><input type="checkbox"/> Local police department</p> <p><input type="checkbox"/> Local sheriff's department</p> <p><input type="checkbox"/> State police</p> <p><input checked="" type="checkbox"/> A U.S. Department of Justice component</p> <p><input type="checkbox"/> Other (please name or describe):</p> <p><input type="checkbox"/> N/A</p>
<p align="center"><b>Administrative Investigations</b></p>	
<p><b>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?</b></p>	<p align="center">253</p>
<p><b>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</b></p>	<p><input checked="" type="checkbox"/> Facility investigators</p> <p><input checked="" type="checkbox"/> Agency investigators</p> <p><input type="checkbox"/> An external investigative entity</p>
<p><b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b></p>	<p><input type="checkbox"/> Local police department</p> <p><input type="checkbox"/> Local sheriff's department</p> <p><input type="checkbox"/> State police</p> <p><input type="checkbox"/> A U.S. Department of Justice component</p> <p><input type="checkbox"/> Other (please name or describe):</p> <p><input checked="" type="checkbox"/> N/A</p>

# Audit Findings

## Audit Narrative (including Audit Methodology)

The Prison Rape Elimination Act (PREA) re-certification audit for the United States Penitentiary Leavenworth (USP Leavenworth), Federal Bureau of Prisons (BOP) in Leavenworth, Kansas was conducted on March 23-25, 2021 to determine the continued compliance of the Prison Rape Elimination Act Standards. The audit was conducted by Kendra Prisk, United States Department of Justice (DOJ) Prison Rape Elimination Act Certified Auditor.

The auditor conducted the audit through a third-party entity as a contractor and is personally accountable for complying with the DOJ certification requirements and audit findings. The agency contract was secured through a third-party entity, PREA Auditors of America, LLC. and not directly by the auditor herself. The contract described the specific work required according to the DOJ standards and PREA auditor handbook to include the pre-audit, on-site audit and post-audit.

The previous PREA audit was conducted by PREA auditor David Andraska on May 22-24, 2018. The previous auditor found that the facility exceeded three standards and met 42 standards.

### Pre-Audit

The auditor received an email from the third-party entity on January 24, 2021 initiating correspondence between the BOP and the auditor. Prior to the on-site portion of the audit the auditor received the Pre-Audit Questionnaire (PAQ), policies, procedures and supporting documentation through email and a shared folder. The auditor had correspondence via telephone and email with the assigned Management Analyst from the External Auditing Branch. The Management Analyst served as the liaison between the facility and the auditor and assisted with pre-audit information and on-site audit logistics. On February 24, 2021 the auditor sent the Management Analyst questions related to the PAQ, policy, procedure and supporting documentation (all documents reviewed are listed under the appropriate PREA standard). Additionally, the auditor provided the Management Analyst with information on the listings that would be needed on the first day of the audit, as well as some of the supplemental documentation that would need to be reviewed on-site. The Management Analyst was responsive and provided the auditor with updated and clarifying information on March 20, 2021. Facility staff ensured the audit announcement was placed throughout the facility prior to the audit. The auditor received five emailed photos of the PREA audit announcement posted across the facility. The auditor received two letters from inmates at USP Leavenworth.

The auditor contacted Saint Luke's Hospital of Kansas City related to forensic medical examinations. The staff member confirmed that they do provide forensic medical examinations and that exams are conducted by Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE). The auditor contacted the Alliance Against Family Violence related to victim advocacy services. The facility does not currently have a Memorandum of Understanding (MOU) with the local rape crisis center, however the staff member from the Alliance Against Family Violence (AAFV) indicated that they have been closed due to COVID-19. She did indicate they had not had any contact with inmates at USP Leavenworth and that now that they were back up and running they would be working to establish an MOU with the facility. The auditor also contacted Just Detention International (JDI) and Rape, Abuse & Incest National Network (RAINN), two national anti-sexual violence organizations. JDI indicated that they did not have any correspondence with inmates at USP Leavenworth. The auditor did not receive a response from RAINN related to the inquiry.

The auditor conducted a web-based search related to USP Leavenworth. The auditor located a few litigation documents related to the facility, one of which included documents filed in 2020 from an inmate

alleging physical and sexual assault by staff in 2018. The additional legal documents did not pertain to sexual abuse or sexual harassment. The auditor confirmed that both the agency website and the facility website contained PREA information. The agency website had the PREA policy, the annual report, a link to the PREA Resource Center and a method to report allegations. The facility website had the inmate handbook with PREA information as well as the last PREA audit report.

### **On-Site**

The auditor requested the below list of inmates to be available for interview selection on the first day of the on-site portion of the audit. Based on the population on the first day of the audit (1522) the PREA auditor handbook indicated that at least 40 inmates were required to be interviewed. From the provided lists, the auditor selected a representative sample of inmates for the targeted and random interviews. Inmates for the random interviews were chosen at random and varied across gender, race, ethnicity, housing assignments and time in custody. At least two inmates were selected from each of the housing units for the random interviews, as well as others from the units for the targeted interviews. Inmates were interviewed from the Satellite Camp (SCP) and USP. One unit was under quarantine during the on-site portion of the audit due to COVID-19 (A3). Inmates selected for the targeted interviews were selected at random across varying factors, when possible. Interviews were conducted using the *Inmate Interview Questionnaire* supplemented by the *Targeted Inmate Questionnaire*. The table following the inmate listings depicts the breakdown of inmate interviews. Both inmates that the auditor received correspondence from were still at USP Leavenworth during the on-site portion of the audit. The auditor interviewed both of the inmates related to their questions and concerns.

1. Complete inmate roster (provided based on actual population on the first day of the on-site portion of the audit)
2. Youthful inmates (if any)
3. Inmates with disabilities (i.e. physical disabilities, blind, deaf, hard of hearing, cognitive disabilities)
4. Inmates who are Limited English Proficient (LEP)
5. Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) inmates
6. Inmates in segregated housing
7. Inmates who reported sexual abuse
8. Inmates who reported sexual victimization during risk screening

<b>Category of Inmates</b>	<b>Number of Interviews</b>
Random Inmates	21
Targeted Inmates	23
Total Inmates Interviewed	44 <sup>1</sup>
Targeted Inmate Interview:	
<ul style="list-style-type: none"> <li>• Youthful Inmates</li> </ul>	0

<sup>1</sup> A total of 41 inmates were interviewed as a few inmates fell into more than one targeted category.



• Inmates with a Physical Disability	1
• Inmates who are LEP	4
• Inmates with a Cognitive Disability	3
• Inmates who Identify as Lesbian, Gay or Bisexual	3
• Inmates who Identify as Transgender or Intersex	5
• Inmates in Segregated Housing for High Risk of Victimization	0
• Inmates who Reported Sexual Abuse	4
• Inmates who Reported Sexual Victimization During Screening	3

The auditor requested the below listing of staff to be available for interview selection on the first day of the on-site portion of the audit. Staff interviews were conducted in accordance with the PREA auditor handbook. The handbook indicated that at least twelve randomly selected staff were required to be interviewed as well as specialized staff. From the provided lists, the auditor selected a representative sample of staff for the specialized and random interviews. Staff for the random interviews were chosen at random and varied across gender, race, ethnicity and post assignments. Staff from both the USP and SCP were interviewed and staff from all three shifts were interviewed. Staff selected for the specialized interviews were selected at random across varying factors, when possible. Interviews were conducted using the *Interview Guide for a Random Sample of Staff* and the *Interview Guide for Specialized Staff*. The table following the staff listings depicts the breakdown of staff interviews.

1. Complete staff roster (indicating title, shift and post assignment)
2. Specialized staff which includes:
  - Agency contract administrator
  - Intermediate-level 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 any
  - Education staff who work with youthful inmates, if any
  - Program staff who work with youthful inmates, if any
  - Medical staff
  - Mental health staff
  - Non-medical staff involved in cross gender strip or visual searches
  - Administrative (Human Resource) staff
  - SAFE and/or SANE staff
  - Volunteers who have contact with inmates
  - Contractors who have contact with inmates
  - Criminal investigative staff
  - Administrative investigative staff
  - Staff who perform screening for risk of victimization and abusiveness
  - Staff who supervise inmates in segregated housing
  - Staff on the sexual abuse incident review team
  - Designated staff member charged with monitoring retaliation

- First responders
- Intake staff

Category of Staff	Number of Interviews
Random Staff	12
Specialized Staff	20
Total Staff Interviews	32
Specialized Staff Interviews	
• Agency Contract Administrator	1
• Intermediate-or Higher-Level Facility Staff	2
• Line Staff who Supervise Youthful Inmates	0
• Education and Program Staff who Work with Youthful Inmates	0
• Medical and Mental Health Staff	4
• Human Resource Staff	1
• Volunteers and Contractors	2
• Investigative Staff	1
• Staff who Perform Screening for Risk of Victimization	1
• Staff who Supervise Inmates in Segregated Housing	2
• Incident Review Team	1
• Designated Staff Member Charged with Monitoring Retaliation	1
• First Responders	3
• Intake Staff	1

The auditor also conducted interviews with the below leadership staff (not counted in table above):

- Mr. M.D. Carvajal (Agency Head)
- Mr. D. Hudson (Warden)
- Ms. Jill Roth (PREA Coordinator “PC”)
- Mr. J. Bermingham (PREA Compliance Manager “PCM”)

The on-site portion of the audit was conducted on March 23, 2021 through March 25, 2021. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected inmates and staff for interviews as well as documents to review. The auditor conducted a tour of the SCP on March 23, 2021 and a tour of the USP on March 25, 2021. The tours included all areas associated with USP Leavenworth. This included housing units, intake (R&D), Health Services, Psychology Services, visitation and work, program and common areas (Religious Services, food service, education, commissary, laundry, facilities and recreation). During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for inmates in housing units and other factors as indicated in the below standard findings. During the tour the auditor spoke to staff and inmates informally about PREA and the facility in general.

During the tour, the auditor identified a few blind spot areas at the USP in laundry. The auditor recommended to the Warden and PCM to add additional mirrors and/or video monitoring.

Interviews were conducted on March 23, 2021, March 24, 2021 and March 25, 2021. Evening watch staff were interviewed on March 24, 2021 while morning watch staff were interviewed on March 25, 2021. All interviews were conducted in a private setting. The auditor was provided an office at the USP and SCP to conduct inmate and staff interviews.

During the audit the auditor requested personnel and training files of staff, inmate files, medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows:

**Personnel and Training Files.** The facility has 283 staff assigned. The auditor reviewed a random sample of 20 personnel and/or training records that included five individuals hired within the past twelve months. Staff files were reviewed for staff at the SCP and USP. The sample included a variety of job functions and post assignments, including supervisors and line staff. Additionally, personnel and training files for five volunteers, six contractors and seven medical and mental health care staff were reviewed. All custody staff files reviewed were of those selected for interview. Medical and mental health care staff, volunteer and contractor files were selected at random from the listings.

**Inmate Files.** A total of 39 inmate files were reviewed although some files were only reviewed for a specific area the auditor was reviewing. 25 inmate files were of those that arrived within the previous twelve months, nine were disabled inmates, four were LEP inmates, five were transgender inmates and fourteen were inmates who reported prior victimization during the risk screening. Inmate files were reviewed for random inmates at the SCP and USP. All inmate files reviewed were of those selected for interviews.

**Medical and Mental Health Records.** During the past year, there were seven inmates that reported sexual abuse or sexual harassment at the facility. The auditor reviewed the medical and mental health records of the seven inmate victims (two had medical documents from the facility they reported the allegation at), as well as mental health documents for fourteen inmates who disclosed victimization during the risk screening or were identified by the risk screening of having prior sexual abusiveness.

**Grievances.** In the past year, the facility had zero grievances of sexual abuse. The auditor reviewed the grievance log for the previous twelve months to confirm that no sexual abuse grievances were filed. There were no sexual abuse grievances filed under the PREA grievance codes. The auditor also reviewed five grievances related to inappropriate conduct and harassment to confirm none were sexual abuse.

**Hotline Calls.** The agency does not have a hotline for inmate reporting. Reporting is done verbally, in writing, through email, anonymously or through a third-party.

**Incident Reports.** The auditor reviewed the incident report log for the previous twelve months. The incident report codes of 114 (sexual assault), 205 (sex offense) and 206 (sexual harassment) and 229 (sexual abuse) are utilized for PREA related issues. The auditor identified five reports that fell into the categories, none of which were sexual abuse or sexual harassment.

**Investigation Files.** During the previous twelve months, there were seven allegations reported, six of which had a completed investigation. The auditor reviewed the six closed investigations to ensure all components were included from the investigating authority. In the previous twelve months there were no allegations that involved a criminal investigation nor were there any allegations that were referred for prosecution.

	Sexual Abuse		Sexual Harassment	
	Inmate-on-Inmate	Staff-on-Inmate	Inmate-on-Inmate	Staff-on-Inmate
Substantiated	0	0	0	0
Unsubstantiated	4	0	1	0
Unfounded	1	0	0	0
Ongoing	0	1	0	0
Total Allegations	5	1	1	0

### **Post-Audit**

At the completion of the on-site portion of the audit, the Management Analyst provided the auditor with a few additional audit documents via email. The auditor spoke to the Management Analyst about the recommendations under standards 115.51 and 115.67. Additionally, the auditor communicated the area that staff was less familiar with during interviews (prohibition of inmate translators).

On April 15, 2021 the auditor was provided documentation related to training for standard 115.41 and 115.42. During the audit, the auditor identified that while inmates were being reassessed during their 28 day program review, there was not proper documentation indicating that the program review included the reassessment. In 2020, the BOP developed a checkbox in their electronic system that was to be utilized to document that the staff reassessed the inmate during the program review and determined if there have been any changes from the initial review. While the checkbox system has been in place for approximately a year, the staff at USP Leavenworth were not properly marking the box. As such, the facility conducted a training with all Unit Management staff related to how to utilize the electronic system with regard to the reassessment. The auditor received a memo from the PCM indicating all USP Unit Management staff had received the training from March 25, 2021 through April 9, 2021. While the checkbox was not marked for reassessments, inmates were seen within the 28 days. At the program review inmates are asked about any changes since their arrival, about their housing, work and program assignments and overall acclimation to the facility. As such, while the staff were not marking the appropriate information for documentation, the reassessments were being completed. The auditor determined that based on the training and the memo that the standard was corrected with training during the interim report period. Similar to the reassessment documentation issue, was the biannual transgender/intersex inmate assessments. A review of the five transgender inmate records revealed that the facility had conducted a

program review on all five every 180 days. During the review the staff go over housing and programming as well as any issues they may be experiencing at the facility. While these reviews were completed, there was not specific documentation indicating that it was the inmate's biannual review related to safety issues. The facility provided the auditor with a training memo that outlined proper documentation related to the biannual assessments. Additionally, they provided documentation showing that all the transgender inmates were reviewed after the on-site portion of the audit with clearly documented information related to the biannual assessments. While the exact language was not documented during the 180 day reviews, the inmates were seen in person and housing and programming was discussed. As such, the auditor determined that based on the training memo, the practice of completing a separate review biannually and the documentation of the review post on-site audit that this standard was corrected during the interim report period.

In addition to the above, the facility also provided the auditor preliminary documentation related to one of the non-compliant findings. Prior to completion of the on-site audit, the facility had created a process to ensure all inmates receive institutional A&O (PREA comprehensive education) within 30 days. The auditor was sent a copy of the process memo describing how current inmates who arrived during COVID-19 would receive institutional A&O, starting with those that have been at the facility the longest. A schedule was developed from March 2021 through June 2021 to ensure all current and future inmates receive the PREA comprehensive education within 30 days. On April 15, 2021 the auditor received a memo indicating that the majority of inmates at USP Leavenworth had received the education. Copies of the signed A&O forms were included with the memo. The auditor will need further documentation during the corrective action period to determine compliance with this standard.

On August 16, 2021 the auditor received documentation related to 115.33. The auditor was provided information indicating that as of August 13, 2021 only three inmates that were received at the facility had not received PREA education. The auditor was provided a printout with inmates who had not received A&O. The printout had handwritten information about the competition. The auditor advised the Management Analyst that additional information would be required for a sample of the inmates on the list to confirm they received the education (the inmate acknowledgment and/or inmate signature form). In addition to the printout, the auditor was also provided sign-in/acknowledgment sheets with inmate signatures. Further review of the information indicated that what was provided was not adequate to confirm that inmates received during the corrective action period had been provided inmate PREA education within 30 days of arrival. The auditor advised the Management Analyst that information related to dates of arrival would be required in order to determine if the sign-in/acknowledgement and/or inmate signatures form was completed within the 30 days. On August 26, 2021 further information was provided related to dates of arrival. Documentation was provided for 27 inmates that arrived on dates ranging from July 23, 2021 to August 16, 2021. All 27 inmates received PREA education on August 25, 2021 and signed a form indicating they received admission and orientation (which includes PREA education).

On September 21, 2021 the auditor received a memorandum from the Acting Warden indicating that he arrived on September 7, 2021 and was notified of the corrective action related to standard 115.33 at this time. He stated that from May 19, 2021 through July 7, 2021 there were eleven incidents that occurred at the institution involving inmates which interrupted A&O. The memo further advised that since his arrival A&O has been conducted on a regular basis.

On September 27, 2021 the auditor was provided documentation of twelve inmates that arrived at USP Leavenworth between September 20, 2021 and September 24, 2021. All twelve had received A&O on September 24, 2021 and signed that they received the information. On September 28, 2021 the auditor received over 40 examples of inmates that arrived at USP Leavenworth from April 2021 through September 2021, all examples with the exception of three had A&O within 30 days of arrival. On October 12, 2021 the auditor was provided documentation of five inmates that arrived at USP Leavenworth between October 1, 2021 and October 8, 2021. All five had received A&O on October 12, 2021 and signed that they received the information.

On September 1, 2021 the auditor received documentation related to corrective action of 115.53. The facility provided the auditor with a memorandum from the Chief Psychologist indicating that on August 9, 2021 he contacted the greater Kansas City area to search for an organization willing to provide confidential emotional support services. The memo stated that the Chief Psychologist contacted another local prison to identify who they utilize for services, but that organization advised him that they serve the Kansas City, Missouri area and not the Kansas City, Kansas area. The Chief Psychologist further contacted the Young Women's Christian Association (YWCA) related to providing services and had not received a response. A second memo stated that they were unable to secure an MOU and as such the facility has provided inmates with the phone number for RAINN. A review of the updated Admission and Orientation Handbook and PREA Poster as well as the Inmate Bulletin confirmed that documentation was updated to include the national sexual assault hotline (800-656-4673). The documentation stated that inmates can request a phone call to the organization through Psychology staff. It further states that the call will be placed on an unmonitored phone to ensure confidentiality. In addition to the updated documentation, the auditor was provided fifteen photos of the updated PREA posters throughout the facility. After a review of the documentation the auditor requested clarification related to the potential MOU with AAFV and an update on the MOU with YWCA. Additionally, the auditor advised the facility that in addition to a phone number, a mailing address is required to be provided to the inmates as well.

On October 5, 2021 the auditor received the executed MOU between USP Leavenworth and Alliance Against Family Violence. The MOU outlines that AAFV will provide contact information for the inmate population so that inmates may contact AAFV if they wish to receive support or advocacy services relate to sexual abuse incidents. The MOU was signed and executed on October 1, 2021. On October 20, 2021 the facility provided the auditor with updated documentation with contact information for AAFV, including the inmate handbook, PREA poster and inmate bulletin. The documents were updated to include the information for the AAFV (the local rape crisis center), including the phone number and mailing address. The handbook was also updated to state that if the inmate prefers to contact an outside emotional support services they can request a phone call from Psychology staff who will assist with the call. The call will be placed on an unmonitored phone to ensure confidentiality. The auditor was provided photos of the inmate handbook posted in the housing units as well as confirmation that the updated handbook as well as the contact information for the local victim advocacy center was sent to the inmate population via TRULINCS.



## Facility Characteristics

USP Leavenworth is a Federal Prison under the authority of the Federal Bureau of Prisons, located at 1300 Metropolitan Avenue, in Leavenworth, Kansas. USP Leavenworth includes a United States Penitentiary and a Satellite Camp. The USP is a medium security facility while the SCP is a minimum security facility. USP Leavenworth is located in Leavenworth County, approximately 25 miles northwest of Kansas City, KS. The facility is the oldest BOP prison and was activated in 1897. USP Leavenworth comprises 1583 acres, with over 22 acres inside the secure perimeter. The total capacity for the facility is 1506. The average daily population over the previous twelve months was 1657. On the first day of the audit the population at the facility was 1522. The facility houses adult male inmates. The age range of the facility's population is 19-77 years of age. The facility houses community, minimum and medium custody inmates. The average length of stay for inmates at the facility is between 101 and 132 months.

The facility employs 283 staff. Custody staff make up three shifts; day watch works from 8:00am-4:00pm, evening watch works from 4:00pm-12:00am and morning watch works from 12:00am-8:00am. Each shift has a Lieutenant, senior officers, correctional officers and senior officer specialists. At least one custody staff member is assigned to each housing unit along with a case manager and/or counselor. Additional staff are assigned to other areas to include recreation, intake, food service, visitation, education, vocation, etc. Additionally, medical and mental health care staff and administrative staff have their own varied scheduled work hours, ranging from 6:00am to 10:00pm. The facility employs fifteen contractors. The facility also has 63 volunteers that provide services to the inmates.

### USP

The USP comprises twelve buildings, including two closed UNICOR buildings, a condemned old building, a garage, a powerhouse and a warehouse. The facility is equipped with reflective mirrors and video monitoring to alleviate blind spots and assist with monitoring. PREA posters, including reporting information was observed throughout the facility. Below describes the basics of the facility:

Administration/Rotunda – This area contains numerous offices, including the Warden's office.

Auditorium – Open area with auditorium seating, a stage and an audio/visual room. The restroom has raised wall enclosures with saloon doors.

Commissary – The space has sale windows; another area is store style with shelves and an additional storage space contains boxes and goods. The inmate restroom is equipped with a solid door.

Education – The space contains the library, law library, resource room, a testing room and classrooms. The inmate restrooms have extended wall barriers and a door with a security window.

