

**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: June 1, 2021       N/A

Date of Final Audit Report: August 18, 2021

## Auditor Information

Name: Jennifer L. Feicht      Email: jennifer@preaauditing.com

Company Name: PREA Auditors of America

Mailing Address: P.O. Box 1071      City, State, Zip: Cypress, TX 77410

Telephone: (724) 679-7280      Date of Facility Visit: April 6-8, 2021

## Agency Information

Name of Agency: Federal Bureau of Prisons

Governing Authority or Parent Agency (If Applicable): Department of Justice

Physical Address: 320 First Street NW      City, State, Zip: Washington, D.C. 20534

Mailing Address: 320 First Street NW      City, State, Zip: Washington, D.C. 20534

The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input checked="" type="checkbox"/> Federal

Agency Website with PREA Information: [https://www.bop.gov/inmates/custody\\_and\\_care/sexual\\_abuse\\_prevention.jsp](https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp)

## Agency Chief Executive Officer

Name: M.D. Carvajal, Director

Email: BOP-CPD/PREACoordinator@BOP.GOV      Telephone