Facilities – This area encompasses enclosed work spaces, a tool room and staff offices. The restroom is equipped with saloon style doors and wooden barriers that enclosed the toilets.

Food Service – The dining area is open with tables, chairs, a drink station and a tray return dish area. The restroom has cement raised wall enclosures and saloon doors for privacy. The kitchen contains coolers, freezers, a baking area, a food preparation area, a dish area, ovens, kettles, grills, dry storage and an office. The restroom has a solid door for privacy.

Health Services – This space includes medical and dental. Dental has chairs and work stations. Medical has a pharmacy, an x-ray room, exam rooms, an emergency room and a waiting room with benches. Exam rooms have full doors with security windows that allow for confidentiality and privacy. The inmate restroom has a door with a security window. Medical also contains two direct observation cells and a

holding cell. The direct observation cells have a toilet and a sink. Medical records are electronic and as such only a small locked room contains archived medical records.

Intake (R&D) – Includes staff offices and holding cells. The holding cells have cement wall barriers that provide privacy when using the toilet. The strip search area includes individual stalls and painted windows for privacy. A medical screening room is also in the area and has a door with a security window that affords confidentiality for the risk screening questions. Inmate records are also stored in R&D behind a locked door.

Laundry – There is an area for clothing exchange, clothing storage, washers, dryers and folding tables. The restroom is public style with enclosed toilets.

Psychology Services – Comprises staff offices and a classroom. The restroom has extended wall barriers for privacy.

Recreation – Both indoor and outdoor. The outdoors has a basketball court, a soccer field and a fitness area. The indoor area comprises a barbershop, leather shop, an art room, a ceramics room, an activity area and a large fitness space. The restroom has raised cement walls for privacy.

Religious Services – The space includes a chapel and classrooms. The restroom is equipped with saloon style doors.

Visitation – Indoor visitation is open with chairs, a COVID-19 barrier, vending machines and an officer's desk. The inmate restroom and strip search area is located behind a solid door.

A and C housing units are set up the same, with the exception of A being larger and having both a front section and a rear section of cells. The housing areas are three floors, each floor contains a housing unit (A1, A2, A3 and C1, C2 and C3). Each unit is two tiered. The first tier contains the dayroom area with tables, telephones and computers. The larger units (A) have a front section and back section with open doorways leading through. Cells are double bunked with lockers, a sink and a toilet. The toilets are obstructed by the lockers. The cell doors are solid with a security window. Showers are located on the first tier and contain curtains and saloon doors or doors with expanded metal. Both tiers contain multipurpose rooms and the second tier has a fitness room.

C housing units have upper and lower levels. The lower level is two tiered and the upper level is three tiered. Both levels are set up the same. Each level is equipped with a dayroom on the first tier that contains computers, telephones, televisions, tables and stools. Cells are double bunked with a desk, toilet, sink and lockers. Cell doors are solid with a lattice material window. A separate area with showers contains curtains and half wall barriers.

One housing unit (D) is vacant and has never been utilized as the living areas do not meet the amount of required living space per correctional standards.

The SHU is two floors with three wings, for a total of six ranges of cells. The SHU also has an attorney room, holding cells, offices and a small law library. The law library area has a mobile partition for the toilet. All cells are double bunked with a desk, stool, toilet, sink and shower. Each shower is in an enclave and is not visible through the cell door. Cell doors are solid with a security window. The SHU has separate indoor and outdoor recreation rooms strictly for the inmates in the SHU.

## **SCP**

The SCP comprises two buildings. PREA posters, including reporting information was observed throughout the facility. Below describes the basics of the facility:



Administration – This area includes staff offices.

Commissary – Store style with shelves.

Education – The Residential Drug Abuse Program (RDAP) area has a classroom and a storage space with cabinets. The general population education area has a library and a space with computers, desks and chairs. The inmate restroom has saloon style doors for privacy.

Food Service – The dining space is an open area with tables, stools and a serving line. The kitchen is equipped with ovens, hot boxes, a dish area, dry storage and an officer's station. Outdoor freezers and coolers are located outside food service.

Health Services – Contains an exam room, a triage room and a laboratory. The exam room has a door with a window that contains blinds for privacy.

Laundry – Open area with washers, dryers and an ironing space.

Recreation – The outdoor recreation area has a basketball court, a tennis court, a soccer field, a baseball diamond, a fitness space and an area with covered picnic tables. Indoor recreation contains a full basketball court with bleachers. Additionally, there is a leisure space with pool tables, hobby craft and a television room.

Religious Services – Contains a small room utilized as a chapel, a storage room and a space with shelves of books.

Visitation – Indoor is open with chairs, vending machines and COVID-19 barriers. The inmate restroom is behind a solid door.

The housing units at the SCP are contained in one building. The units mirror one another, with the exception of B1 and C1. Each unit has an upper floor and a lower floor. The units are open bay style with a separate bathroom. A dayroom area with televisions and tables is located in each unit. The living space contains double bunks, lockers and chairs. The bathrooms have public style fully enclosed toilets, sinks, urinals and showers. All showers have a curtain for privacy. B1 and C1 differ in that they are room style with double occupancy. Rooms are double bunked with a locker, desk and chair. Doors close and have a security window. The bathrooms provide privacy through public style toilets and shower curtains. A dayroom area is located in these units containing a television. Computers and telephones are located in the hallways outside the units for all inmates to utilize.

Unit	Capacity	Style	Inmate Population
A-1	252	Double Occupancy	General Population
A-2	254	Double Occupancy	General Population
A-3	254	Double Occupancy	General Population
B-Lower	272	Double Occupancy	General Population
B-Upper	392	Double Occupancy	General Population
C-1	106	Double Occupancy	General Population
C-2	102	Double Occupancy	General Population

C-3	100	Double Occupancy	General Population
SHU	230	Double Occupancy	Segregated Housing Unit
A1	54	Open Bay	General Population - Camp
A2	54	Open Bay	General Population - Camp
B1	52	Double Occupancy	General Population - Camp
B2	66	Open Bay	General Population - Camp
C1	48	Double Occupancy	General Population/Dog Training Program - Camp
C2	68	Open Bay	General Population - Camp
D1	52	Open Bay	General Population/RDAP - Camp
D2	52	Open Bay	General Population/RDAP - Camp

## Summary of Audit Findings

### Standards Exceeded

Number of Standards Exceeded: 0  
List of Standards Exceeded: NA

### Standards Met

Number of Standards Met: 45

### Standards Not Met

Number of Standards Not Met: 0  
List of Standards Not Met: NA

## PREVENTION PLANNING

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

#### 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

##### Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. P3420.11

4. P5270.09
5. LVN-5324.12B
6. Inmate Admission and Orientation Handbook
7. Sexually Abusive Behavior Prevention and Intervention
8. Memorandum of Understanding with National PREA Coordinator

**Interviews:**

1. Interview with the PREA Coordinator
2. Interview with the PREA Compliance Manager

**Findings (By Provision):**

**115.11 (a):** The agency has a comprehensive PREA Policy: P5324.12 as well as numerous other policies and procedures that supplement the PREA Plan. These include P3420.11, P5270.09, LVN-5324.12B, the Inmate Admission and Orientation Handbook and the Sexually Abusive Behavior Prevention and Intervention. The agency has a zero-tolerance policy towards all forms of sexual abuse and sexual harassment which is outlined on page 2 of P5324.12 and on page 22 of the inmate handbook. The policies outline the strategies on preventing, detecting and responding to such conduct and include definitions of prohibited behavior. Agency policies address "preventing" sexual abuse and sexual harassment through the designation of a PC, criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, inmate education and posting of signage (PREA posters, etc.). The policies address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors), and intake/risk screening. The policies address "responding" to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and inmates (P3420.11 and P5270.09, page 45), incident reviews and data collection. This policy is consistent with the PREA standards and outlines the agency's approach to sexual safety.

**115.11 (b):** The agency's organizational chart reflects that the PC position (referred to as the National PREA Coordinator) is an upper-level position and has agency-wide oversight. The PC is a Psychologist under the Psychology Services Branch. The PC reports to the Assistant Director, Reentry Services Division. The PC provides guidance through six regional PREA Coordinators and 122 PREA Compliance Managers. The PC was interviewed and she reported that her position is full time and that she has enough time to manage all of her PREA related responsibilities.

**115.11 (c):** The facility has designated an Associate Warden as the staff member responsible for ensuring PREA compliance. The PAQ indicated that the PCM has sufficient authority and time to coordinate the facility's PREA efforts. The facility's organizational chart confirms that the Associate Warden is responsible for PREA compliance and that he/she reports directly to the Warden. The interview with the PREA Compliance Manager indicated he has sufficient time to coordinate the facility's PREA compliance.

The evidence shows that the agency has a PREA policy, has designated an upper-level, agency-wide PC as verified through the organizational chart and the facility has a PREA Compliance Manager as verified through the organizational chart. Based on the review of the PAQ and related documents, PREA implementation appears to comply with the standard under the PC and PREA Compliance Manager. The preparedness for the audit and overall incorporation of institutionalized sexual safety practices demonstrates that the PC and PCM have sufficient time and authority to accomplish PREA responsibilities for the agency and facility.

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

### 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*)

### Documents:

1. Pre-Audit Questionnaire
2. Contracts for Confinement of Inmates

### Interviews:

1. Interview with the Agency's Contract Administrator

### Findings (By Provision):

**115.12 (a):** The agency currently has eleven contracts with private contract facilities and 150 contracts with Residential Reentry Centers (RRC). A review of the three private contract facilities contracts confirmed that the following language was initially included or added to each: "The contractor shall comply with the Prison Rape Elimination Act of 2003 and the National Standards to Prevent, Detect, and Respond to Prison Rape as contained in 28CFR Part 115". Additionally, a review of three RRC contracts confirmed the following language was present: "Prison Rape Elimination Act of 2003 (PREA), seeks to eliminate sexual assault and sexual misconduct of offenders in correctional facilities to include all community-based facilities. Administration must maintain a zero-tolerance for sexual abuse, specifically policy that addresses PREA compliance will be maintained by contractor. Facility must be in full compliance with PREA standards that apply to Community Confinement Facilities". The interview with the Agency

Contract Administrator confirmed that all new and renewed contracts require PREA compliance. The interview indicated that the contractor's policies and procedures are reviewed by the BOP and that the contractor is required to notify the BOP of any PREA allegations and forward a copy of the allegation, the investigation and the findings to the oversight staff. Additionally, at least once a year the BOP's Quality Assurance Program conducts a review of each of the contractor's PREA allegations to determine compliance.

**115.12 (b):** The agency currently has eleven contracts with private contract facilities and 150 contracts with Residential Reentry Centers (RRC). A review of the three private contract facilities contracts confirmed that the following language was initially included or added to each: "The contractor shall comply with the Prison Rape Elimination Act of 2003 and the National Standards to Prevent, Detect, and Respond to Prison Rape as contained in 28CFR Part 115". Additionally, a review of three RRC contracts confirmed the following language was present: "Prison Rape Elimination Act of 2003 (PREA), seeks to eliminate sexual assault and sexual misconduct of offenders in correctional facilities to include all community-based facilities. Administration must maintain a zero-tolerance for sexual abuse, specifically policy that addresses PREA compliance will be maintained by contractor. Facility must be in full compliance with PREA standards that apply to Community Confinement Facilities". The interview with the Agency Contract Administrator confirmed that all new and renewed contracts require PREA compliance. The interview indicated that the contractor's policies and procedures are reviewed by the BOP and that the contractor is required to notify the BOP of any PREA allegations and forward a copy of the allegation, the investigation and the findings to the oversight staff. Additionally, at least once a year the BOP's Quality Assurance Program conducts a review of each of the contractor's PREA allegations to determine compliance.

Based on the review of the PAQ, the language within the six sample agency contracts and information from the interview with the Agency Contract Administrator, this standard appears to be compliant.

## Standard 115.13: Supervision and monitoring

### 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
- 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*)

#### Documents:

1. Pre-Audit Questionnaire
2. P3000.03
3. P5324.12
4. LVN-5324.12B
5. Staffing Plan
6. Deviations from Staffing Plan
7. Annual Reviews
8. Documentation of Unannounced Rounds

#### Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with the PREA Coordinator
4. Interview with Intermediate-Level or Higher-Level Facility Staff

#### Site Review Observations:

1. Staffing Levels
2. Video Monitoring Technology or Other Monitoring Materials

#### Findings (By Provision):

**115.13 (a):** P3000.03 addresses the agency's staffing plan development. Specifically, on pages 9-10 the policy indicates that the Workforce Utilization Committee will formulate a staffing plan based on the number of allocated positions, historical turnover and anticipated vacancies. Additionally, the policy indicates that the committee will review departmental rosters, review findings of program, operational and other management reviews and recommend actions designed to increase effective use of resources. The policy also indicates on page 11 that the vacancy rate will not exceed ten percent during any eighteen-month period. The staffing plan takes into consideration generally accepted detention practices, any judicial findings of inadequacy, any finding of inadequacy from Federal investigative agencies, any finding

of inadequacy from internal or external oversight bodies, all components of the facility's physical plant, the composition of the inmate population, the number and placement of supervisory staff, the institutional programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incidents of abuse and any other relevant factors. The PAQ indicated that the current staffing is based off of 1700 inmates. The facility employs 283 staff. Custody staff make up three shifts; day watch works from 8:00am-4:00pm, evening watch works from 4:00pm-12:00am and morning watch works from 12:00am-8:00am. Each shift has a Lieutenant, senior officers, correctional officers and senior officer specialists. At least one custody staff member is assigned to each housing unit along with a case manager and/or counselor. Additional staff are assigned to other areas to include recreation, intake, food service, visitation, education, vocation, etc. Additionally, medical and mental health care staff and administrative staff have their own varied scheduled work hours, ranging from 6:00am to 10:00pm. Interviews with the Warden and the PCM confirmed that the facility has a staffing plan that provides adequate staffing levels and that the facility complies with the staffing plan on a regular basis. The PCM indicated that they review all of the required components when assessing and reviewing the staffing plan. The Warden stated that they have a staffing plan and it is reviewed quarterly. He stated that video monitoring is included in the plan. He stated that they try to tie in video monitoring to areas or places that have less staff and little current video monitoring. He stated that the staffing plan takes into consideration national and local standards and that program reviews identify any issues or needs for additional staffing. The Warden indicated that every unit is different and that staff in each unit vary based on physical plant and inmate population. He indicated that the overall staffing levels are predicated based on a male medium security level facility. He additionally stated that there are more staff on shifts with more inmate movement, such as recreation and religious services. The Warden confirmed that the staffing plan is reviewed primarily through the annual review process, but that they also check the daily roster to ensure all posts are manned.

**115.13 (b):** The facility indicated in the PAQ that deviations from the staffing plan have never occurred. The interview with the Warden confirmed there have not been any deviations from the staffing plan. The Warden stated that they always fill their positions through mandatory overtime.

**115.13 (c):** The staffing plan was most recently reviewed on October 29, 2020. The staffing plan is reviewed quarterly by the Salary/Workforce Utilization Committee. The Committee comprises the Warden, the Associate Warden of Operations, the Associate Warden of Programs (who serves as the PCM), a Captain, the Business Administrator, the Human Resource Manager, the Budget Analyst and the Executive Assistant. The plan was reviewed to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. A review of additional reviews indicated others were completed on July 7, 2020, April 27, 2020 and March 5, 2020. The reviews indicated if additional funding becomes available that more advanced camera/video surveillance equipment would be welcomed. The PC confirmed in the interview that she is consulted annually with regard to a review of the staffing plans for institutions. She did indicate that the Human Resource Management Division and the Administration Division allocates overall staffing resources.

**115.13 (d):** P5324.12, page 16, indicates that the Institution Duty Officer (IDO) is required to make weekly unannounced rounds on all shifts to identify and deter sexual abuse and sexual harassment. These rounds are required to be documented and forwarded to the PCM for retention. LVN-5324.12B, page 2, states that in an effort to reduce the risk of sexual assault, department heads, supervisors, and executive staff make daily rounds. The Duty Officer will document PREA rounds on the Institutional Duty Officer Unannounced Institution Rounds form. Staff may not alert other staff as to the rounds unless there is an operational need. A review of the PAQ supplemental documentation indicated that unannounced rounds are being conducted weekly by the IDO in all locations at the facility on all three shifts. Additionally, P5324.12 prohibits staff from alerting other staff members that the supervisory rounds are occurring,

unless such announcement is related to legitimate operational functions of the facility. A review of documentation on-site of ten shifts of unannounced rounds indicated that each shift's Operations Lieutenant was making rounds in the housing units and common/program areas. Interviews with intermediate-level supervisors indicated that they make rounds and that they document them in TRUSCOPE. Staff stated that they educate staff related to not informing others of their rounds and that they switch up their times and locations of the rounds. Staff stated that their rounds are random and there is no pattern of time and location.

Based on a review of the PAQ, P3000.03, P5324.12, the staffing plan, annual reviews, documentation of unannounced rounds, observations made during the tour and interviews with the Warden, PC, PCM and intermediate-level or higher-level staff, this standard appears to be compliant.

## Standard 115.14: Youthful inmates

### 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*)

**Documents:**

1. Pre-Audit Questionnaire
2. Memorandum

**Interviews:**

1. Interview with the Warden
2. Interview with the PREA Compliance Manager

**Site Review Observations:**

1. Observations in Housing Units Related to Age of Inmates

**Findings (By Provision):**

**115.14 (a):** The PAQ indicated that no youthful inmates are housed at USP Leavenworth. A review of the daily population report indicated that no inmates under the age of 18 were housed at the facility within the previous twelve months. During the tour, it was observed that no inmates under the age of 18 were housed at the facility. The Warden and PCM confirmed that the facility has not and does not house inmates under the age of 18. As such, this provision is not applicable.

**115.14 (b):** The PAQ indicated that no youthful inmates are housed at USP Leavenworth. A review of the daily population report indicated that no inmates under the age of 18 were housed at the facility within the previous twelve months. During the tour, it was observed that no inmates under the age of 18 were housed at the facility. The Warden and PCM confirmed that the facility has not and does not house inmates under the age of 18. As such, this provision is not applicable.

**115.14 (c):** The PAQ indicated that no youthful inmates are housed at USP Leavenworth. A review of the daily population report indicated that no inmates under the age of 18 were housed at the facility within the previous twelve months. During the tour, it was observed that no inmates under the age of 18 were housed at the facility. The Warden and PCM confirmed that the facility has not and does not house inmates under the age of 18. As such, this provision is not applicable.

Based on a review of the PAQ, daily population reports, observations made during the tour and information from the interviews with the Warden and PCM, this standard appears to be not applicable and as such, compliant.

## **Standard 115.15: Limits to cross-gender viewing and searches**

### **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*)

### Documents:

1. Pre-Audit Questionnaire
2. P5521.06
3. P5324.12
4. Memorandums Related to Searches
5. Sexually Abusive Behavior Prevention and Intervention Program Annual Training Curriculum
6. Staff Training Records

### Interviews:

1. Interview with Random Staff
2. Interview with Random Inmates
3. Interview with Transgender/Intersex Inmates

### Site Review Observations:

1. Observations of Privacy in Bathroom and Shower Areas
2. Observation of Absence of Female Inmates or Transgender Inmates Without a Search Card
3. Observation of Opposite Gender Announcement

### Findings (By Provision):

**115.15 (a):** P5521.06, page 4 and 5, discuss visual searches and body cavity searches. Page 4 indicates that visual searches are to be conducted by staff of the same sex as the inmate, except where circumstances are such that a delay would mean the loss of contraband. In such a case, this exception would be documented in the inmate's central file. Page 5 indicates that body cavity searches are only conducted by qualified health personnel upon the approval of the Warden or Acting Warden and such searches are documented in the inmate's central file. The PAQ indicated that no searches of this kind were conducted at the facility over the past twelve months.

**115.15 (b):** The PAQ indicated that no female inmates are housed at the facility and therefore this provision of the standard does not apply. A review of the daily population report for the previous twelve months as well as observations made during the tour indicated that no female inmates are or were housed at the facility in the previous twelve months. Interviews with the five transgender inmates indicated that none had requested the card related to female searches and as such all were searched by male staff.



**115.15 (c):** P5521.06, page 4 and 5, discuss visual searches and body cavity searches. Page 4 indicates that visual searches are to be conducted by staff of the same sex as the inmate, except where circumstances are such that a delay would mean the loss of contraband. In such a case, this exception would be documented on the inmate's central file. Page 5 indicates that body cavity searches are only conducted by qualified health personnel upon the approval of the Warden or Acting Warden and such searches are documented in the inmate's central file. The facility does not house female inmates and as such no cross gender pat searches of female inmates would be conducted or documented. Interviews with the five transgender inmates indicated that none had requested the card related to female searches and as such all were searched by male staff. The PAQ indicated that no cross-gender searches have been conducted in the previous twelve months and that female inmates are not housed at the facility.

**115.15 (d):** The PAQ indicated that the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia. Additionally, it indicated that policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit. P5324.12, page 17 states that the facility shall implement policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttock, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Additionally, it states that such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit. Page 18 states the four ways inmates are notified of the presence of opposite gender staff, including through a posted notice on the bulletin board, through an announcement at the beginning of primary shifts, notices of the hours of work for female staff with offices in the housing units and by notifying inmates during intake of the requirement to remain clothed and the presence of opposite gender staff generally. Interviews with 40 inmates indicated that none were naked in front of a female staff member. Additionally, all twelve staff interviewed indicated that inmates have privacy when showering, using the restroom and changing their clothes. During the tour the auditor observed that inmates had privacy through shower curtains, public style fully enclosed toilets, through doors with security windows, through saloon style doors, through wall barriers and through solid doors. Interviews with staff indicated that ten of the twelve were aware of the requirement of the opposite gender announcement. Additionally, 25 of the 40 inmates stated that staff of the opposite gender announce prior to entering their housing unit. During the tour the auditor observed staff making the opposite gender announcement.

**115.15 (e):** The PAQ stated the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. P5324.12, page 19 states that the facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversation with the inmate, by reviewing medical records, or, if necessary, by learning information as part of a broader medical examination conducted in private by a medical practitioner. The PAQ indicated that there had been no searches of this nature within the past twelve months. Interviews with twelve staff indicate that ten are aware of a policy prohibiting searching transgender or intersex inmates for the sole purpose of determining their genital status. The interviews with the five transgender inmates confirmed that none believe they were ever strip searched for the sole purpose of determining their genital status.

**115.15 (f):** The Sexually Abusive Behavior Prevention and Intervention Program Annual Training Curriculum indicated that staff are trained on conducting cross gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner on the first day of the annual training. A review of the training curriculum confirms that the training covers cross gender pat-searches and searches of transgender and intersex inmates. The PAQ indicated that 84.5% of staff had received this training. Further clarification indicated that 100% had received it in prior annual training, but they

were only 84.5% completed with the current years' annual training. A review of fifteen training records indicated that all fifteen had received the search training during their annual refresher training, which included a video on searches. Interviews with twelve staff indicated that all twelve had received training on cross gender searches and searches of transgender or intersex inmates.

Based on a review of the PAQ, P5521.06, P5324.12, the memo from the Warden, the Sexually Abusive Behavior Prevention and Intervention Program Curriculum, a random sample of staff training records, observations made during the tour to include shower curtains, saloon doors, solid doors and doors with security windows, the observance of the opposite gender announcement as well as information from interviews with random staff, random inmates and transgender inmates indicate this standard appears to be compliant.

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

### **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*)

#### Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. LVN-5324.12B

4. LanguageLine Solutions Contract
5. Staff American Sign Language (ASL) Memorandum
6. Memorandum on Blind Inmates
7. PREA Posters
8. Inmate Admission and Orientation Handbook

**Interviews:**

1. Interview with the Agency Head
2. Interview with Inmates with Disabilities
3. Interview with LEP Inmates
4. Interview with Random Staff

**Site Review Observations:**

1. Observations of PREA Posters in English and Spanish

**Findings (By Provision):**

**115.16 (a):** P5324.12, page 19 and LVN-5324.12B, page 3, establishes guidelines to providing disabled inmates an equal opportunity to benefit from all the aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The PCM is responsible for reaching out to local disabilities assistance offices to ensure the facility is providing effective communication accommodations when needed. LVN-5324.12B states that should an inmate present with a disability, such as deaf, visually impaired, or otherwise disabled, or presents with English as a second language or other limited reading skills, staff will present PREA education in a manner the inmate can comprehend or/and understand on a case-by-case basis. A review of PREA posters, PREA directives and inmate distributed information confirmed that information is provided in large font, bright colors and has accompanying pictures to the word directives. The interview with the Agency Head and inmates who have a cognitive disability indicated that inmates receive PREA information in a format that they can understand. Interviews with four disabled inmates and four LEP inmates confirmed that all eight received information in a format that they could understand. During the tour, the PREA signage was observed to be in large text and in bright colors.

**115.16 (b):** P5324.12, page 20 and LVN-5324.12B, page 4, section 3 establishes the procedure to ensure meaningful access to all the aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment to inmates who are Limited English Proficient (LEP). The PCM is responsible for reaching out to available interpretation services to ensure the facility is providing effective communication accommodations. LVN-5324.12B states that should an inmate present with a disability, such as deaf, visually impaired, or otherwise disabled, or presents with English as a second language or other limited reading skills, staff will present PREA education in a manner the inmate can comprehend or/and understand on a case-by-case basis. The facility has numerous staff that are bilingual and assist in translation when needed. The agency has a contract (#GS-10F-0460N) with LanguageLine Solutions to provide translation services for inmates who are LEP. This is a service the facility can call that will translate information between the staff member and LEP inmate. A review of PREA posters, the inmate handbook, PREA directives and inmate distributed information confirmed that information is available in both English and Spanish. Interviews with the Agency Head and inmates who are LEP indicated that inmates received PREA information in a format that they can understand. Additionally, the auditor was able to utilize staff interpreters during the audit. Interviews with four disabled inmates and four LEP inmates confirmed that all eight received information in a format that they could understand. During the tour, it was observed that PREA signage was posted throughout the facility in English and Spanish.

**115.16 (c):** P5324.12, page 20 and LVN-5324.12B, page 4, section 3 prohibits the use of inmate interpreters, readers or any other type of inmate assistants for allegations of sexual abuse and sexual harassment, except in limited circumstances where an extended delay could compromise the inmate's safety. The PAQ indicated that there were zero instances where an inmate was utilized to interpret, read or provide other types of assistance. Interviews with four disabled inmates and four LEP inmates confirmed that all eight received information in a format that they could understand and that none of the eight utilized an inmate translator.

Based on a review of the PAQ, P5324.12, LVN-5324.12B, the LanguageLine Solutions contract, the memos related to blind inmates and on ASL, a review of PREA signage and information, the inmate handbook, observations made during the tour to include the PREA signage as well as interviews with the Agency Head, random staff, inmates with a disability and LEP inmates indicates that this standard appears to be compliant.

## **Standard 115.17: Hiring and promotion decisions**

### **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*)

### Documents:

1. Pre-Audit Questionnaire
2. P3000.03
3. Standard Form 85P – Questionnaire for Public Trust Positions
4. BOP Recruiting Flyer
5. National Background Investigations Bureau (NBIB)
6. General Employment Considerations for Staff
7. Memorandum for Human Resource Manager
8. Mass Initiation of Staff Re-Investigations Email
9. Eligibility Questions
10. Personnel Files of Staff
11. Contractor Background Files
12. Volunteer Background Files

### Interviews:

1. Interview with Human Resource Staff

### Findings (By Provision):

**115.17 (a):** P3000.03, page 28, indicates that a statement indicating eligible external applicants must meet all application criteria and conditions of employment. The PAQ indicated that the agency will not hire or promote anyone who may come in contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates if they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. A review of the eligibility questions on the USAJobs application indicated that the three questions are required to be answered electronically for all applicants. A review of personnel files for five staff who were hired in the previous twelve months indicated that all had completed an application and as such were required to answer the eligibility questions. Additionally, all staff had a background check completed which included their criminal history, credit history and other record inquiries. All contractors also have a completed background check and as such the six contractors reviewed all had a background check completed prior to enlisting their services.

**115.17 (b):** The General Employment Considerations for Staff indicates on page 2 that the applicant's character or past conduct might impose a statutory bar to employment or impede employment by adversely impacting on the Bureau's efficiency by jeopardizing the ability to accomplish its mission successfully. The PAQ indicated that the agency considers any incidents of sexual harassment in determining whether to hire or promote any staff or enlist the services of any contractor who may have

contact with an inmate. Human Resource staff indicated that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractors.

**115.17 (c):** Standard Form 85P and the BOP Recruitment Flyer, indicates that employment is subject to satisfactory completion of a background investigation, which also includes law enforcement and criminal records checks, credit checks, inquiries with previous employers and personal references. The PAQ indicated that 100% of those hired in the past twelve months that may have contact with inmates had received a criminal background check and prior institutional employers were contacted. A review of five personnel files of staff hired in the previous twelve months indicated that 100% had a criminal background check completed and all prior institutional employers contacted. Additionally, all staff are fingerprinted and any future arrest is automatically reported to the agency through the National Background Investigations Bureau. Human Resource staff confirmed that the agency does background checks prior to hiring any employees or contractors.

**115.17 (d):** P3000.03, pages 42 and 44, indicates that the agency performs criminal background checks before enlisting the services of any contractor who may have contact with inmates via a check of the National Crime Information Center (NCIC). The PAQ indicated that there has been one contract at the facility within the past twelve months. A review of six contractor personnel files indicated that a criminal background check had been conducted. Human Resource staff confirmed that the agency does background checks prior to hiring any employees or contractors.

**115.17 (e):** The PAQ indicated that the agency requires either criminal background checks to be conducted at least every five years for current employees and contractors or have a system in place for otherwise capturing such information for current employees. The agency utilizes the National Background Investigations Bureau. All employees are fingerprinted and all subsequent FBI criminal arrest information is forwarded through NBIB back to the agency. Additionally, Security and Background Investigation Section (SBIS) tracks the timeline of background investigations for the Bureau. Mass emails are sent to each staff member as well as the Human Resource staff at the facility that the staff works to initiate the re-investigation process for the five-year background check. Staff are required to take the appropriate steps to complete the process by a due date to ensure the background is completed on time. The interview with Human Resource staff confirmed that the agency uses two databases for background checks. These databases query national and local criminal information. The staff member stated that staff are fingerprinted and that background checks are completed every five years.

**115.17 (f):** The PAQ indicates that the agency will ask all applicants and employees who have contact with inmates directly about whether they have: engaged in sexual abuse in prison, jail, lockup or any other institution, been convicted of engaging or attempting to engage in sexual activity in the community or been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion through a written application, during any interviews or through any written self-evaluations as part of a review of current employees. A review of the eligibility questions on the USAJobs application indicated that the three questions are required to be answered electronically for all applicants. A review of personnel files for five staff who were hired in the previous twelve months indicated that all had completed an application and as such were required to answer the eligibility questions. All staff had a background check completed which included their criminal history, credit history and other record inquiries. Additionally, the interview with Human Resource staff confirmed that these questions are asked to all applicants and that staff have a continuing duty to report any previous misconduct.

**115.17 (g):** The PAQ indicates that material omissions regarding sexual misconduct or the provision of materially false information is grounds for termination. The Questionnaire for Public Trust Positions indicates that falsifying or concealing facts is a felony which can result in fines and up to five years in prison.



**115.17 (h):** The Memorandum for Human Resource Managers documented that the agency provides information related to substantiated allegations of sexual abuse or sexual harassment involving a former employee to institutional employers for whom the employee has applied to work. Specifically, the memo indicates that all requests should be forwarded to the Office of Internal Affairs and that this office will respond to all requests. Human resource staff indicated that this information would be provided when requested.

Based on a review of the PAQ, P3000.03, Standard Form 85P, BOP Recruiting Flyer, National Background Investigations Bureau (NBIB), General Employment Considerations for Staff, Memorandum for Human Resource Manager, Mass Initiation of Staff Re-Investigations Email, the Eligibility Questions, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview indicates that this standard appears to be compliant.

## **Standard 115.18: Upgrades to facilities and technologies**

### **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*)

### **Documents:**

1. Pre-Audit Questionnaire

### **Interviews:**

1. Interview with the Agency Head
2. Interview with the Warden



**Site Review Observations:**

1. Observations of Absence of Modification to the Physical Plant
2. Observations of Video Monitoring Technology

**Findings (By Provision):**

**115.18 (a):** The facility has not designed, acquired or planned any expansion or modification of the existing facility, however the agency as a whole has had modifications. The PAQ as well as the interview with the Warden confirmed there have not been any modifications to the facility since the last PREA audit. The interview with the Agency Head did confirm though that when the agency has any new facility designs, modifications and/or technology upgrades that they would be reviewed to see how the modification or upgrades would enhance the ability to protect inmates against sexual abuse. During the tour, the auditor did not observe any renovations, modifications or expansions.

**115.18 (b):** The facility has installed or updated video monitoring technology, electronic surveillance system or other monitoring technology within the audit period. The interview with the Agency Head confirmed that new facility designs, modifications and technology upgrades would be reviewed to see how these modification or upgrades would enhance the ability to protect inmates against sexual abuse. The Warden indicated that they absolutely consider how installing or updating video monitoring technology will enhance the ability to protect inmates from sexual abuse. During the tour, the auditor observed video monitoring technology throughout the facility.

Based on a review of the PAQ, observations made during the tour and interviews with the Agency Head and Warden indicates that this standard appears to be compliant.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

**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*)

#### Documents:

1. Pre-Audit Questionnaire
2. Prison Rape Elimination Act Investigation Policy Memorandum
3. P6031.04
4. Memorandum of Understanding with the Federal Bureau of Investigation (FBI)
5. Qualified Staff Advocacy Training Documents
6. Letter from FBI on PREA Compliance

#### Interviews:

1. Interview with Random Staff
2. Interview with SAFE/SANE
3. Interview with Victim Advocate
4. Interview with the PREA Compliance Manager
5. Interview with Inmates who Reported Sexual Abuse

#### Findings (By Provision):

**115.21 (a):** The Prison Rape Elimination Act Investigation Policy Memorandum, pages 10-13, section 234.13 outline the uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The policy outlines evidence preservation, medical examinations, forensic crime scene investigation with biological evidence, handling biological evidence and detecting and testing forensic evidence. The PAQ indicated that the agency is responsible for conducting administrative investigations while the FBI is responsible for conducting criminal investigations. Interviews with random staff indicated that all twelve knew and understood the agency's protocol for obtaining usable physical evidence. Most stated they were required to secure the scene. Additionally, eleven of the twelve were aware that the Special Investigative Services (SIS) was responsible for investigating sexual abuse allegations.

**115.21 (b):** The Prison Rape Elimination Act Investigation Policy Memorandum, page 11, as well as the PAQ indicates that medical forensic examinations are conducted in accordance with standards set forth

in "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents, DOJ Office of Violence Against Women, second edition, April 2013".

**115.21 (c):** The Prison Rape Elimination Act Investigation Policy Memorandum, page 10, section 234.13, indicates that all inmate victims of sexual abuse are offered a forensic medical examination, whether on-site or at an outside facility, without financial cost. P6031.04, page 4, specifically states that only in institutions where extreme security concerns exist may an in-house physician be used. Documentation indicates that inmates are transported to Saint Luke's Emergency Department and that the hospital has credentialed and/or board certified SANE. The auditor contacted Saint Luke's Hospital of Kansas City related to forensic medical examinations. The staff member confirmed that they do provide forensic medical examinations and that exams are conducted by Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE). The PAQ indicated that during the previous twelve months, there have been zero forensic exams conducted. During the audit period, there was not an instance where an inmate was provided a forensic medical examination so no documentation was able to be reviewed.

**115.21 (d):** The PAQ indicated that the agency attempts to make available to the victim a victim advocate from a rape crisis center and if a rape crisis center is not available a qualified staff member from a community-based organization or a qualified agency staff member. The facility provided documentation related to an attempt within the previous year and a half to establish an MOU with AAFV, however the local center was closed during COVID-19. Due to no MOU, the facility has trained six staff (mainly medical and/or mental health) on how to be a victim advocate during a forensic examination. Interviews with four inmates who reported sexual abuse indicated that two were offered contact with an advocate, while two did not. Of the four allegations, only one involved penetration and none required a forensic examination. The interview with the PCM indicated that they are currently utilizing a staff member to serve as an advocate during the examination. He stated that they are trying to reestablish an MOU with the local rape crisis center, as the prior MOU expired in 2018. The PCM indicated that AAFV lost funding during COVID-19 and as such they were unable to reestablish the MOU. He stated they were currently working with them and should have the MOU executed soon. The auditor received an email from AAFV on April 30, 2021 indicating that the MOU was recently sent to them from the facility and they would be executing very soon.

**115.21 (e):** The PAQ indicated 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. The facility provided documentation related to an attempt within the previous year and a half to establish an MOU with AAFV, however the local center was closed during COVID-19. Due to no MOU, the facility has trained six staff (mainly medical and/or mental health) on how to be a victim advocate during a forensic examination. Interviews with four inmates who reported sexual abuse indicated that two were offered contact with an advocate, while two did not. Of the four allegations, only one involved penetration and none required a forensic examination. The interview with the PCM indicated that they are currently utilizing a staff member to serve as an advocate during the examination. He stated that they are trying to reestablish an MOU with the local rape crisis center, as the prior MOU expired in 2018. The PCM indicated that AAFV lost funding during COVID-19 and as such they were unable to reestablish the MOU. He stated they were currently working with them and should have the MOU executed soon. The auditor received an email from AAFV on April 30, 2021 indicating that the MOU was recently sent to them from the facility and they would be executing very soon. The PCM stated that once the MOU is established they would contact AAFV and inform them that an inmate was going for an examination at the hospital and request them to respond to accompany the inmate.

**115.21 (f):** The agency is responsible for conducting administrative investigations while the FBI is responsible for conducting criminal investigations. A review of the MOU between the BOP and the FBI

as well as the letter from the FBI to the BOP dated March 2, 2014 indicate that the FBI complies with all investigatory requirements under PREA standards 115.21, 115.34 and 115.71. Additionally, the FBI follows a uniform evidence protocol and utilizes the FBI Domestic Investigations and Operations Guide for training.

**115.21 (g):** The auditor is not required to audit this provision.

**115.21 (h):** The auditor is not required to audit this provision.

Based on a review of the PAQ, The PREA Investigation Policy Memo, P6031.04, the MOU with the FBI, the letter from the FBI, the qualified staff member documents and information from interviews with the PREA Compliance Manager, inmates who reported sexual abuse and the staff member from AAFV indicates this standard appears to be compliant.

## **Standard 115.22: Policies to ensure referrals of allegations for investigations**

### **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*)

### Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. P5508.02
4. Attorney General (AG) Memo – Duty to Report Misconduct and Cooperate with Investigations
5. Attorney General Order Number 2835-2006
6. Memorandum of Understanding with the Federal Bureau of Investigation
7. Investigative Reports

### Interviews:

1. Interview with the Agency Head
2. Interview with Investigative Staff

### Findings (By Provision):

**115.22 (a):** P5324.12, page 43, outlines the administrative and criminal investigative process. The PAQ indicated that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The AG Memo and AG Order 2835-2006 indicates that the Office of the Inspector General has the authority to conduct criminal and administrative investigations throughout the Department. Additionally, the MOU with the FBI as well as P5508.02 confirms that the FBI is responsible for conducting criminal investigations related to Title 18 and/or any criminal activities at Bureau facilities. Allegations are reported to the Operations Lieutenant and immediately forwarded to the facility investigator for investigation. The PAQ indicated that there were two allegations reported within the previous twelve months. A review of documentation indicated there were seven allegations reported in the previous twelve months, six of which were closed. Five of the closed investigations were deemed unsubstantiated while one was deemed unfounded. The interview with the Agency Head indicated that all allegations are investigated. Specifically, the OIG investigates potential criminal cases involving staff-on-inmate sexual abuse; the OIA investigates administrative cases of staff-on-inmate sexual abuse or sexual harassment and the Special Investigative Services (SIS) Lieutenant at the facility investigates all other cases.

**115.22 (b):** P5324.12, page 43, outlines the administrative and criminal investigative process. The PAQ indicated that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The AG Memo and AG Order 2835-2006 indicates that the Office of the Inspector General has the authority to conduct criminal and administrative investigations throughout the Department. Additionally, the MOU with the FBI as well as P5508.02 confirms that the FBI is responsible for conducting criminal investigations related to Title 18 and/or any criminal activities at Bureau facilities. A review of the BOP website indicated that P5508.02 which describes the FBI's authority to conduct



criminal investigations is available at <https://www.bop.gov/PublicInfo/execute/policysearch?todo=query>. The interview with the investigator confirmed that policy ensures that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with legal authority to conduct criminal investigations. She stated that the facility does a preliminary investigation through gathering information and if they determine it is sustained, they would contact the FBI.

**115.22 (c):** P5324.12, page 43, outlines the administrative and criminal investigative process. The PAQ indicated that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The AG Memo and AG Order 2835-2006 indicates that the Office of the Inspector General has the authority to conduct criminal and administrative investigations throughout the Department. Additionally, the MOU with the FBI as well as P5508.02 confirms that the FBI is responsible for conducting criminal investigations related to Title 18 and/or any criminal activities at Bureau facilities. A review of the BOP website indicated that P5508.02 which describes the FBI's authority to conduct criminal investigations is available at <https://www.bop.gov/PublicInfo/execute/policysearch?todo=query>.

**115.22 (d):** The auditor is not required to audit this provision.

**115.22 (e):** The auditor is not required to audit this provision.

Based on a review of the PAQ, P5324.12, P5508.02, the AG Memo, AG Order 2835-2006, the MOU with the FBI, investigative reports, the agency's website and information obtained via interviews with the Agency Head and investigator, this standard appears to be compliant.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

#### 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*)

#### Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Sexually Abusive Behavior Prevention and Intervention Program Curriculum
4. Sample of Staff Training Records (Acknowledgement Form)

**Interviews:**

1. Interview with Random Staff

**Findings (By Provision):**

**115.31 (a):** P5324.12, pages 24-25 indicate that all staff will receive the Sexually Abusive Behavior Prevention and Intervention Program training during institutional familiarization and yearly thereafter as part of the annual refresher training. A review of the Sexually Abusive Behavior Prevention and Intervention Program curriculum outline and PowerPoint slides confirmed that the training includes information on: the agency's zero-tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the inmates' right to be free from sexual abuse and sexual harassment, the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with inmates, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates and how to comply with relevant laws related to mandatory reporting. A review of a sample of fifteen staff training records indicated that 100% of those reviewed received PREA training. Interviews with twelve staff members confirmed that they had all received PREA training annually. Most staff indicated that the training covers how to respond when an inmate makes an allegation. All twelve staff confirmed the required topics were covered in the training.

**115.31 (b):** The PAQ indicated that training is tailored to the gender of inmate at the facility and that employees who are reassigned to facilities with opposite gender are given additional training. P5324.12, page 25, indicate that the annual refresher takes into consideration the gender of the inmate population at each facility. A review of the training curriculum confirmed that the annual training includes information on male and female inmates. Staff assigned to a female facility receive supplemental training on female inmates. The facility houses male inmates and as such staff do not receive supplemental training. A review of a sample of fifteen staff training records indicated that 100% of those reviewed received PREA training.

**115.31 (c):** The PAQ indicated that 283 or 100% of the staff have been trained in PREA requirements and that they receive PREA training annually. P5324.12 indicates that new employees receive the Sexually Abusive Behavior Prevention and Intervention Program training and that current employees receive the training as part of their annual training. Additionally, the PAQ stated that between trainings staff receive information through BLU training, staff brochures and PowerPoint PREA training sides. A review of a sample of fifteen staff training records indicated that 100% of those reviewed received PREA training in the previous twelve months. Of the same fifteen staff, fourteen had PREA training in 2019. The one that did not was a new hire in 2020.

**115.31 (d):** The PAQ as well as P5324.12, page 26, indicates that all staff are required to physically sign or electronically acknowledge that they received and understood the PREA training. A review of the training records indicate that all staff sign a training acknowledgement that states "I have received and understand the training conducted regarding the agency's sexual abuse and sexual harassment policies and procedures". A review of a sample of fifteen staff training records indicated that all fifteen signed the acknowledgment form.

Based on a review of the PAQ, P5324.12, the Sexually Abusive Behavior Prevention and Intervention Program training curriculum, a review of a sample of staff training records as well as interviews with random staff indicate that the facility meets this standard.

## Standard 115.32: Volunteer and contractor training

### 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*)

### Documents:

1. Pre-Audit Questionnaire
2. Prison Rape Elimination Act (PREA) Training for Level I Volunteers
3. Level I Volunteer Application/Training Form
4. Sample of Contractor Training Records
5. Sample of Volunteer Training Records

### Interviews:

1. Interview with Volunteers or Contractors who have Contact with Inmates

### Findings (By Provision):

**115.32 (a):** The PAQ indicated that volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures on sexual abuse and sexual

harassment. All volunteers and contractors receive the PREA Training for Level I Volunteers. The PAQ indicated that 79 volunteers and contractors had received PREA training, which is equivalent to 100%. A review of a sample of six contractors training documents and five volunteer training records indicated that all eleven had received PREA training. Interviews with the contractors confirm that both had received training on the sexual abuse and sexual harassment policies, specifically the zero-tolerance policy and how and whom they should report to. Both contractors stated that they receive the training annually and that they go over what they should do if an inmate reports sexual abuse or sexual harassment. One contractor stated that they had given her a card that goes over prevention, detection and response.

**115.32 (b):** The PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. Additionally, the PAQ indicates that they have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. Volunteers and contractors are required to receive the PREA Training for Level I Volunteers. They may be required to complete the staff PREA training, Sexually Abusive Behavior Prevention and Intervention Program, if their level of contact warrants. A review of a sample of six contractors training documents and five volunteer training records indicated that all eleven had received PREA training. Interviews with the contractors confirm that both had received training on the sexual abuse and sexual harassment policies, specifically the zero-tolerance policy and how and whom they should report to. Both contractors stated that they receive the training annually and that they go over what they should do if an inmate reports sexual abuse or sexual harassment. One contractor stated that they had given her a card that goes over prevention, detection and response.

**115.32 (c):** The PAQ and a review of a sample of training documents for six contractors and five volunteers indicated that 100% of those reviewed had signed the Level I Volunteer Application/Training form. The bottom of this form has a section that reads "I am aware and understand the Federal Bureau of Prisons zero-tolerance policy on sexual abuse and sexual harassment. I have been instructed and understand how to report incidents of sexual abuse and sexual harassment".

Based on a review of the PAQ, the PREA Training for Level I Volunteers, a review of a sample of contractor and volunteer training records as well as the interviews with the contractors indicates that this standard appears to be compliant.

## Standard 115.33: Inmate education

### 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*)

**Documents:**

1. Pre-Audit Questionnaire
2. P5324.12
3. P5290.14
4. Bureau's Admission and Orientation (A&O) Pamphlet on Sexually Abusive Behavior Prevention and Intervention
5. Sexually Abusive Behavior Prevention and Intervention Program
6. Inmate Admission and Orientation Handbook
7. Inmate Training Records

**Interviews:**

1. Interview with Intake Staff
2. Interview with Random Inmates

**Site Review Observations:**

1. Observations of Intake Area
2. Observations of PREA Signs in English and Spanish

**Findings (By Provision):**

**115.33 (a):** P5324.12, pages 26-27, outlines the requirement for inmates to receive PREA education. Page 26 specifically states that inmates receive information on the agency's zero-tolerance policy and how to report incidents or suspicion of sexual abuse or sexual harassment via the A&O pamphlet on Sexually Abusive Behavior Prevention and Intervention. The PAQ indicated that 810 inmates received information on the zero-tolerance policy and how to report at intake. This is equivalent to 100% of inmates who received this information at intake. A review of the pamphlet confirmed that it includes information on the zero-tolerance policy and the reporting methods. A review of 39 inmate files (25 that arrived within the previous twelve months) indicated that all 39 had received PREA information at intake. During the tour, the auditor observed the intake area and was provided an overview of the intake process. Inmates are provided the inmate handbook and are also asked the risk screening questions when they first arrive. The interview with the intake staff indicated that all inmates receive information about the agency's zero-tolerance policy and how to report allegations of sexual abuse and sexual harassment. The staff member stated that inmates are provided an intake book which includes the inmate handbook and general information. Additionally, there are posters throughout the facility, to include the intake area. 35 of the 40 inmates that were interviewed indicated that they received information on the agency's sexual abuse and sexual harassment policies.

**115.33 (b):** P5324.12, pages 26-27, outlines the requirement for inmates to receive PREA education. Page 27 specifically discusses the comprehensive education that is provided to the inmates. The policy indicates that during the A&O Program, a designated staff member will present the Sexually Abusive Behavior Prevention and Intervention Program. A review of the six-page training document (available in English and Spanish) indicated that inmates are educated on definitions, the zero-tolerance policy, ways to prevent sexual abuse, how to report, information on the investigative process, counseling programs



for victims and management programs for abusers. The PAQ indicated that 798 inmates received comprehensive PREA education within 30 days of intake. This is equivalent to over 100%. A review of 39 inmate files (25 that arrived within the previous twelve months) indicated that nineteen had received comprehensive PREA education within 30 days of intake. The interview with the intake staff confirmed that inmates receive the information at intake and then the comprehensive PREA education is completed during inmate orientation (A&O). During inmate orientation Psychology Services staff go over the information. The staff member stated that inmates are given initial information within hours and then A&O is completed within 28 days. Interviews with inmates indicated that 34 of the 40 inmates that were interviewed indicated that they received comprehensive PREA education. Based on a review of documentation it was determined that numerous inmates had never received institutional orientation and as such did not receive comprehensive PREA education.

**115.33 (c):** The PAQ indicated that all current inmates at the facility had been educated on PREA. Additionally, P5324.12, page 27, indicates that the agency requires that all inmates who are transferred from one facility to another be educated regarding their rights under PREA to the extent that the policies and procedures of the new facility differ from those of the previous facility. All inmates are typically educated upon transfer, whether policies and procedures differ or not. A review of 39 inmate files (25 that arrived within the previous twelve months) indicated that nineteen had received comprehensive PREA education within 30 days of intake. The interview with the intake staff confirmed that inmates receive the information at intake and then the comprehensive PREA education is completed during inmate orientation (A&O). During orientation Psychology Services staff go over the information. The staff member stated that inmates are given initial information within hours and then A&O is completed within 28 days. Interviews with inmates indicated that 34 of the 40 inmates that were interviewed indicated that they received comprehensive PREA education. Based on a review of documentation it was determined that numerous inmates had never received institutional orientation and as such did not receive comprehensive PREA education.

**115.33 (d):** The PAQ indicated that PREA education is available in accessible formats for disabled and LEP inmates. The facility has staff members who are fluent in Spanish to provide accommodations for inmates who are LEP. Additionally, the agency has a contract (#GS-10F-0460N) with LanguageLine Solutions to provide translation services for inmates who are LEP. This is a service the facility can call that will translate information between the staff member and LEP inmate. The A&O pamphlet as well as the Sexually Abusive Behavior Prevention and Intervention Program is available in English and Spanish. A review of PREA education and documents indicated information is available in bright colors and large print. A review of a sample of nine disabled and four LEP inmate education documents indicated that eight had signed that they received and understood PREA education. The five that did not, had not received institutional orientation (as indicated in provision b).

**115.33 (e):** P5290.14, page 10 indicates that inmates are required to sign a copy of the A&O pamphlet at intake and that the original is placed in the inmates central file. Additionally, the education is documented on the Institution A&O Program Checklist (Form BP-A0518) and the Unit A&O Program Checklist (Form BP-A0597). A review of 39 inmate files indicate that the nineteen that received institutional orientation had signed that they received and understood the information. The 20 that did not sign had not received A&O and as such did not receive the comprehensive PREA education (as outlined in provision b).

**115.33 (f):** The PAQ indicated that information is continuously available through posters, inmate handbooks or other written forms for the inmate population. A review of documentation indicated that the facility has PREA information via the inmate handbook, the A&O pamphlet and through PREA signage. During the tour, the auditor observed the PREA signage in each housing unit and in common areas.



Based on a review of the PAQ, P5324.12, P5290.14, the A&O pamphlet, the Sexually Abusive Behavior Prevention and Intervention Program, the inmate handbook, a review of inmate records, observations made during the tour to include the availability of PREA information via signage and documents as well as information obtained during interviews with intake staff and random inmates indicate that this standard requires corrective action. 20 of the 39 inmate records reviewed indicated that the inmates had not received comprehensive PREA education as the facility did not provide inmates institutional orientation. Additionally, six of the inmates interviewed indicated they had not received comprehensive PREA education. During the on-site portion of the audit, facility staff indicated that they had fallen behind on orientation due to COVID-19 and as such there were many inmates who had not received the comprehensive PREA education. As such, provisions (b) and (c) of this standard require corrective action.

Prior to the completion of the on-site portion of the audit, the facility had created a process to ensure all inmates receive institutional A&O (PREA comprehensive education) within 30 days. The auditor was sent a copy of the process memo describing how current inmates who arrived during COVID-19 would receive institutional A&O, starting with those that have been at the facility the longest. A schedule was developed from March 2021 through June 2021 to ensure all current and future inmates receive the PREA comprehensive education within 30 days. On April 15, 2021 the auditor received a memo indicating that the majority of inmates at Leavenworth had received the education. Copies of the signed A&O forms were included with the memo. The auditor will need further documentation during the corrective action period to determine compliance with this standard.

#### **Corrective Action:**

The facility will need to ensure all current inmates receive comprehensive PREA education. In addition, over the next few months the facility will need to send a list of inmates that arrived. The auditor will then select inmates to review their comprehensive PREA education records to ensure that all inmates are educated appropriately within 30 days of arrival.

#### **Verification of Corrective Action since the Interim Audit Report**

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

#### **Additional Documents:**

1. Confirmation that all Current Inmates have been Education
2. Sample of Current Inmate Education Documents
3. Sample of Inmate Education of those Arrived During the Corrective Action Period

On August 16, 2021 the auditor received documentation related to 115.33. The auditor was provided information indicating that as of August 13, 2021 only three inmates that were received at the facility had not received PREA education. The auditor was provided a printout with inmates who had not received A&O. The printout had handwritten information about the competition. The auditor advised the Management Analyst that additional information would be required for a sample of the inmates on the list to confirm they received the education (the inmate acknowledgment and/or inmate signature form). In addition to the printout, the auditor was also provided sign-in/acknowledgment sheets with inmate signatures. Further review of the information indicated that what was provided was not adequate to confirm that inmates received during the corrective action period had been provided inmate PREA education within 30 days of arrival. The auditor advised the Management Analyst that information related to dates of arrival would be required in order to determine if the sign-in/acknowledgement and/or inmate signatures form was completed within the 30 days. On August 26, 2021 further information was provided related to dates of arrival. Documentation was provided for 27 inmates that arrived on dates ranging from

July 23, 2021 to August 16, 2021. All 27 inmates received PREA education on August 25, 2021 and signed a form indicating they received admission and orientation (which includes PREA education).

On September 21, 2021 the auditor received a memorandum from the Acting Warden indicating that he arrived on September 7, 2021 and was notified of the corrective action related to standard 115.33 at this time. He stated that from May 19, 2021 through July 7, 2021 there were eleven incidents that occurred at the institution involving inmates which interrupted A&O. The memo further advised that since his arrival A&O has been conducted on a regular basis.

On September 27, 2021 the auditor was provided documentation of twelve inmates that arrived at USP Leavenworth between September 20, 2021 and September 24, 2021. All twelve had received A&O on September 24, 2021 and signed that they received the information. On September 28, 2021 the auditor received over 40 examples of inmates that arrived at USP Leavenworth from April 2021 through September 2021, all examples with the exception of three had A&O within 30 days of arrival. On October 12, 2021 the auditor was provided documentation of five inmates that arrived at USP Leavenworth between October 1, 2021 and October 8, 2021. All five had received A&O on October 12, 2021 and signed that they received the information.

Based on confirmation that all current inmates had received PREA education, a sample of those inmate PREA education documents and over 50 examples of PREA education of inmates received at the facility during the corrective action period, it appears the facility has made appropriate corrective action and as such this standard is compliant.

## **Standard 115.34: Specialized training: Investigations**

### **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*)

#### Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. DOJ/OIG PREA Training
4. National Institute of Correction (NIC): Investigating Sexual Abuse in a Confinement Setting
5. Memorandum of Understanding with the FBI
6. Letter from the FBI
7. Investigator Training Records

#### Interviews:

1. Interview with Investigative Staff

#### Findings (By Provision):

**115.34 (a):** P5324.12, page 28, and the PAQ indicates that investigators are required to be trained in conducting sexual abuse investigations in a confinement setting. This training is completed through two curriculums: the DOJ/OIG PREA Training or the NIC: Investigation Sexual Abuse in a Confinement Setting. A review of an email from the Administrator of the External Auditing Branch indicated that 113 OIG field agents have completed the DOJ/OIG PREA training. The PAQ indicated there are 253 facility and agency staff that conduct investigations and that eight facility staff have completed the NIC training. A review of documentation indicated that 20 staff were documented with the NIC specialized investigator training. The MOU and letter from the FBI indicate that they are compliant with all PREA investigatory standards to include 115.34. The interview with the investigator indicated she received specialized

investigator training. She stated that the training covered how to interview different types of victims, how to gauge the personality of the interviewee and how to handle female and mental health inmates.

**115.34 (b):** P5324.12, page 28, and the PAQ indicates that investigators are required to be trained in conducting sexual abuse investigations in a confinement setting. This training is completed through two curriculums: the DOJ/OIG PREA Training or the NIC: Investigation Sexual Abuse in a Confinement Setting. A review of the training curriculums confirmed they included the following: 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 criminal prosecution. A review of an email from the Administrator of the External Auditing Branch indicated that 113 OIG field agents have completed the DOJ/OIG PREA training. The PAQ indicated there are 253 facility and agency staff that conduct investigations and that eight facility staff have completed the NIC training. A review of documentation indicated that 20 staff were documented with the NIC specialized investigator training. The MOU and letter from the FBI indicate that they are compliant with all PREA investigatory standards to include 115.34. The interview with the investigator indicated she received specialized training and the required components are included in the training.

**115.34 (c):** The PAQ indicated there are 253 facility and agency staff that conduct investigations and that eight facility staff have completed the NIC training. A review of documentation indicated that 20 facility staff were documented with the NIC specialized investigator training. A review of an email from the Administrator of the External Auditing Branch indicated that 113 OIG field agents have completed the DOJ/OIG PREA training. The MOU and letter from the FBI indicate that they are compliant with all PREA investigatory standards to include 115.34

**115.34 (d):** The auditor is not required to audit this provision.

Based on a review of the PAQ, P5324.12, the DOJ/OIG PREA Training curriculum, the NIC training curriculum, the MOU with the FBI, the letter from the FBI, a review of investigator training records as well as the interview with the investigator, indicates that this standard appears to be compliant.

## **Standard 115.35: Specialized training: Medical and mental health care**

### **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*)

#### Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. P6031.04
4. PREA Medical and Mental Health Care: A Trauma Informed Approach
5. Forensic Medical Examinations: An Overview for Victim Advocates
6. Medical and Mental Health Staff Training Records

**Interviews:**

1. Interview with Medical and Mental Health Staff

**Site Review Observations:**

1. Observations during on-site review of physical plant

**Findings (By Provision):**

**115.35 (a):** P5324.12, pages 28-29, requires that the Health Services Division or the Reentry Services Division ensure all medical and mental health care staff complete the required specialized training. The training consists of the PREA Resource Center (PRC) PREA Medical and Mental Health Care: A Trauma Informed Approach training as well as the Forensic Medical Examinations: An Overview for Victim Advocates training. Based on a review of the training modules, they include the following topics: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and whom to report allegations or suspicion of sexual abuse and sexual harassment. The PAQ indicated that the facility has 23 medical and mental health staff and that 100% of these staff received the specialized training. A review of seven medical and mental health training records indicated that five had previously received the specialized training and two had completed the training during the on-site portion of the audit. Interviews with four medical and mental health staff confirmed that they had received the PREA specialized training. The staff stated that the training included how to respond to allegations and steps to take, signs an inmate may have been a victim, how to work with victims of sexual abuse and how to handle the trauma. All four staff confirmed that the four required elements were covered during the training. During the on-site portion of the audit, the facility verified that the remainder of the medical and mental health staff had received the specialized training, due to locating two that had not had it prior to the on-site. All medical and mental health care staff had been trained prior to the conclusion of the on-site portion of the audit.

**115.35 (b):** This provision does not apply. Forensic exams are not conducted on-site by any of the facility's medical staff. P6031.04, page 4, specifically states that only in institutions where extreme security concerns exist may an in-house physician be used. The PAQ indicated that inmates are transported to Saint Luke's Hospital of Kansas City for forensic examinations and that exams are performed by a SANE or a doctor. Interviews with medical staff confirm that they do not perform forensic medical examinations.

**115.35 (c):** The PAQ indicated that documentation showing the completion of the training is maintained by the agency. A review of training documents for seven medical and mental health care staff confirm that the training is documented via a training certificate.

**115.35 (d):** Medical and mental health care staff are considered correctional workers. A review of the seven medical and mental health staff members training documents indicated that 100% of those reviewed completed the Sexually Abusive Behavior Prevention and Intervention training.

Based on a review of the PAQ, P5324.12, P6031.04, the two training curriculums, a review of medical and mental health care staff training records as well as interviews with medical and mental health care staff indicate that this standard appears to be compliant.



# SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

## Standard 115.41: Screening for risk of victimization and abusiveness

### 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*)

#### Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Memorandum on Intake Screening Guidance
4. PREA Intake Objective Screening Instrument
5. Intake Screening Form
6. Inmate Assessment and Reassessment Documents

#### Documents Provided During the Interim Report:

1. Training Memorandum and Sign-In Sheets

#### Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with Random Inmates
3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager

#### Site Review Observations:

1. Observations of Risk Screening Area
2. Observations of Where Inmate Files are Located

#### Findings (By Provision):

**115.41 (a):** P5324.12, pages 29-32 describe the risk screening process. It indicates that inmates will be assessed during the intake screening for their risk of being sexual abused by other inmates or sexually

abusive toward other inmates. P5324.12 further states that if an inmate is determined to be at risk of being sexually victimized by or being sexually abusive toward other inmates, they will be referred to Psychology Services for a reassessment. During the tour, the auditor observed the intake area. The risk screening is conducted in a private office in intake. Interviews with 25 inmates that arrived within the previous twelve months confirm that 22 were asked the risk screening questions either the same day or the next day. The interview with the staff responsible for the risk screening indicated that inmates are screened using the screening instrument.

**115.41 (b):** P5324.12, page 30, indicates that all inmates will be assessed during the intake screening for their risk of being sexual abused by other inmates or sexually abusive toward other inmates within 72 hours. The PAQ indicated that inmates are screened within this timeframe and that 810 inmates were screened within 72 hours over the previous twelve months. This indicates that over 100% of those whose length of stay was for 72 hours or more received the risk screening within 72 hours. This is due to the risk screening being conducted within the first 24 hours. A review of a 25 inmate records that arrived within the previous twelve months confirmed that all 25 were screened within 72 hours. Interviews with 25 inmates that arrived within the previous twelve months confirm that 22 were asked the risk screening questions either the same day or the next day. The interview with the staff who perform risk screening indicated that the risk screening is completed within 24 hours.

**115.41 (c):** The PAQ indicated that the risk screening is conducted using an objective screening instrument. A review of the Intake Screening Form indicated that inmates are asked yes or no questions and a few of these questions are then utilized on the PREA Intake Objective Screening Instrument. The screening instrument includes sections that are determined based on the inmate's history (which can be found in his file).

**115.41 (d):** A review of the PREA Intake Objective Screening Instrument indicates that the intake screening considers 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 was previously 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 and whether the inmate is detained solely for civil immigration purposes. The Intake Form takes into consideration whether the inmate has previously experienced sexual victimization and the inmate's own perception of vulnerability. The Intake Form information is then transferred over to be included in the PREA Intake Objective Screening Instrument. The interview with the staff responsible for the risk screening indicated that the risk screening includes a file review and the risk screening questionnaire. She stated that she reviews information on the inmate, including his history, if he has any prior predatory behavior, prior criminal history and any prior victimization. She also stated she then asks the inmate questions such as if there has been any prior sexual victimization, whether he/she has testified against anyone, whether he/she has any gang affiliation and about the inmate's sexual preference and gender identify.

**115.41 (e):** A review of the PREA Intake Objective Screening Instrument confirms that the intake screening considers the following: prior acts of sexual abuse, prior convictions for violent offenses and prior institutional violence or sexual abuse known to the facility. The interview with the staff responsible for the risk screening indicated that the risk screening includes a file review and the risk screening questionnaire. She stated that she reviews information on the inmate, including his history, if he has any prior predatory behavior, prior criminal history and any prior victimization. She also stated she then asks the inmate questions such as if there has been any prior sexual victimization, whether he/she has testified against anyone, whether he/she has any gang affiliation and about the inmate's sexual preference and gender identify.

**115.41 (f):** P5324.12, page 32 indicates that inmates would be reassessed for the inmate's risk of victimization or abusiveness within 30 days from their arrival by facility staff, ordinarily Psychology Services and Unit Management staff. The PAQ indicated that the facility requires inmates to be reassessed and that 798 inmates were reassessed within 30 days. The PAQ indicated that 798 inmates' length of stay was for 30 days or more. The numbers indicate that 100% of those inmates whose length of stay was for 30 days or more received a reassessment. Interviews with staff responsible for the risk screening indicated that inmates are reassessed within 30 days. Interviews with 25 inmates that arrived within the previous twelve months indicated that only four remember a reassessment. A review of a sample of 25 inmate files indicated that 23 inmates were reassessed within the 30 day timeframe. Of those sampled, one was not yet due and one was released from custody before the 30 day reassessment. It should be noted that the reassessments are not in the same format as the assessments. Inmates are not asked all of the initial risk screening questions, which may be attributed to the inmates not remembering the reassessments. On April 15, 2021 the auditor was provided documentation related to training for standard 115.41. During the audit, the auditor identified that while inmates were being reassessed during their 28 day program review, there was not proper documentation indicating that the program review included the reassessment. In 2020, the BOP developed a checkbox in their electronic system that was to be utilized to document that the staff reassessed the inmate during the program review and determined if there have been any changes from the initial review. While the checkbox system has been in place for approximately a year, the staff at USP Leavenworth were not properly marking the box. As such, the facility conducted a training with all Unit Management staff related to how to utilize the electronic system with regard to the re-assessment. The auditor received a memo from the PCM indicating all USP Unit Management staff had received the training from March 25, 2021 through April 9, 2021. While the checkbox was not marked for reassessments, inmates were seen within the 28 days. At the program review inmates are asked about any changes since their arrival, about their housing, work and program assignments and overall acclimation to the facility. As such, while the staff were not marking the appropriate information for documentation, the reassessments were being completed. The auditor determined that based on the training and the memo that the standard was corrected with training during the interim report period.

**115.41 (g):** P5324.12, page 32, indicates that inmates would be reassessed for their risk of victimization or abusiveness when warranted due to referral, request, incident of sexual abuse or receipt of additional information that bears on their risk of sexual victimization or abusiveness. This reassessment would be completed by Psychology Services staff. Interviews with staff responsible for the risk screening indicated that inmates are reassessed within 30 days. Interviews with 25 inmates that arrived within the previous twelve months indicated that only four remember a reassessment. A review of a sample of 25 inmate files indicated that 23 inmates were reassessed within the 30 day timeframe. Of those sampled, one was not yet due and one was released from custody before the 30 day reassessment. It should be noted that the reassessments are not in the same format as the assessments. Inmates are not asked all of the initial risk screening questions, which may be attributed to the inmates not remembering the reassessments.

**115.41 (h):** P5324.12, page 32, indicates that inmates would not be disciplined for refusing to answer the following questions during the risk screening: whether or not the inmate has a mental, physical or developmental disability; whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether or not the inmate previously experienced sexual victimization and the inmate's own perception of vulnerability. The PAQ indicated that inmates are not disciplined for refusing to answer. The interview with the staff responsible for risk screening indicated that inmates are not disciplined for refusing to answer any of the questions in the risk screening.

**115.41 (i):** P5324.12, page 32 as well as the PAQ indicated that the agency has implemented appropriate controls on the dissemination of the screening information to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. Specifically, the policy states that information

is disseminated on a need-to-know basis for staff. The interview with the PREA Coordinator indicated that information obtained during the risk screening is limited to staff who have a need to know. The PCM stated that he has access to the information as well as Unit Team and medical and mental health care staff. The staff responsible for the risk screening stated that only Unit Team has access to the file room where the information is located.

Based on a review of the PAQ, P5324.12, the Intake Screening Form, the PREA Intake Objective Screening Instrument, the memo on Intake Screening Guidance, a review of inmate files, documents received during the interim report and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random inmates indicate that this standard appears to be compliant.

## Standard 115.42: Use of screening information

### 115.42 (a)

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

### 115.42 (b)

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

### 115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to

a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (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

#### 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*)

#### Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. PREA Hot List/PREA At Risk List
4. Sample of Housing Determination Documents
5. Sample of Transgender/Intersex Reassessments
6. Inmate Housing Assignments/Logs



**Documents Provided During the Interim Report:**

1. Training Memorandum and Sign-In Sheets
2. Biannual Transgender Assessments

**Interviews:**

1. Interview with Staff Responsible for Risk Screening
2. Interview with PREA Coordinator
3. Interview with PREA Compliance Manager
4. Interview with Transgender/Intersex Inmates
5. Interview with Gay, Lesbian and Bisexual Inmates

**Site Review Observations:**

1. Location of Inmate Records.
2. Housing Assignments of LGBTI Inmates
3. Shower Area in Housing Units

**Findings (By Provision):**

**115.42 (a):** P5324.12, page 33 and LVN-5324.12B, page 3-4, indicates that the agency uses the information from the risk screening to recommend housing, bed, work, education and program assignments with the goal of keeping separate inmates at high risk of being sexual abused from those at high risk of being sexually abusive. Specifically, the policies indicate that Psychology Services maintain an inmate at risk for predation and an inmate at risk for sexual victimization list that it utilized to make decisions and enhance monitoring of those inmates at an increased risk. Policy indicates that the list is utilized to make housing, work and program decisions for these inmates. The interview with the PREA Compliance Manager indicated that the information is utilized to ensure proper housing and job assignments for high risk inmates. He also stated that the information is utilized to place inmates in a housing and job assignment that is most conducive to what they need. The interview with the staff responsible for the risk screening indicated the information is utilized to place inmates in appropriate housing. The staff member stated that they would never place a victim with a perpetrator. The staff member also stated that they use it to separate inmates and provide with Psychology Services, if needed. A review of inmate files and of inmate housing and work assignments confirmed that inmates at high risk of victimization and inmates at high risk of being sexually abusive were not housed together. Additionally, they did not work together and did not attend education/programs together to the extent possible.

**115.42 (b):** P5324.12, page 33 and the PAQ indicated that the agency makes individualized determinations about how to ensure the safety of each inmate. The interview with the staff responsible for the risk screening indicated the information is utilized to place inmates in appropriate housing. The staff member stated that they would never place a victim with a perpetrator. The staff member also stated that they use it to separate inmates and provide with Psychology Services, if needed.

**115.42 (c):** The PAQ stated that the agency/facility makes housing and programming assignments for transgender or intersex inmates in the facility on a case-by-case basis. P5324.12, page 33, indicates that housing and program assignments for transgender and intersex inmates are considered on a case-by-case basis to ensure the inmate's health and safety, and whether the placement would present management or security problems. All transgender and intersex inmate housing determinations are made at the Designation and Sentence Computation Center with the Transgender Executive Council (TEC). The TEC reviews each transgender or intersex inmate and clears the inmate for designation to the approved facility. The agency as a whole, houses over 1000 inmates who identify as transgender. A review of a sample of ten percent of those inmate's housing determinations indicated that all had a review



by the TEC designating a male or female facility. The interview with the PCM indicated that the agency's male and female housing unit determination is not made at the facility level. He stated that once at the facility, housing determination are made by himself and Unit Team. He stated they sit down and make sure they place the inmate in a housing unit that suit him/her. The PCM stated that they place transgender and intersex inmates in high visibility work assignments and in housing areas closer to the officer's station. Interviews with the five transgender inmates indicated that all five were asked about how they felt about their safety. Additionally, four of the five stated that they felt they were placed in a housing unit specifically for LGBTI inmates. The inmates indicated that they felt all the transgender inmates were placed together. One inmate stated that they are placed in certain units rather for safety than their status. A review of housing assignments indicated that the five transgender inmates were housed across three different units.

**115.42 (d):** P5324.12, page 33, indicates that housing and program assignments for transgender and intersex inmates are reassessed at least twice each year to review any threats to the inmate's safety. The agency as a whole, houses over 1000 inmates who identify as transgender while USP Leavenworth houses five inmates who identify as transgender. A review of the eight transgender inmate files across the agency indicated that all eight had received biannual assessments in 2020 and seven had biannual assessments in 2019. An additional review of the five transgender inmate files at USP Leavenworth indicated that all five had received biannual assessments. The interview with the PCM indicated that the inmates are seen at least every 30-45 days by Unit team and that he sees them weekly during rounds. The interview with the staff responsible for the risk screening indicated that transgender inmates are assessed at least twice a year. All BOP inmates are reviewed at a minimum of every 180 days. During this review the transgender inmates are asked about their safety, their programming and their housing. While the documentation did not specifically address that the reviews were transgender biannual assessments, the reviews were completed and had notes related to programming and any issues the inmate voiced. The auditor advised the staff that while reviews are being completed, more detailed notes related to specifically addressing the transgender inmate's housing, programming and safety concerns should be completed. On April 15, 2021 the facility provided the auditor with a training memo that outlined proper documentation related to the biannual assessments. Additionally, they provided documentation showing all transgender inmates were reviewed after the on-site portion of the audit with clearly documented information related to the biannual assessments. While the exact language was not documented during the 180 day reviews, the inmates were reviewed in person and housing and programming were discussed. As such, the auditor determined that based on the training memo, the practice of completing a separate review biannually and the documentation of the reviews post on-site portion of the audit that this standard was corrected during the interim report.

**115.42 (e):** P5324.12, page 33, indicates that the transgender or intersex inmate's own views with respect to his or her safety is given serious consideration. The interview with the PCM and staff responsible for the risk screening indicated that transgender and intersex inmates are asked about their safety and this information is given serious consideration. The interviews with the five transgender inmates indicated that all five were asked how they felt about their safety.

**115.42 (f):** P5324.12, page 33, indicates that transgender and intersex inmates are given the opportunity to shower separately. During the tour it was confirmed that all inmates are provided privacy while showering. All showers are single person showers and have curtains. The interview with the PCM indicated that transgender inmates are afforded a shower time during the four o'clock count. The interviews with the five transgender inmates indicated that all five are afforded private showers.

**115.42 (g):** P5324.12, page 33, the PAQ and a review of housing assignments for inmates who identified as LGBTI indicated that inmates were not assigned to one housing unit or area of the facility based on their sexual preference or gender identity. The interviews with the PC and PCM confirmed that LGBTI inmates are not placed in one specific housing unit. The interviews with eight LGBTI inmates indicated

that six felt they were placed in housing units based on their gender identity and/or sexual preference. Two of the inmates stated they were placed in units based on their safety. A review of housing assignments indicated that the eight inmates were placed across four housing units.

Based on a review of the PAQ, P5324.12, the at risk lists, a review of inmate housing assignments, a review of transgender and intersex inmate assessments, documents sent during the interim report and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting risk screenings and the LGBTI inmates, indicates that this standard appears to be compliant.

## Standard 115.43: Protective Custody

### 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*)

#### Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. BP-A1002: Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegations Form

#### Interviews:

1. Interview with the Warden
2. Interview with Staff who Supervise Inmates in Segregated Housing

#### Site Review Observations:

1. Observations in the Special Housing Unit

#### Findings (By Provision):

**115.43 (a):** P5324.12, page 33, indicate that the agency does not place inmates at high risk for sexual victimization in involuntary segregation unless an assessment of all available alternatives has been made and no alternative is available to separate the inmate victim from likely abusers. The PAQ indicated there

have been zero instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. A review of housing for inmates at high risk of sexual victimization indicated that none were placed in the SHU due to their risk of victimization. The interview with the Warden confirmed that agency has a policy prohibiting inmates at high risk of victimization from being placed in involuntary segregated housing, unless there are no other alternatives to separate the inmate victim from alleged abuser(s).

**115.43 (b):** P5324.12, page 34, indicates that if an inmate was placed in segregation that they would have access to programs, privileges, education and work opportunities to the extent possible and all limitations would be documented with indication of the reason and length of time of limitation. The policy indicates that the Chief of Correctional Services is responsible for documenting any such limitations, duration and rationale. The interviews with the staff who supervise inmates in segregated housing indicated that inmates would have access to programs, privileges, education and work opportunities to the extent possible. The staff also stated that any restrictions would be documented. There were no inmates identified to be placed in involuntary segregated housing and as such no interviews were conducted.

**115.43 (c):** P5324.12, page 34, indicates that if an inmate was placed in segregation due to risk of victimization they would only be placed until an alternative means of separation from likely abusers could be arranged, and such assignment would not ordinarily exceed 30 days. The policy indicates that the Warden would review, complete and sign BP-A1002 form and place a copy in the inmate's central file. The PAQ indicated there have been zero instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. The interview with the Warden confirmed that the inmate would only remain in involuntary segregated housing until an alternative means of separation from likely abusers could be arranged. He stated that they would typically be able to transfer an inmate within 30 days, but due to COVID-19 it could now take up to 90. The interviews with the staff who supervise inmates in segregated housing indicated inmates would only be placed in involuntary segregated housing until alternative means of separation could be arranged and that inmates would not normally be placed there for longer than two months. There were no inmates identified to be placed in involuntary segregated housing and as such no interviews were conducted.

**115.43 (d):** P5324.12, pages 34-35, indicates that if an involuntary segregated housing assignment is made that the facility will clearly document the basis for the concern for the inmate's safety and the reasons that no alternatives means of separation can be arranged. Additionally, policy indicates that the inmate will receive mental health services at least every 30 days. The PAQ indicated there have been zero instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization.

**115.43 (e):** P5324.12, page 35 and the PAQ indicate that if an inmate was placed in segregation due to risk of victimization, they would be reviewed every 30 days to determine if there was a continued need for the inmate victim to be separated from the general population. Specifically, policy indicates that inmates would be reviewed weekly at the Special Housing Unit Meeting. The interviews with the staff who supervise inmates in segregated housing indicated that inmates in segregated housing would be reviewed at least every 30 days. There were no inmates identified to be placed in involuntary segregated housing and as such no interviews were conducted.

Based on a review of the PAQ, P5324.12, BP-A1002, documentation related to inmates who were involuntarily segregated, observations from the facility tour related to segregation areas as well as information from the interview with the Warden and staff who supervise inmates in segregated housing indicates that this standard appears to be compliant

## REPORTING

### Standard 115.51: Inmate reporting

#### 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*)

**Documents:**

1. Pre-Audit Questionnaire
2. P5324.12
3. P3420.11
4. Memo from Facility Warden
5. Sexually Abusive Behavior Prevention and Intervention
6. PREA Posters

**Interviews:**

1. Interview with Random Staff
2. Interview with Random Inmates
3. Interview with the PREA Compliance Manager

**Site Review Observations:**

1. Observation of PREA Reporting Information in all Housings Units

**Findings (By Provision):**

**115.51 (a):** P5324.12, page 35, indicates that the agency provides multiple ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse or sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. A review of additional documentation to include the Sexually Abusive Behavior Prevention and Intervention inmate education and PREA signage, indicated that there are multiple ways for inmates to report. These methods include: to any employee, contractor or volunteer; via a “drop-note” or other written communication; via a grievance (administrative remedy); to the OIG either via the inmate’s personal email or via a written letter. Additionally, inmate can report via third-party. The third-party can call, write or email. They are also able to voice a concern on the agency website at: <https://www.bop.gov/inmates/concerns.jsp>. During the tour, it was observed that information pertaining to how to report PREA allegations was posted in all housing units. Interviews with 40 inmates confirm that all 40 were aware of at least one way to report sexual abuse and/or sexual harassment. Most inmates indicated that they would tell a staff member or report through the computer (copout or email). Interviews with twelve staff confirm that they take all allegations seriously and that inmates have multiple ways (verbal, written, electronic, anonymous and third-party) to report sexual abuse and sexual harassment. Most staff stated that inmates can report directly to any staff member, through a written note or through the computer.

**115.51 (b):** The PAQ stated that the agency provides at least one way for inmates to report sexual abuse to a public or private entity or office that is not part of the agency. P5324.12, page 35, indicates that the agency has a way for inmates to report abuse or harassment to a public or private entity that is not part of the agency, and that the entity can immediately forward the information to agency officials. Inmates can report to the OIG via their personal email or via a written letter. Additionally, third parties can contact the OIG on behalf of the inmate. The auditor sent a letter from a BOP facility to the OIG address located on the PREA posters in order to test the outside reporting mechanism. The auditor was forwarded information from the Management Analyst confirming the letter was received by the OIG. All inmates also



have access to the computer system. Inmates can send a confidential email directly to the Office of the Inspector General. The auditor had an inmate send an email to the OIG while on-site at a BOP facility to test the second OIG contact method. The auditor was forwarded a copy of the email from the facility investigator after it was forwarded to him from the OIG. During the tour, it was observed that information pertaining to how to report PREA allegations was posted in all housing units, including the OIG information. The interview with the PCM indicated that inmates can report to the OIG via an email on TRULINCS. He stated that the information generally is sent from the OIG to the Office of Internal Affairs (OIA) who will then send it to either the Warden, SIS or SIA. Interviews with 40 inmates indicated that eleven were aware of the outside reporting mechanism and seventeen knew they could report anonymously.

**115.51 (c):** P5324.12, page 35, notes that staff are required to accept all reports made verbally, in writing, anonymously and from a third-party and will promptly document any verbal reports. The memo from the Warden indicated that inmates can report sexual abuse or sexual harassment to any staff member, through an administrative remedy, by writing an email in TRULINCS, by writing to an outside agency and through national hotlines. Interviews with 40 inmates confirm that 34 were aware they could report verbally to staff and through a third-party, including family, friends and an attorney. Interviews with twelve staff confirm that they accept all reports of sexual abuse and sexual harassment, including verbal and through a third-party and they immediately report the information to their supervisor (Operations Lieutenant).

**115.51 (d):** P5324.12, pages 35-36, describes that the agency provides a method for staff to privately report sexual abuse and sexual harassment of inmates. The PAQ and policy indicates staff can privately report to the Office of the Inspector General, Office of Internal Affairs or any supervisory staff. Additionally, staff are informed of the way to report via BOP PREA Notices and P3420.11. Interviews with twelve staff indicate that ten were aware of a method that they could privately report sexual abuse and sexual harassment of inmates. Staff stated that they can report via email, to SIS and one-on-one to their supervisor.

Based on a review of the PAQ, P5324.12, P3420.11, the Sexually Abusive Behavior Prevention and Intervention, the Memo from the Warden, PREA signage, observations from the facility tour related to PREA signage and posted information and interviews with the PCM, random inmates and random staff, this standard appears to be compliant.

## **Recommendation**

While inmates are informed of the outside reporting mechanism and that they can anonymously report via the inmate handbook, during the Sexually Abusive Prevention and Intervention portion of A&O and through signage posted throughout the facility the auditor highly recommends that the information be emphasized during A&O and during program reviews. During inmate interviews, only eleven inmates were familiar with outside reporting mechanism and seventeen knew they could report anonymously.

## **Standard 115.52: Exhaustion of administrative remedies**

### **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*)

**Documents:**

1. Pre-Audit Questionnaire
2. P1330.18
3. Sexually Abusive Behavior Prevention and Intervention
4. Grievance Log and Sample Grievances

**Findings (By Provision):**

**115.52 (a):** P1330.18 is the policy related to inmate grievances/administrative remedy. The PAQ indicated that the agency is not exempt from this standard.

**115.52 (b):** P1330.18 describes the grievance process for allegations of sexual abuse and sexual harassment. Specially, page 4 indicates that the agency does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. Page 4 also discusses that the agency does not require an inmate to use the informal grievance process, or attempt to resolve with staff, an alleged incident of sexual abuse. A review of the Sexually Abusive Behavior Prevention and Intervention education indicated that page 3 discusses administrative remedy procedures. The PAQ indicated that the agency has a policy that allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident alleged to have occurred. Additionally, it states that the policy does not require an inmate to use an informal grievance process.

**115.52 (c):** P1330.18 outlines the grievance process for allegations of sexual abuse and sexual harassment. Pages 6 and 14 specifically state that the inmate may submit a grievance without submitting it to the staff member who is the subject of the complaint and grievances will not be referred to staff members who are the subject of the complaint. A review of the Sexually Abusive Behavior Prevention and Intervention education indicated that page 3 discusses administrative remedy procedures.

**115.52 (d):** P1330.18, page 14, section d, outlines the grievance process for allegations of sexual abuse and sexual harassment. Specifically, that the agency would issue a final decision on grievances related to sexual abuse within 90 days of the initial filing. The 90 days does not include the time used by the inmate to prepare any administrative appeal. The agency may claim an extension up to 70 days if the normal time period for response is insufficient to make an appropriate decision. The inmate must be notified in writing of the extension and provide a date by which the decision will be made. The policy also indicates that if the inmate does not receive a response within the allotted timeframe, the inmate will consider the absence of a response to be a denial. The PAQ indicated that there were zero grievances of sexual abuse filed in the previous twelve months. A review of the grievance log and a sample of five grievances confirmed there were no grievances of sexual abuse filed within the previous twelve months. Interviews with four inmates who reported sexual abuse indicated that one was informed of the outcome of the investigation and one was told it was still open. None of inmates reported via a grievance and as such no response was required.

**115.52 (e):** P1330.18, page 14, section e, outlines the grievance process for third-party allegations of sexual abuse and sexual harassment. Specially, that third parties are permitted to assist inmates in filing request for administrative remedies for sexual abuse and are permitted to file such request on behalf of the inmate. In addition, it states that if a third-party files a report on behalf of an inmate that the agency may require the alleged victim to agree with the request prior to filing and if the inmate declines will require the inmate to complete a sworn affidavit stating he does not want the grievance to proceed. The PAQ indicated that there have not been any third-party grievances filed in the previous twelve months. A review

of the grievance log and a sample of five grievances confirmed there were no grievances of sexual abuse filed within the previous twelve months.

**115.52 (f):** P1330.18, page 14, section f, outlines the grievance process for allegations of sexual abuse and sexual harassment. Specially, that the agency provides inmates the opportunity to file an emergency grievance alleging substantial risk of imminent sexual abuse and the grievance will be addressed immediately. The policy indicates that an initial response will be provided within 48 hours and that a final decision will be provided within five calendar days. The final decision will 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. The PAQ indicated that there have been zero emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous twelve months. A review of the grievance log and a sample of five grievances confirmed there were no grievances of sexual abuse filed within the previous twelve months.

**115.52 (g):** P1330.18, page 16, indicates that inmates may be disciplined for filing a grievance in bad faith. The PAQ indicated that no inmates have been disciplined for filing a grievance in bad faith in the previous twelve months.

Based on a review of the PAQ, P1330.18, the Sexually Abusive Behavior Prevention and Intervention education, the grievance log and sample grievances, this standard appears to be compliant.

## **Standard 115.53: Inmate access to outside confidential support services**

### **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*)

### Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Sexually Abusive Behavior Prevention and Intervention
4. Inmate Admission and Orientation Handbook

### Interviews:

1. Interview with Random Inmates
2. Interview with Inmates who Reported Sexual Abuse

### Site Review Observations:

1. Observations of Victim Advocacy Information

### Findings (By Provision):

**115.53 (a):** P5324.12, page 36 indicates that the agency provides access to outside victim advocates for emotional support related to sexual abuse by giving inmates mailing addresses and telephone numbers to victim advocates or rape crisis organizations and enables reasonable communication in as confidential manner as possible. The PAQ indicated that inmates were provided mailing addresses and phone numbers and that they enabled reasonable communication with these services in as confidential a manner as possible. The Sexually Abusive Behavior Prevention and Intervention inmate education indicates inmates can contact Psychology Services for information. The facility provided documentation related to an attempt within the previous year and a half to establish an MOU with AAFV, however the local center was closed during COVID-19. During the lapse in the MOU the facility did not provide the inmates with mailing addresses or telephone numbers to national, state or local organizations that provide rape crisis and emotional support services. Interviews with 40 inmates indicated that fourteen were aware of victim advocacy services. The interviews with four inmates who reported sexual abuse confirmed that two were offered victim advocacy services, but both declined the services and as such are not aware of what services would be provided. During the tour the auditor did not identify any posted information related to victim advocacy. The staff member from AAFV advised that there was not a current MOU in place for services as they had just recently reopened, but that they were working on one with the facility to provide services.

**115.53 (b):** P5324.12, page 36, indicates that prior to giving inmates access to outside support services that they are informed of the extent which communication will be monitored as well as any mandatory reporting rules and limits to confidentiality. Policy indicates that confidential is not the same as privileged communication and as such communication is monitored consistent with security practices. The facility provided documentation related to an attempt within the previous year and a half to establish an MOU with AAFV, however the local center was closed during COVID-19. During the lapse in the MOU the facility did not provide the inmates with mailing addresses or telephone numbers to national, state or local organizations that provide rape crisis and emotional support services. Interviews with 40 inmates indicated that fourteen were aware of victim advocacy services. The interviews with four inmates who reported sexual abuse confirmed that two were offered victim advocacy services, but both declined the services and as such are not aware of what services would be provided. During the tour the auditor did not identify any posted information related to victim advocacy, including the level of confidentiality. Additionally, information was not included in the inmate handbook or other PREA education materials related to the extent in which communication would be monitored and reports of abuse would be forwarded to authorities. The staff member from AAFV advised that there was not a current MOU in place for services as they had just recently reopened, but that they were working on one with the facility to provide services.

**115.53 (c):** The PAQ indicated that the facility does not have an MOU with a local rape crisis center. The facility provided documentation related to an attempt within the previous year and a half to establish an MOU with AAFV, however the local center was closed during COVID-19. The staff member from AAFV advised that there was not a current MOU in place for services as they had just recently reopened, but that they were working on one with the facility to provide services.

Based on a review of the PAQ, P5324.12, the Sexually Abusive Behavior Prevention and Intervention, the inmate handbook, observations from the facility tour related to PREA signage and posted information and interviews with random inmates, inmates who reported sexual abuse and the staff member from AAFV, this standard appears to require corrective action. The facility does not currently have an MOU with a local rape crisis center to provide services. Additionally, the facility had not provided inmates with mailing addresses and telephone numbers to a national, state or local organization. As such inmates are not offered these services and are not provided information on the extent to which their communication would be monitored.

### **Corrective Action**

The facility will need to work with AAFV on the MOU to establish an agreement that allows for the facility to distribute their phone number and mailing address to the inmate population for emotional support services. If the facility is unable to establish an MOU, they will need to provide the inmate population with access to other local, state or national victim advocacy and/or emotional support services, through a phone number and mailing address. The current inmate population will need to be educated on the services, including how to access and the level of confidentiality related to the communication methods. Additionally, the facility will need to update the inmate handbook and the Sexually Abusive Behavior Prevention and Intervention inmate education to include the aforementioned information. The auditor recommends that this information is also posted throughout the facility and that staff send photos of the information to the auditor for confirmation. A copy of the executed MOU, if applicable, as well as updated inmate education materials will also need to be forwarded to the auditor.

### **Verification of Corrective Action since the Interim Audit Report**



The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

**Additional Documents:**

1. Memorandum from the Chief Psychologist
2. Memorandum Describing Efforts to Secure Victim Advocacy Services
3. Memorandum of Understanding with Alliance Against Family Violence
4. Updated Inmate Admission and Orientation Handbook
5. Updated PREA Poster
6. Inmate Bulletin
7. Photos of Updated PREA Poster Throughout the Facility
8. TRULINCS Advocacy Information Message

On May 3, 2021 the auditor received three photos of the AAFV poster within the facility. The poster stated that the organization provides 24/7 access to rape crisis personnel. The poster further states that the organization has agreed to provide support services for the inmate population, including accompaniment for forensic medical examinations, investigatory interviews, and follow-up crisis counseling. The poster includes the phone number 913-675-7217.

On September 1, 2021 the auditor received documentation related to corrective action of 115.53. The facility provided the auditor with a memorandum from the Chief Psychologist indicating that on August 9, 2021 he contacted the greater Kansas City area to search for an organization willing to provide confidential emotional support services. The memo stated that the Chief Psychologist contacted another local prison to identify who they utilize for services, but that organization advised him that they serve the Kansas City, Missouri area and not the Kansas City, Kansas area. The Chief Psychologist further contacted the Young Women's Christian Association (YWCA) related to providing services and had not received a response. A second memo stated that they were unable to secure an MOU and as such the facility has provided inmates with the phone number for RAINN. A review of the updated Admission and Orientation Handbook and PREA Poster as well as the Inmate Bulletin confirmed that documentation was updated to include the national sexual assault hotline (800-656-4673). The documentation stated that inmates can request a phone call to the organization through Psychology staff. It further states that the call will be placed on an unmonitored phone to ensure confidentiality. In addition to the updated documentation, the auditor was provided fifteen photos of the updated PREA posters throughout the facility. After a review of the documentation the auditor requested clarification related to the potential MOU with AAFV and an update on the MOU with YWCA. Additionally, the auditor advised the facility that in addition to a phone number, a mailing address is required to be provided to the inmates as well.

On September 4, 2021 the auditor contacted AAFV again to discuss the MOU. The staff member advised that she had signed and sent over the MOU months ago and had not heard back from the facility. The auditor contacted the Management Analyst and advised that the memo from the Chief Psychologist was not acceptable as the local rape crisis center was willing to enter into an MOU to provide services and had sent a signed MOU to the facility. On October 5, 2021 the auditor received the executed MOU between USP Leavenworth and Alliance Against Family Violence. The MOU outlines that AAFV will provide contact information for the inmate population so that inmates may contact AAFV if they wish to receive support or advocacy services relate to sexual abuse incidents. The MOU was signed and executed on October 1, 2021. On October 20, 2021 the facility provided the auditor with updated documentation with contact information for AAFV, including the inmate handbook, PREA poster and inmate bulletin. The documents were updated to include the information for the AAFV (the local rape crisis center), including the phone number and mailing address. The handbook was also updated to state that if the inmate prefers to contact an outside emotional support services they can request a phone call from Psychology staff who will assist with the call. The call will be placed on an unmonitored phone to ensure confidentiality. The auditor was provided photos of the inmate handbook posted in the housing



units as well as confirmation that the updated handbook as well as the contact information for the local victim advocacy center was sent to the inmate population via TRULINCS.

Based on the executed MOU with AAFV, the updated handbook, the updated PREA poster, the inmate bulletin, photos of the posted information and the TRULINCS information, the facility has made the appropriate corrective actions and as such this standard is compliant.

## Standard 115.54: Third-party reporting

### 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*)

### Documents:

1. Pre-Audit Questionnaire

### Findings (By Provision):

**115.54 (a):** The PAQ indicated that the agency has a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an inmate. A review of the agency's website confirms that third parties can report on behalf of an inmate via the "voice your inmate concern" form located at <https://www.bop.gov/inmates/concerns.jsp>. Additionally, the website states that third parties can report incidents of sexual abuse by sending information to the National PREA Coordinator (for inmate-on-inmate) or the Office of Internal Affairs (for staff-on-inmate). Addresses are included on the website for both of these offices.

Based on a review of the PAQ and the agency's website this standard appears to be compliant.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

## Standard 115.61: Staff and agency reporting duties

### 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*)

**Documents:**

1. Pre-Audit Questionnaire
2. P5324.12
3. Incident Reports
4. Investigative Reports

**Interviews:**

1. Interview with Random Staff
2. Interview with Medical and Mental Health Staff
3. Interview with the Warden
4. Interview with the PREA Coordinator

**Findings (By Provision):**

**115.61 (a):** P5324.12, pages 37-38, outline the staff and agency reporting duties. Specifically, it requires all staff to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment, retaliation against any inmate or staff that reported such incidents and any staff neglect or violation of responsibility that may have contributed to an incident to the Operations Lieutenant. Staff are required to provide a written follow-up memo to the Operations Lieutenant. The Operations Lieutenant is then required to notify the PREA Compliance Manager. The allegation is then entered into the Bureau's intelligence database. The PAQ along with interviews with random staff confirm that they take all allegations seriously and that they know they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment. Interviews also confirmed they would report retaliation or any staff neglect related to these incident types.

**115.61 (b):** P5324.12, page 38, describes that information is on a need to know basis and that information is only utilized for the inmate's welfare and the investigation of the incident. The PAQ along with interviews with random staff confirm that they would immediately report the information to the Operations Lieutenant.

**115.61 (c):** P5324.12, page 38, indicates that medical and mental health staff are required to report sexual abuse as described in section (a) and that they are required to inform inmates of their duty to report and limits to confidentiality at the initiation of services. Interviews with medical and mental health care staff confirm that they would immediately report any allegation of sexual abuse that occurred within a confinement setting. Medical and mental health care staff indicated that they inform inmates of the limits of confidentiality and their duty to report.

**115.61 (d):** P5324.12, page 38, indicates that any alleged victims under the age of eighteen or considered to be a vulnerable adult would require the agency to report the allegation to the designated State or local service under applicable mandatory reporting laws. The interview with the PREA Coordinator indicated they would report the allegation and then also report to the appropriate state or local service agency as required under the mandatory reporting laws. The Warden confirmed that any allegations under this provision would include the basic PREA protocol as well as notifying the courts and Department of Family Services.

**115.61 (e):** P5324.12, page 38, indicates that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports would be reported to the facility's designated investigators. The interview with the Warden confirmed that this is the practice. A review of investigative reports indicate

that all allegations are reported initially to SIS and then forwarded to OIA, OIG or the FBI as required by policy.

Based on a review of the PAQ, P5324.12, investigative report and interviews with random staff, medical and mental health staff, the PREA Coordinator and the Warden confirm this standard appears to be compliant.

## Standard 115.62: Agency protection duties

### 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*)

### Documents:

1. Pre-Audit Questionnaire
2. P5324.12

### Interviews:

1. Interview with the Agency Head
2. Interview with the Warden
3. Interview with Random Staff

### Findings (By Provision):

**115.62 (a):** P5324.12, pages 38-39, indicate that when the agency learns that an inmate is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. The policy indicates that the Operations Lieutenant will be notified and he/she will take immediate action to safeguard the inmate. This may include monitoring the situation, changes in housing assignments, changes in work assignments, placing the alleged victim and perpetrator in segregated housing, reassignment of staff member to another post or removal of the staff member from the facility. The PAQ noted that there were no inmates who were determined to be at risk of imminent sexual abuse. The interviews with the Agency Head indicated that any inmate at risk would be immediately safeguarded and then additional steps would be taken depending on the situation. The inmate may require a change in job assignment, housing assignment and/or program assignment. The inmate may be required to be transferred to another facility or the perpetrator may be placed in SHU. The interview with the Warden confirmed that there would be multiple disciplines involved and that they would find the appropriate

housing for the inmate. The interview with twelve staff indicated they would all either separate the inmates or keep the inmate victim in their presence. Most stated they would notify the Operations Lieutenant.

Based on a review of the PAQ, P5324.12 and interviews with the Agency Head, Warden and random staff indicate that this standard appears to be compliant.

## **Standard 115.63: Reporting to other confinement facilities**

### **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*)

### **Documents:**

1. Pre-Audit Questionnaire
2. P5324.12
3. Notification Letters
4. Investigative Reports

### **Interviews:**

1. Interview with the Agency Head
2. Interview with the Warden

### **Findings (By Provision):**

**115.63 (a).** P5324.12, pages 39-40, describe the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden will notify the appropriate staff (Warden/Office of Internal Affairs) within the agency or the appropriate office if it is outside of the agency. The PAQ indicated that during the previous twelve months, the facility had one inmate report that he was abused while confined at another facility. A review of the allegations determined that the facility received allegations from other facilities and not vice versa. As such, there were zero inmates who reported sexual abuse at USP Leavenworth that occurred at a prior facility that required the Warden-to-Warden notification.

**115.63 (b):** P5324.12, page 40, describes the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the notification will be made as soon as possible, but not later than 72 hours after receiving the allegation. The PAQ indicated that during the previous twelve months, the facility had one inmate report that he was abused while confined at another facility. A review of the allegations determined that the facility received allegations from other facilities and not vice versa. As such, there were zero inmates who reported sexual abuse at USP Leavenworth that occurred at a prior facility that required the Warden-to-Warden notification.

**115.63 (c):** P5324.12, page 40, describes the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the required notification will be documented. The PAQ indicated that during the previous twelve months, the facility had one inmate report that he was abused while confined at another facility. A review of the allegations determined that the facility received allegations from other facilities and not vice versa. As such, there were zero inmates who reported sexual abuse at USP Leavenworth that occurred at a prior facility that required the Warden-to-Warden notification.

**115.63 (d):** P5324.12, page 40, indicates that the facility head or agency head that receives notification that an inmate alleges they were sexually abused shall ensure that the allegation is investigated in accordance with these standards. The PAQ indicated that during the previous twelve months, the facility has received zero allegations from other facilities/agencies that an inmate reported to them that he was sexually abused while housed at USP Leavenworth. A review of investigative reports indicated there were two allegations reported from another facility that an inmate reported they were sexually abused while housed at USP Leavenworth. Both allegations were investigated by SIS. The interview with the Agency Head indicated that in general, the OIG investigates potential criminal cases involving staff-on-inmate sexual abuse and OIA investigates administrative cases of staff-on-inmate sexual abuse or harassment. Additionally, institution investigative staff, including SIS and SIA investigates all other cases. Substantiated allegations for administrative investigations or criminal prosecutions are based on the corroboration of witnesses' and victim statements, predicated information, along with physical evidence. The interview with the Warden confirmed that the allegations would be referred for investigation and that they had a few in the previous year and they were all referred to SIS.

Based on a review of the PAQ, P5324.12, a review of investigations and interviews with the Agency Head and Warden, this standard appears to be compliant.

## **Standard 115.64: Staff first responder duties**

### **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*)

#### Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Investigative Reports

#### Interviews:

1. Interview with First Responders
2. Interviews with Random Staff

#### Findings (By Provision):

**115.64 (a).** P5324.12, page 40, describes staff first responder duties. Specifically, it requires that upon learning that an inmate was sexually abused, the first security staff member will: separate the alleged victim and the alleged perpetrator, preserve and protect any crime scene until evidence can be collected



and if the abuse occurred within a time period that still allows for the collection of physical evidence request that the alleged victim and ensure that the alleged perpetrator not take any action to destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. The PAQ indicated that during the previous twelve months, there has been two allegations of sexual abuse. The allegation did not require the separation of the alleged victim and abuser nor did it occur within a timeframe for evidence collection. A review of investigative reports indicated there were six allegations of sexual abuse reported in the previous twelve months, five of which were closed. A review of the reports indicated that three involved the separation of the inmates through a housing change and none involved the collection of physical evidence or the securing of the crime scene. The interviews with the staff first responders indicated that staff would keep the inmate victim with them, notify the Operations Lieutenant, keep the inmates apart, shut down the cell so that evidence is not destroyed, take the inmate victim to medical and take the inmate aggressor to the SHU. The non-custody staff first responder indicated she would immediately report the information to custody staff. The interviews with the five inmates who reported sexual abuse indicated that four believed staff handled the situation quickly. The four inmates reported to staff either verbally or in writing and were taken to the Operations Lieutenant to discuss the allegation.

**115.64 (b):** P5324.12, page 40, describe staff first responder duties. Specifically, it requires if the first responder is not a security staff member, the responder shall advise the alleged victim and ensure the alleged perpetrator not take any action to destroy physical evidence, if it occurred within a time period that still allows for the collection of physical evidence. Additionally, policy indicates that the first responder must preserve the crime scene for SIS. The PAQ indicated that during the previous twelve months, there have been two allegations of sexual abuse. A review of investigative reports indicated there were six allegations of sexual abuse reported in the previous twelve months, five of which were closed. None of the allegations involved a non-custody staff first responder. The interviews with the staff first responders indicated that staff would keep the inmate victim with them, notify the Operations Lieutenant, keep the inmates apart, shut down the cell so that evidence is not destroyed, take the inmate victim to medical and take the inmate aggressor to the SHU. The non-custody staff first responder indicated she would immediately report the information to custody staff. Interviews with twelve random staff confirmed that all would separate the inmates and/or safeguard the victim and would notify the Operations Lieutenant. Most stated they would also secure the area where the allegation occurred.

Based on a review of the PAQ, P5324.12, investigative reports and interviews with random staff, first responders and inmates who reported sexual abuse, this standard appears to be compliant.

## Standard 115.65: Coordinated response

### 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*)

**Documents:**

1. Pre-Audit Questionnaire
2. P5324.12
3. LVN-5324.12B

**Interviews:**

1. Interview with the Warden

**Findings (By Provision):**

**115.65 (a):** The PAQ as well as P5324.12, page 40, indicated that the facility has a written plan that coordinates actions taken in response to incidents of sexual abuse among staff first responders, medical and mental health staff, investigators and facility leaders. A review of LVN-5324.12B showed that all areas are accounted for in the plan. Sections include actions and responsibilities required for each area. The Warden confirmed that the facility has a plan and that it includes all the required components.

Based on a review of the PAQ, P5324.12, LVN-5324.12B and the interview with the Warden, this standard appears to be compliant.

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

**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*)

**Documents:**

1. Pre-Audit Questionnaire
2. Council of Prison Locals – American Federation of Government Employees Master Agreement

**Interviews:**

1. Interview with the Agency Head

**Findings (By Provision):**

**115.66 (a):** The PAQ indicated that the agency has entered into or renewed a collective bargaining agreement since August 20, 2012. Page 70 of the Master Agreement indicates that the employer may reassign the employee to another job within the institution or remove the employee from the institution pending investigation and resolution of the matter. The interview with the Agency Head confirmed that the agency has a collective bargaining agreement, however article 30g of the Master Agreement permits the agency to remove an employee from the institution when an allegation adversely affects the agency's confidence in the employee or the security of the institution.

**115.66 (b):** The PAQ indicated that the agency has entered into or renewed a collective bargaining agreement since August 20, 2012. Page 70 of the Master Agreement indicates that the employer may reassign the employee to another job within the institution or remove the employee from the institution pending investigation and resolution of the matter.

Based on a review of the PAQ, the Master Agreement and the interview with the Agency Head, this standard appears to be compliant.

**Standard 115.67: Agency protection against retaliation****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*)

### Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Investigative Reports
4. Monitoring Documents

### Interviews:

1. Interview with the Agency Head
2. Interview with the Warden
3. Interview with Designated Staff Member Charged with Monitoring Retaliation
4. Interview with Inmates who Reported Sexual Abuse

### Findings (By Provision):

**115.67 (a):** P5324.12, pages 42-43, outline the agency's method for protection against retaliation. It addresses that the agency will protect all inmates and staff who report sexual abuse and sexual harassment from retaliation by other inmates and staff and has designated staff responsible for monitoring. The PAQ indicated that the facility has a policy and that the PREA Compliance Manager is responsible for monitoring for retaliation.

**115.67 (b):** P5324.12, page 42, addresses the multiple measures that the facility will take to protect inmates and staff. These measures include housing changes or transfers for inmate victims, removal of the alleged staff abuser from contact with the victim and emotional support services for inmates or staff who fear retaliation for reporting. A review of investigative reports and monitoring documents indicated that there have been no allegations of retaliation nor any reported fear of retaliation. Interviews with the Agency Head, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an inmate or staff member expressed fear of retaliation. The interview with the Agency Head indicated that the PCM would monitor the inmate and monitoring would include housing and cell assignments, work assignments, programming changes and disciplinary action. The Agency Head indicated for staff it could include reassignment of work posts, performance evaluations and shift changes. The Warden stated that they would train staff if appropriate, they could rehouse the inmate, they could transfer one of the inmates and they could prohibit staff from entering the facility, if appropriate. The staff member responsible for monitoring for retaliation stated that he monitors the inmate victim every 30 days through a review of incident reports, through a check of any cell or job changes, through monitoring of phone calls and through other avenues such as if they go to medical or if their commissary money has increased or decreased. He stated that he pulls the inmate in and interview him as well. The staff member stated that possible measures they would take to protect from retaliation include moving housing units, initiating a transfer, initiating the protective custody process if the inmate does not feel safe and through placing the alleged perpetrator in the SHU. The four inmates who reported sexual abuse indicated that three felt protected from retaliation. One inmate stated he did not feel protected because

he did not trust staff. There were zero inmates in segregated housing for high risk of victimization or who alleged to have suffered sexual abuse.

**115.67 (c):** P5324.12, page 43, addresses that the facility will monitor the inmate for at least 90 days following a report of sexual abuse and will monitor the conduct and treatment of the inmate or staff to see if there are any changes that may suggest possible retaliation and will act promptly to remedy any retaliation. The policy requires that the process include monitoring any inmate disciplinary reports, housing or program changes or any negative performance reviews or reassignments of staff. The policy indicates that monitoring can extend beyond 90 days if the initial monitoring indicates a need to continue. The policy states that the PREA Compliance Manager is responsible for monitoring. The PAQ indicated that the facility monitors for retaliation and that it does so for at least 90 days. The PAQ indicated that there had been no instances of retaliation in the previous twelve months. The interview with the Warden indicated that any retaliation would be handled through the disciplinary process. The staff member responsible for monitoring for retaliation stated that he monitors the inmate victim every 30 days through a review of incident reports, through a check of any cell or job changes, through monitoring of phone calls and through other avenues such as if they go to medical or if their commissary money has increased or decreased. He stated that he does periodic status checks during his rounds. He confirmed he monitors for at least 90 days and will monitor longer to the extent that is needed. A review of monitoring documents indicated that five of the allegations required monitoring. Of the five, two had inmates that were transferred within 30 days and as such monitoring was unable to be completed. Of the three remaining, all had monitoring initiated. Two had monitoring completed and one was still ongoing. While reviews were completed there was limited information related to the status checks and limited information on the dates that the checks were completed. As such, the auditor recommends that the facility utilize the new BOP monitoring form and document more detailed information.

**115.67 (d):** P5324.12, page 43, states that the facility will monitor the inmate and such monitoring includes periodic status checks. While no instances of monitoring were required, staff did monitor an inmate who alleged sexual harassment for 90 days. The staff member responsible for monitoring for retaliation stated that he conducts periodic status checks during her rounds. A review of monitoring documents indicated that five of the allegations required monitoring. Of the five, two had inmates that were transferred within 30 days and as such monitoring was unable to be completed. Of the three remaining, all had monitoring initiated. Two had monitoring completed and one was still ongoing. While reviews were completed there was limited information related to the status checks and limited information on the dates that the checks were completed. As such, the auditor recommends that the facility utilize the new BOP monitoring form and document more detailed information.

**115.67 (e):** P5324.12, page 43, states if any other individual who cooperates with an investigation expresses fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. The interview with the Agency Head indicated that they would employ the same protective measures as stated previously related to staff and inmates to include, removal of inmates or staff, protective protocols, counseling and an investigation. The Warden stated that they would refer to the disciplinary process for any retaliation and that they would employ measures such as training, rehousing, transfers and prohibiting staff from entering the facility.

**115.67 (f):** Auditor not required to audit this provision.

Based on a review of the PAQ, P5324.12, investigative reports, monitoring documents and interviews with the Agency Head, Warden and staff charged with monitoring for retaliation, this standard appears to be compliant.

## **Recommendation**

While the facility complies with this standard based on documentation, interviews and policy. The auditor highly recommends that the facility document information obtained during the periodic status checks with the inmate victims on the monitoring form as well as provide more detail related to the dates of the monitoring and what all was monitored.

## Standard 115.68: Post-allegation protective custody

### 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*)

### Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. BP-A1002: Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegations Form

### Interviews:

1. Interview with the Warden
2. Interview with Staff who Supervise Inmates in Segregated Housing
3. Interview with Inmates in Segregated Housing

### Site Review Observations:

1. Observations of the Special Housing Unit

### Findings (By Provision):

**115.68 (a):** P5324.12, page 43, indicates any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse will be subject to the requirements of 115.43. Pages 33-34 of P5324.12 reference the requirements under 115.43 in policy. The PAQ indicated that no inmates who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 days. During the tour, it was observed that there were no inmates placed in segregation due to a PREA allegation. A review of documentation indicated that four inmates were in the SHU after an allegation of sexual abuse. One inmate was already in the SHU when he made the allegation, one inmate requested protection prior to the allegation and was placed in the SHU voluntarily and two others were placed in the SHU due to other disciplinary issues (one drugs and one a use of force with staff). The interview with the Warden indicated that the agency has a policy prohibiting inmates who reported sexual abuse from being placed in involuntary segregated housing, unless there are no other alternatives to separate the inmate victim from alleged abuser(s). The Warden confirmed that the inmate would only remain in involuntary



segregated housing until an alternative means of separation from likely abusers could be arranged. He stated that they would typically be able to transfer an inmate within 30 days, but due to COVID-19 it could now take up to 90. The interviews with the staff who supervise inmates in segregated housing indicated that inmates would have access to programs, privileges, education and work opportunities to the extent possible. The staff also stated that any restrictions would be documented. The staff who supervise inmates in segregated housing indicated inmates would only be placed in involuntary segregated housing until alternative means of separation could be arranged and that inmates would not normally be placed there for longer than two months. The staff both stated that the inmate would be reviewed at least every 30 days if they did remain in the SHU. There were no inmates identified to be placed in involuntary segregated housing and as such no interviews were conducted.

Based on a review of the PAQ, P5324.12, BP-A1002s and the interviews with the Warden and staff who supervise inmates in segregated housing, this standard appears to be compliant.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

#### 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*)

### Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Prison Rape Elimination Act Investigation Policy Memorandum
4. Memorandum of Understanding with the Federal Bureau of Investigation (FBI)
5. Letter from FBI on PREA Compliance
6. Investigative Reports

### Interviews:

1. Interview with Investigative Staff
2. Interview with Inmates who Reported Sexual Abuse
3. Interview with the Warden
4. Interview with the PREA Coordinator
5. Interview with the PREA Compliance Manager

### Findings (By Provision):

**115.71 (a):** P5324.12, page 43, states when an agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly and objectively for all allegations. The policy indicated that when it is an inmate-on-inmate allegation that the Special Investigative Services (SIS) is contacted and for an allegation that is staff-on-inmate the OIA is contacted, who in turn contacts the OIG and/or the FBI, when appropriate. There were seven allegations of sexual abuse or sexual harassment reported at the facility for the previous twelve months, six of which were closed. A review of the six closed investigations confirmed that all of the allegations were forwarded to SIS or SIA for investigation. All six of the closed investigations were completed within 30 days and were thorough and objective. The interview with the investigator confirmed that an investigation is initiated immediately and that all allegations are investigated the same, whether they are reported anonymously or through a third party.

**115.71 (b):** P5324.12, page 28, and the PAQ indicates that investigators are required to be trained in conducting sexual abuse investigations in a confinement setting. This training is completed through two curriculums: the DOJ/OIG PREA Training or the NIC: Investigation Sexual Abuse in a Confinement Setting. A review of an email from the Administrator of the External Auditing Branch indicated that 113 OIG field agents have completed the DOJ/OIG PREA training. The PAQ indicated there are 253 facility and agency staff that conduct investigations and that eight facility staff have completed the NIC training. A review of documentation indicated that 20 staff were documented with the NIC specialized investigator

training. The MOU and letter from the FBI indicate that they are compliant with all PREA investigatory standards to include 115.34. The interview with the investigator indicated she received specialized investigator training. She stated that the training covered how to interview different types of victims, how to gauge the personality of the interviewee and how to handle female and mental health inmates.

**115.71 (c):** P5324.12, page 44, describes the criminal and administrative investigation process. Specifically, it states that investigators shall gather and preserve direct and circumstantial evidence including physical, DNA, electronic monitoring data and interviews. It also indicates that they will review prior complaints and reports of sexual abuse involving the alleged perpetrator. There were seven allegations of sexual abuse or sexual harassment reported at the facility for the previous twelve months, six of which were closed. A review of those six closed investigations confirmed that all included statements and interviews, however none required physical, DNA or electronic evidence collection. The interview with investigative staff indicated that she would initiate an investigation by interviewing the inmate victim. She stated depending on when it occurred she may have to ensure the victim is safe, may need to secure the crime scene and get the basic who, what, where, when and how. She stated she would then thoroughly interview the inmate victim, go through the full medical protocol, interview the perpetrator, review video, phone calls and emails, review the medical assessments, gather additional information and take photos. The investigators stated she would be responsible for gathering any physical evidence such as clothing, linens, etc. She indicated she would also review telephone calls, statements, emails, video and photos.

**115.71 (d):** P5324.12, page 44, describes the criminal and administrative investigation process. Specifically, it states that when evidence appears to support criminal prosecution that the agency will conduct compelled interviews only after consulting with prosecutors. The interview with the investigator confirmed that the FBI would conduct any compelled interviews.

**115.71 (e):** P5324.12, page 44, describes the criminal and administrative investigation process. Specifically, it states that the credibility of the alleged victim, perpetrator and/or witness will be assessed on an individual basis and will not be determined based on the individual's status as an inmate or staff member. Additionally, it indicates that inmates would not be required to submit to a polygraph examination or any other truth-telling device as a condition for proceeding with the investigation. The interview with the investigator confirmed that the agency does not utilize polygraph tests or any other truth-telling device tests on inmates who allege sexual abuse. Additionally, she stated that credibility would be based off of evidence. The four inmates who reported abuse indicated that none were required to take a polygraph test.

**115.71 (f):** P5324.12, pages 44-45, describes the criminal and administrative investigation process. Specifically, it states that all administrative investigation will include an effort to determine whether staff actions or failure to act contributed to the abuse and shall be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings. Additionally, the policy indicates that the investigation should also include information as to whether other factors such as physical layout, staffing patterns and institutional operations contributed to the abuse. Six administrative investigations were completed in the previous twelve months. A review of the investigations confirmed that all were documented in a written report with investigatory facts and findings. The interview with investigative staff confirmed that administrative investigations would be documented in written reports and include all facts and findings. She stated the report would contain medical and mental health reports, photo sheets, statements, video reviews, a timeline, a review of telephone calls and emails, findings and a conclusion. The investigator also stated that during the investigation she checks video and TRUSCOPE to ensure staff did their rounds, that they conducted count and that they performed their duties as required by policy and procedure so as not to have contributed to the sexual abuse.

**115.71 (g):** P5324.12, page 45, indicates 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. There had been no criminal investigations completed related to sexual abuse within the previous twelve months. The interview with investigative staff confirmed that criminal investigations would be documented in written reports and include all factual findings as well as the conclusion of the findings. She stated that criminal reports would contain the same elements as administrative reports.

**115.71 (h):** P5324.12, page 45 and the PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution. The PAQ indicated that there have not been any allegations referred for prosecution since the last PREA audit. The interview with the investigator confirmed that if the facility investigation is sustained or if the inmate goes to the hospital for a forensic examination then it would be referred for prosecution.

**115.71 (i):** P5324.12, page 45 and the PAQ describes that all written reports referenced in (f) and (g) will be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. A review of a sample of historic investigations confirmed retention is being met.

**115.71 (j):** P5324.12, page 45, indicates that the departure of the alleged victim or alleged abuser from employment or custody of the agency does not provide a basis for terminating an investigation. The interview with the investigator confirmed that all investigations are completed no matter if staff leave/resign or if inmates depart the facility or agency's custody.

**115.71 (k):** The auditor is not required to audit this provision.

**115.71 (l):** The Office of the Inspector General and the Federal Bureau of Investigation are responsible for conducting criminal sexual abuse investigations at all BOP facilities. The MOU as well as the letter from the FBI indicate that they are compliant with all PREA investigatory standards. The interview with the PC indicated that the institution investigative staff and/or Office of Internal Affairs conduct the majority of investigations of allegations of sexual abuse. If OIG is conducting the investigation, they provide updates to the institution at the conclusion of their investigation and they inform OIA of the outcome. The Warden stated that they remain informed of the investigation through SIS or SIA and that they check in with them about every 30 days. The PCM stated that they remain informed through SIS and briefings with the Warden. The investigator indicated that if an outside entity was conducting the investigation that she would serve as a liaison by escorting the investigator and providing all the evidence collected.

Based on a review of the PAQ, P5324.12, the MOU with the FBI, the letter from the FBI, investigative reports, training records and information from interviews with the Agency Head, Warden, PREA Coordinator, PREA Compliance Manager, the investigator and inmates who reported sexual abuse, this standard appears to be compliant.

## **Standard 115.72: Evidentiary standard for administrative investigations**

### **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*)

**Documents:**

1. Pre-Audit Questionnaire
2. P5324.12
3. Investigative Reports

**Interviews:**

1. Interview with Investigative Staff

**Findings (By Provision):**

**115.72 (a):** P5324.12, page 45, indicates that the agency shall impose no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. A review of the records indicated that six sexual abuse or sexual harassment administrative investigations were completed within the previous twelve months. A review of these investigations indicated that all were completed with findings of unsubstantiated or unfounded. A review indicated the findings were accurate based on the evidence. The investigator state that if evidence shows that it possibly could have happened then they would substantiate the investigation.

Based on a review of the PAQ, P5324.12, investigative reports and information from the interview with the investigator it is determined that this standard appears to be compliant.

## Standard 115.73: Reporting to inmates

### 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*)



**Documents:**

1. Pre-Audit Questionnaire
2. P5324.12
3. Sexually Abusive Behavior Prevention and Intervention Program
4. Investigative Reports
5. Notification Memos

**Interviews:**

1. Interview with the Warden
2. Interview with Investigative Staff
3. Interview with Inmates who Reported Sexual Abuse

**Findings (By Provision):**

**115.73 (a):** P5324.12, page 45 and the Sexually Abusive Behavior Prevention and Intervention Program, describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate's sexual abuse allegation, the facility will inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The policy indicates that the Special Investigative Services Lieutenant is responsible for all notification under this standard. The PAQ indicated that there was one investigation completed within the previous twelve months. Upon further review it was determined that there were seven allegations in the previous twelve months, six of which were completed. Of the six closed investigations, five required a notification (one was a sexual harassment allegation). A review of documentation confirmed that four of the five had a victim notification. The one that did not have a notification involved a deceased inmate victim. The documents reviewed indicated that inmates are verbally notified of the outcome of their investigation and that the verbal notification is then documented on a memo. The one sexual harassment allegation also involved an inmate notification, indicating that the facility informs all inmates, regardless of the allegation type, of the outcome of the investigation. The interviews with the Warden and the investigator confirmed that inmates are informed of the outcome of the investigation into their allegation. The interviews with the four inmates who reported abuse indicated that one was notified of the outcome of the investigation, while one was told that the investigation was still open. Two inmates advised they were never told about the outcome of the investigation into their allegation.

**115.73 (b):** P5324.12, page 46 and the PAQ indicate that if the agency does not conduct the investigation, that it shall request the relevant information from the investigating agency in order to inform the inmate. The OIA, OIG and FBI are responsible for sexual abuse investigations. These agencies provide relevant information to the facility in order to inform inmates about the outcome of their investigations. The PAQ indicated that there were zero investigations completed within the previous twelve months by an outside agency. A review of investigations confirmed that no outside investigations were completed within the previous twelve months.

**115.73 (c):** P5324.12, page 46 and the Sexually Abusive Behavior Prevention and Intervention Program, describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate's sexual abuse allegation against a staff member, the agency will inform the inmate as to whether the staff member is no longer posted within the inmate's unit, the staff member is no longer employed at the facility, if 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. The policy further indicates that these notifications may not be appropriate in all cases and that all notifications are made in accordance with the Freedom of Information Act/Privacy Act. The PAQ indicated that there have been

no substantiated or unsubstantiated allegations of sexual abuse committed by a staff member against an inmate in the previous twelve months and as such no notifications were required. The interviews with the inmates who reported sexual abuse indicated that one involved a staff allegation, however it was a sexual harassment allegation and no notifications were provided as the staff member was not moved.

**115.73 (d):** P5324.12, page 45 and the Sexually Abusive Behavior Prevention and Intervention Program, describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate's sexual abuse allegation by another inmate, the agency will inform the inmate as to whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The PAQ indicated that there have been no substantiated allegations of sexual abuse committed by an inmate against another inmate in the previous twelve months and as such no notifications were required. Interviews with the inmates who reported sexual abuse indicated that three were inmate-on-inmate, however none involved or required notifications under this provision.

**115.73 (e):** P5324.12, page 46, indicates that all notifications or attempted notification would be documented and maintained in the investigative file. The PAQ indicated that there was one notification made during the audit period. Upon further review it was determined that there were seven allegations in the previous twelve months, six of which were completed. Of the six closed investigations, five required a notification (one was a sexual harassment allegation). A review of documentation confirmed that four of the five had a victim notification. The one that did not have a notification involved a deceased inmate victim. The documents reviewed indicated that inmates are verbally notified of the outcome of their investigation and that the verbal notification is then documented on a memo.

**115.73 (f):** This provision is not required to be audited.

Based on a review of the PAQ, P5324.12, the Sexually Abusive Behavior Prevention and Intervention Program, investigative reports, notification memos and information from interviews with the Warden, the investigators and inmates who reported sexual abuse, this standard appears to be compliant.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

#### 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*)

#### Documents:

1. Pre-Audit Questionnaire
2. P3420.11
3. P5324.12
4. Investigative Reports
5. Staff Discipline Records

#### Findings (By Provision):

**115.76 (a):** P3420.11, pages 6-7 and P5324.12, describes the process for disciplinary sanctions against staff. Specifically, they indicate that staff are subject to disciplinary sanctions up to and including termination for violating the sexual abuse or sexual harassment policies.

**115.76 (b):** P3420.11, pages 6-7 and P5324.12, indicate that termination will be the presumptive disciplinary sanction for staff who engage in the sexual abuse. The policy states that engaging in this activity is a violation of Title 18, US Code Chapter 109A and that it may result in up to life in prison. The PAQ indicated there were no staff members who violated the sexual abuse and sexual harassment policies and no staff had been terminated for violating the sexual abuse or sexual harassment policies. A review of documentation confirmed that there were no substantiated staff-on-inmate sexual abuse investigations.

**115.76 (c):** P5324.12 describes the process for disciplinary sanctions against staff. Specifically, it illustrates that disciplinary sanctions for violations of the agency's sexual abuse and sexual harassment policies shall be commensurate with the nature and circumstances of the act, the staff member's disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. The PAQ indicated there were no staff members that were disciplined, short of termination, for

violating the sexual abuse and sexual harassment policies within the previous twelve months. A review of documentation confirmed that there were no substantiated staff-on-inmate sexual abuse investigations.

**115.76 (d):** P5324.12 indicates that staff who are terminated for violating the sexual abuse or sexual harassment policies, or staff who resign prior to being terminated, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ indicated that there has been one staff member disciplined for violating the sexual abuse and sexual harassment policies within the previous twelve months. The PAQ indicated that there have not been any staff members reported to law enforcement or relevant licensing bodies. A review of documentation confirmed that there were no substantiated staff-on-inmate sexual abuse investigations.

Based on a review of the PAQ, P3420.11, P5324.12 and investigative reports, this standard appears to be compliant.

## Standard 115.77: Corrective action for contractors and volunteers

### 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*)

### Documents:

1. Pre-Audit Questionnaire
2. P3420.11
3. P5324.12
4. Memorandum Related to Contractor/Volunteer Discipline

**Interviews:**

1. Interview with the Warden

**Findings (By Provision):**

**115.77 (a):** P3420.11, pages 6-7 and P5324.12, describe the process for corrective action for volunteers and contractors. Volunteers and contractors fall under the same category of staff and as such, any violation of sexual abuse or sexual harassment policies may result in up to termination from the facility. The policy states that engaging in this activity is a violation of Title 18, US Code Chapter 109A and that it may result in up to life in prison. Additionally, P5324.12 states that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and will be reported to law enforcement, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ and the memo indicated that there have been no contractors or volunteers who have been reported to law enforcement or relevant licensing bodies within the previous twelve months.

**115.77 (b):** P5324.12 and the PAQ indicated that the agency takes remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of sexual abuse or sexual harassment policies. The interview with the Warden indicated that any violation of the sexual abuse and sexual harassment policies would result in the volunteer or contractor being restricted from entering the facility. The Warden stated that they would protect the inmate victim and refer the allegation to the FBI if necessary.

Based on a review of the PAQ, P3420.11, P5324.12, the memo from the Warden and information from the interview with the Warden, this standard appears to be compliant.

**Standard 115.78: Disciplinary sanctions for inmates****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*)

#### Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. P5270.09
4. P5510.13
5. Memo Related to Inmate Discipline

#### Interviews:

1. Interview with the Warden
2. Interview with Medical and Mental Health Staff

#### Findings (By Provision):

**115.78 (a):** P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it states that inmates will 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 finding of guilt from a criminal investigation. The PAQ indicated there has been no administrative finding of guilt for inmate-on-inmate sexual abuse within the previous twelve months.

**115.78 (b):** P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that the sanctions will commensurate with the nature and circumstances of the abuse committed, the inmates' disciplinary history and sanctions imposed for comparable offenses by inmates with similar histories. The interview with the Warden indicated that depending on the severity of the act, the abuser could be housed in SHU, be transferred to a higher custody level, lose good time, have program and privilege restrictions and/or be referred for prosecution. The Warden stated that the facility utilizes the disciplinary hearing process which goes by policy and has a level of sanctions based on nature, circumstance and history.

**115.78 (c):** P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that the disciplinary process will consider whether the inmate's mental illness or mental disability contributed to the behavior when determining what sanctions, if any, should be imposed. The interview with the Warden indicated that the inmate abuser's mental health would be considered in the disciplinary sanctions hearing.

**115.78 (d):** P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that the agency will offer therapy, counseling and other interventions to correct underlying reasons or motivations for the abuse and will consider whether to require the abuser to participate in these interventions as a condition of access to programming and other benefits. The PAQ indicated that the facility offers therapy, counseling and other interventions designed to correct and address underlying reasons or motivations for abuse and that they consider whether to require the offending inmate to participate in order to gain access to programming and other benefits. Interviews with medical and mental health staff indicated that they do offer therapy, counseling and other services to assist the inmate abuser, however intensive treatment would be provided at a specific sex offender facility. The staff stated that they could not force an inmate to participate in therapy and that it is all voluntary unless required by the court.

**115.78 (e):** P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that the agency may discipline an inmate for sexual contact with staff only upon finding that the staff member did not consent. The PAQ stated that the agency disciplines inmates for sexual contact with staff only upon finding that the staff member did not consent to such contact.

**115.78 (f):** P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that inmates will not be disciplined for falsely reporting an incident or lying, if the sexual abuse allegation is made in good faith based upon reasonable belief that the alleged conduct occurred, even if an investigation does not establish sufficient evidence to substantiate the allegation. The policy further states that the maintenance of an effective sexual abuse prevention policy requires inmates to be held responsible for manipulative behavior and making false allegations. As such, false reports will be considered in accordance with the P5270.09 and P5510.13. There have been no instances where inmates have been disciplined for falsely reporting an incident of sexual abuse or sexual harassment.

**115.78 (g):** P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that the 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 is determined the activity is not coerced.

Based on a review of the PAQ, P5324.12, P5270.09, P5510.13, the memo, and information from interviews with the Warden and medical and mental health care staff, this standard appears to be compliant.



## MEDICAL AND MENTAL CARE

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

#### 115.81 (a)

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

#### 115.81 (b)

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

#### 115.81 (c)

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

#### 115.81 (d)

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

#### 115.81 (e)

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

#### Auditor Overall Compliance Determination

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

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

**Documents:**

1. Pre-Audit Questionnaire
2. P5324.12
3. Medical/Mental Health Documents

**Interviews:**

1. Interview with Staff Responsible for Risk Screening
2. Interview with Medical and Mental Health Staff

**Site Review Observations:**

1. Observations of Risk Screening Area

**Findings (By Provision):**

**115.81 (a):** P5324.12, page 49, describes medical and mental health screenings related to sexual abuse. Specifically, it states that inmates who indicate during the risk screening that they have experience prior sexual victimization will be offered a follow-up with medical or mental health within fourteen days of the screening. P5324.12, pages 29, 30 and 32 indicate the requirements for the risk screening. All inmates who are identified during the risk screening to have experienced prior sexual victimization are referred to Psychology Services. The PAQ indicated that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health. The PAQ also indicated that medical and mental health staff maintain documents related to compliance with these services. A review of medical and mental health files for three inmates identified who disclosed prior sexual victimization revealed that two were seen by mental health staff within the required fourteen days and one was seen outside the fourteen days. The auditor attempted to identify additional inmates who disclosed victimization during the risk screening but was unsuccessful. The auditor did identify eleven with prior sexual abusiveness that fell under provision (b) of this standard. The interview with the staff member responsible for risk screening indicated that inmates who disclose prior victimization are seen by mental health staff, typically the same day. Interviews with the three inmates who disclosed prior victimization indicated that all three were offered a with mental health care staff. One inmate stated he was seen within two weeks, one inmate indicated he saw mental health staff but couldn't remember the timeframe and the third inmate stated he disclosed the information to mental health care staff during the screening where they discussed it but he had not seen anyone else further related to it.

**115.81 (b):** P5324.12, page 49, describes medical and mental health screenings related to sexual abuse. Specifically, it states that inmates who indicate during the risk screening that they have previously perpetrated sexual abuse will be offered a with medical or mental health within fourteen days of the screening. P5324.12, pages 29, 30 and 32 indicate the requirements for the risk screening. All inmates identified during the risk screening to have previously perpetrated sexual abuse are referred to Psychology Services. The PAQ indicated that 100% of those inmates who reported prior perpetration were seen within fourteen days by medical or mental health. The PAQ also indicated that medical and mental health staff maintain documents related to compliance with these services. The auditor identified eleven inmates with prior sexual abusiveness. All eleven were offered a follow-up with mental health staff, ten of which were within the fourteen day timeframe.

**115.81 (c):** P5324.12, page 49, describes medical and mental health screenings related to sexual abuse. Specifically, it states that inmates who indicate during the risk screening that they have experience prior sexual victimization will be offered a with medical or mental health within fourteen days of the screening.

P5324.12, pages 29, 30 and 32 indicate the requirements for the risk screening. All inmates who are identified during the risk screening to have experienced prior sexual victimization are referred to Psychology Services. The PAQ indicated that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health. The PAQ also indicated that medical and mental health staff maintain documents related to compliance with these services. A review of medical and mental health files for three inmates identified who disclosed prior sexual victimization revealed that two were seen by mental health staff within the required fourteen days and one was seen outside the fourteen days. The auditor attempted to identify additional inmates who disclosed victimization during the risk screening but was unsuccessful. The auditor did identify eleven with prior sexual abusiveness that fell under provision (b) of this standard. The interview with the staff member responsible for risk screening indicated that inmates who disclose prior victimization are seen by mental health staff, typically the same day. Interviews with the three inmates who disclosed prior victimization indicated that all three were offered a with mental health care staff. One inmate stated he was seen within two week, one inmate indicated he saw mental health staff but couldn't remember the timeframe and the third inmate stated he disclosed the information to mental health care staff during the screening where they discussed it but he had not seen anyone else further related to it.

**115.81 (d):** P5324.12, page 49, states that information related 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 management decision, including housing, bed, work, education and program assignments. During the tour it was observed that the risk screening is completed in private offices with doors. Additionally, the auditor noted that inmate medical files are maintained electronically and inmate classification files are kept behind locked doors with limited access by staff.

**15.81 (e):** P5324.12, page 50, states that medical and mental health staff are required to obtain informed consent from inmates prior to reporting information about prior sexual victimization that did not occur within an institutional setting, unless the inmate was under eighteen. Interviews with medical and mental health staff indicate that they obtain informed consent prior to reporting any sexual abuse that did not occur in an institutional setting, that they disclose their duty to report and that they have not had any instances of this in the previous twelve months. Additionally, they indicated that victims under eighteen and vulnerable adults fall under mandatory reporting laws and they would be required to report any allegations to the appropriate local and state agencies.

Based on a review of the PAQ, P5324.12, medical and mental health documents, observations from the tour and information from interviews with the staff who perform the risk screening, medical and mental health care staff and inmates who disclosed victimization during the risk screening, this standard appears to be compliant.

## **Standard 115.82: Access to emergency medical and mental health services**

### **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*)

#### Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Medical and Mental Health Documents

#### Interviews:

1. Interview with Medical and Mental Health Staff
2. Interview with Inmates who Reported Sexual Abuse
3. Interview with First Responders

#### Site Review Observations:

1. Observations of Medical and Mental Health Areas

#### Findings (By Provision):

**115.82 (a):** P5324.12, pages 50-51, describes inmate's access to emergency medical and mental health treatment. Page 50, specifically states that inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services as determined by the medical and mental health practitioners. The PAQ indicated that medical and mental health staff maintain secondary materials documenting the timeliness of services. During the tour, the auditor noted that the medical and mental health area consisted of an emergency room, numerous exam rooms, offices, a laboratory and a direct observation area. All exam rooms were private and consisted of solid doors with

windows that allowed for adequate confidentiality. The interview with the four inmates who reported sexual abuse indicate that three of the four were seen by medical and mental health care staff. One inmate stated his allegation was during a use of force and he was seen by medical staff for that but not for the sexual abuse allegation. Interviews with medical and mental health care staff confirm that inmates receive timely services, typically immediately. They also advised that services are based on their professional judgement.

**115.82 (b):** P5324.12, page 51 and the PAQ indicated that if no qualified medical or mental health practitioners were on duty at the time of a report of recent abuse, that the Operations Lieutenant would take preliminary steps to protect the victim and notify the appropriate medical and mental health services. Procedure confirms that inmate victims of sexual abuse would be transported to a local hospital for a forensic medical examination. The interviews with the staff first responders indicated that staff would keep the inmate victim with them, notify the Operations Lieutenant, keep the inmates apart, shut down the cell so that evidence is not destroyed, take the inmate victim to medical and take the inmate aggressor to the SHU. The non-custody staff first responder indicated she would immediately report the information to custody staff.

**115.82 (c):** P5324.12, pages 50-51, describes inmate's access to emergency medical and mental health treatment. Page 51 specifically indicates that inmate victims of sexual abuse receive timely access to emergency contraception and sexually transmitted infection prophylaxis. When the inmate is transferred to the local hospital, these services are typically rendered at the time and the facility would continue any medication, education or services. Four of the sexual abuse allegations involved penetration, however two were Warden-to-Warden notifications and as such medical and mental health services were not provide by USP Leavenworth. Of the two reported at the facility both were documented with the inmate being offered information and access to sexually transmitted infection prophylaxis. One inmate declined, while the other inmate received labs for testing and appropriate medication. The interview with the four inmates who alleged sexual abuse indicated that one involved penetration. The inmate stated he asked for information on prophylaxis but was only provided the testing and information the day prior to the interview. Interviews with medical and mental health care staff confirm that inmates receive timely information and access to emergency contraception and sexual transmitted infection prophylaxis.

**115.82 (d):** P5324.12, pages 50-51, describes inmate's access to emergency medical and mental health treatment. Page 51 specifically states that inmate victims of sexual abuse will receive treatment services without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation. The policy indicates that bureau policies related to co-pays do not apply to sexual abuse victims.

Based on a review of the PAQ, P5324.12, a review of medical and mental health documents, observations made during the tour and information from interviews with medical and mental health care staff and inmate who reported sexual abuse, this standard appears to be compliant.

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

### **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*)

**Documents:**

1. Pre-Audit Questionnaire
2. P5324.12
3. Medical and Mental Health Documents

**Interviews:**

1. Interview with Medical and Mental Health Staff
2. Interview with Inmates who Reported Sexual Abuse

**Site Review Observations:**

1. Observations of Medical Treatment Areas

**Findings (By Provision):**

**115.83 (a):** P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that the agency will offer medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility. During the tour, the auditor noted that the medical and mental health area consisted of an emergency room, numerous exam rooms, offices, a laboratory and a direct observation area. All exam rooms were private and consisted of solid doors with windows that allowed for adequate confidentiality.

**115.83 (b):** P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that evaluations and treatments of such victims will include services, treatment plans, and when necessary, referrals for continued care following transfer or release from custody. A review of medical and mental health documentation indicated that all seven of the alleged victims were seen by medical and/or mental health care staff within 24 hours. Two of the inmates reported at a facility other than USP Leavenworth and were seen by medical and/or mental health care staff at their current facility. Interviews with four inmates who reported abuse indicated that two of the four had follow-up services provide by mental health care staff. Interviews with medical and mental health care staff confirmed that they provide any necessary follow-up services. A few of the services include trauma services, crisis intervention, individualized treatment, cognitive behavioral therapy, group therapy, treatment plans, medication referrals, a visual medical examination, a forensic examination at the local hospital and testing for STIs and HIV.

**115.83 (c):** P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that the facility shall provide victims medical and mental health services consistent with the community level of care. All medical and mental health staff are required to have the appropriate credentials and licensures. The facility utilizes the local hospitals for forensic medical examinations. A review of medical and mental health documentation indicated that inmates have immediate access to medical and mental health care staff when needed. All seven inmate victims were provided access to medical and/or mental health services, including a physical examination, laboratory



testing and crisis intervention services. Interviews with medical and mental health care staff confirm that the services they provide are consistent with the community level of care.

**115.83 (d):** P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it indicates that female offenders who have been sexually victimized while incarcerated shall be offered pregnancy tests. However, this provision does not apply as the facility does not house female inmates.

**115.83 (e):** P5324.12, page 52, indicates that if pregnancy results from the conduct of section (d), such victims shall receive timely and comprehensive information and access to all lawful pregnancy related medical services. However, this provision does not apply as the facility does not house female inmates.

**115.83 (f):** P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate. Four of the sexual abuse allegations involved penetration, however two were Warden-to-Warden notifications and as such medical and mental health services were not provide by USP Leavenworth. Of the two reported at the facility both were documented with the inmate being offered information and access to STI and HIV testing. One inmate declined, while the other inmate received labs for testing of STIs and HIV. The interviews with the four inmates who alleged sexual abuse indicated that one involved penetration. The inmate stated he asked for information on testing but was only provided the it the day prior to the interview.

**115.83 (g):** P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that inmate victims of sexual abuse will receive treatment services without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation. The policy indicates that bureau policies related to co-pays do not apply to sexual abuse victims. Interviews with inmates who reported sexual abuse indicated that none of the four paid for any of their medical and/or mental health services.

**115.83 (h):** P5324.12, page 52, indicates that the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history. Five inmate-on-inmate allegations were made in the previous twelve months, four with a known inmate alleged perpetrator. None of the five were substantiated and as such evaluations were not required on the alleged inmate perpetrators. Interviews with medical and mental health care staff indicate that they conduct a mental health evaluation on all known inmate-on-inmate abusers within 60 days. Staff stated that they would complete the evaluation typically much sooner than the 60 days.

Based on a review of the PAQ, P5324.12, a review of medical and mental health documents, observations made during the tour and information from interviews with inmates who reported sexual abuse and medical and mental health care staff, this standard appears to be compliant.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

#### 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*)

**Documents:**

1. Pre-Audit Questionnaire
2. P5324.12
3. Sexual Abuse Incident Reviews

**Interviews:**

1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with Incident Review Team

**Findings (By Provision):**

**115.86 (a):** P5324.12, pages 52-53, outlines information related to sexual abuse incident reviews. Specifically, page 53 states that the facility will conduct sexual abuse incident reviews 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. Policy indicates that Executive Staff review the incident and that the PCM documents the recommendation and forwards them to the Warden for implementation. If the allegation is substantiated a copy of the review is forwarded to the Regional PC. The PAQ indicated that one review was completed within the previous twelve months. Further review indicated that six investigations were completed within the previous twelve months, five of which were sexual abuse. Of the five, one was unfounded and did not require a review. A review of documentation confirmed that all four that required a sexual abuse incident review had one completed by the facility. It should also be noted that a sexual abuse incident review was also completed for the one sexual harassment investigation.

**115.86 (b):** P5324.12, pages 52-53, outlines information related to sexual abuse incident reviews. Specifically, page 53 states that the review shall ordinarily occur within 30 days of the conclusion of the investigation. The PAQ indicated that one review was completed within the previous twelve months. Further review indicated that six investigations were completed within the previous twelve months, five of which were sexual abuse. Of the five, one was unfounded and did not require a review. A review of documentation confirmed that all four that required a sexual abuse incident review had one completed by the facility. Three of the four were completed within 30 days and one was completed approximately 60 days after the completion of the investigation.

**115.86 (c):** P5324.12, pages 52-53, outlines information related to sexual abuse incident reviews. Specifically, page 53 states that the review team will consists of upper management officials, with input from line supervisors, investigators and medical and mental health staff. Additionally, policy requires that the Union President or designee be allowed input and the local union representative be authorized to review the recommendations prior to implementation. A review of the four reviews indicated that appropriate staff were included in the review, including the Warden, PCM, investigator, medical and/or mental health care staff and a custody supervisor. The interview with the Warden confirmed that these reviews are being completed and they include him, the PCM, Psychology Services, the Captain, the Unit Manager and medical staff.

**115.86 (d):** P5324.12, page 53, illustrates that the review team shall: consider whether the allegation or investigation indicates a need to change policy or practice; consider whether the incident or allegation was motivated by race, ethnicity, gender identity or sexual preference (identified or perceived), gang affiliation, or if it was motivated by other group dynamics; examine the area where the incident allegedly occurred to assess whether there were any physical barriers; assess the staffing levels; assess video

monitoring technology and prepare a report of its findings to include any recommendations for improvement. Policy indicates that Executive Staff review the incident and that the PCM documents the recommendation and forwards them to the Warden for implementation. If the allegation is substantiated a copy of the review is forwarded to the Regional PC. A review of the four reviews indicated that all required components are included in the review. Interviews with the Warden, PCM and incident review team member confirmed that these reviews are being completed and they include all the required elements. The Warden stated that the reviews are utilized to gauge how they can continue with the PREA program. He stated they use it to make recommendations related to training, policy, procedure and overall awareness. The interview with the PCM indicated that he reviews the reports and has not noticed any trends. He also stated that after the report is submitted he would follow-up and make sure any recommendations or changes are completed.

**115.86 (e):** P5324.12, page 53, outlines information related to sexual abuse incident reviews. Specifically, it states that the facility will implement the recommendations for improvement or document the reasons for not doing so. Policy also states that all recommendation must comply with current collective bargaining agreements. A review of the four incident reviews indicated that a section exists for recommendations and corrective action.

Based on a review of the PAQ, P5324.12, a review of the sexual abuse incident reviews and information from interviews with the Warden, the PCM and a member of the sexual abuse incident review team, this standard appears to be compliant.

## Standard 115.87: Data collection

### 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*)

#### Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Aggregated Data

#### Findings (By Provision):

**115.87 (a):** P5324.12, page 54, outlines how PREA data is collected. Specifically, it states that the agency will collect accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the data will include at minimum, data to answer questions on the Survey of Sexual Victimization (SSV). A review of collected data confirmed that the agency utilizes the definitions set forth in the PREA standards. Data is collected from numerous sources to include SIS, OIA, SENTRY and the Information, Policy and Public Affairs Division (IPPA). The OIA reports the data to the CEO and the IPPA reports the data for the SSV.

**115.87 (b):** P5324.12, page 55 and the PAQ indicates that the agency aggregates the incident-based sexual abuse data at least annually. Policy states that the PREA Coordinator and Regional PREA Coordinators are responsible for the annual aggregation.

**115.87 (c):** P5324.12, page 54, outlines how PREA data is collected. Specifically, it states that the agency will collect accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the data will include at minimum, data to answer questions on the Survey of Sexual Victimization (SSV). A review of collected data confirmed that the agency utilizes the definitions set forth in the PREA standards. Data is collected from numerous sources to include SIS, OIA, SENTRY and the Information, Policy and Public Affairs Division (IPPA). The OIA reports the data to the CEO and the IPPA reports the data for the SSV.

**115.87 (d):** P5324.12, page 55 and the PAQ indicate that the agency maintains, reviews and collects data as needed from available incident-based documents, including reports, investigative files, and sexual abuse incident reviews. Data is collected from numerous sources to include SIS, OIA, SENTRY and the Information, Policy and Public Affairs Division (IPPA). The OIA reports the data to the CEO and the IPPA reports the data for the SSV.

**115.87 (e):** P5324.12, page 55 and the PAQ indicated that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. A review of the annual report, which includes the aggregated data, indicated that data was reported for all eleven privately operated low security facilities.

**115.87 (f):** P5324.12, page 55 and the PAQ indicated that the agency provides data from the previous calendar year to the Department of Justice no later than June 30<sup>th</sup>.

Based on a review of the PAQ, P5324.12 and a review of the aggregated data, this standard appears to be compliant.

## **Standard 115.88: Data review for corrective action**

### **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*)

**Documents:**

1. Pre-Audit Questionnaire
2. P5324.12
3. Annual PREA Reports

**Interviews:**

1. Interview with the Agency Head
2. Interview with the PREA Coordinator
3. Interview with the PREA Compliance Manager

**Findings (By Provision):**

**115.88 (a):** P5324.12, page 56 and the PAQ indicated that the agency reviews 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 and training. The review includes: identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and any corrective action. Policy indicated that the National PC reviews the data completed by the Regional PREA Coordinators, IPPA and OIA and reports to the Director annually. A review of annual reports indicates that reports include aggregated data for all facilities. The data is broken down by incident type and includes investigative outcomes. The report also includes general information related to each substantiated incident. The report compares the data from the current year with the previous year. Additionally, the report includes problem areas and corrective action. The interview with the Agency Head indicated that if incident-based data shows patterns then policies, procedures and training may be modified. The PCM stated that any data that is collected at the facility is utilized to identify trends and issues at the facility and across the agency. Additionally, the PC confirmed that the data is reviewed and compiled into a report and issued to the Director annually.

**115.88 (b):** P5324.12, page 56 and the PAQ indicated that the agency's annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress in addressing sexual abuse. A review of annual reports indicates that reports include aggregated data for all facilities. The data is broken down by incident type and includes investigative outcomes. The report also includes general information related to each substantiated incident. The report compares the data from the current year with the previous year. Additionally, the report includes problem areas and corrective action.

**115.88 (c):** P5324.12, page 56 and the PAQ indicated that the agency's annual report is approved by the Agency Head and made available to the public through its website. The interview with the Agency Head confirmed that the report is done annually and that it is reviewed prior to being placed on the public website. A review of the website: [https://www.bop.gov/inmates/custody\\_and\\_care/sexual\\_abuse\\_prevention.jsp](https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp) confirmed that the current annual report is available to the public online.



**115.88 (d):** P5324.12, page 56 and the PAQ indicated that 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. Policy states that the agency complies with the Federal Privacy Act and the Freedom of Information Act. A review of the annual report confirmed that no personal identifying information was included in the report nor any security related information. The report did not contain any redacted information.

Based on a review of the PAQ, the annual report, the website and information obtained from interviews with the Agency Head, PC and PCM, this standard appears to be compliant.

## Standard 115.89: Data storage, publication, and destruction

### 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*)

### Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Annual Reports

**Interviews:**

1. Interview with the PREA Coordinator

**Findings (By Provision):**

**115.89 (a):** P5324.12, page 56, describes the data storage, publication and destruction of information related to sexual abuse and sexual harassment allegations. Specifically, it states that the agency shall ensure all data is securely retained. The PAQ as well as the interview with the PREA Coordinator confirmed that the agency complies with FOIA and other applicable laws, rules and regulations to ensure all investigative, psychological and medical data is securely maintained.

**115.89 (b):** P5324.12, page 56, describes the data storage, publication and destruction of information related to sexual abuse and sexual harassment allegations. Specifically, it states that the agency will make all aggregated sexual abuse data readily available to the public, at least annually, through its website or through other means. A review of the website: [https://www.bop.gov/inmates/custody\\_and\\_care/sexual\\_abuse\\_prevention.jsp](https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp) confirmed that the current annual report, which includes aggregated data, is available to the public online.

**115.89 (c):** P5324.12, page 56 and the PAQ indicated that before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. A review of the annual report, which contains the aggregated data, confirmed that no personal identifiers were publicly available.

**115.89 (d):** P5324.12, page 56 and the PAQ indicates that the agency maintains sexual abuse data that is collected for at least ten years after the date of initial collection. A review of historical annual reports indicated that aggregated data is available from 2013 to present.

Based on a review of the PAQ, P5324.12, annual reports, the website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

**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*)

#### Findings (By Provision):

**115.401 (a):** The facility is part of the Federal Bureau of Prisons. All BOP facilities were audited in the previous three-year audit cycle.

**115.401 (b):** The facility is part of the Federal Bureau of Prisons. The BOP has a schedule for all their facilities to be audited within the three-year cycle, with one third being audited in each cycle. The facility is being audited in the second year of the three-year cycle.

**115.401 (h) – (m):** The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from inmates.

## Standard 115.403: Audit contents and findings

### 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*)

### Findings (By Provision):

**115.403 (f):** The facility was previously audited on May 22-24, 2018. The final audit report is publicly available via their website.

## 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.

Kendra Prisk

**Auditor Signature**

October 27, 2021

**Date**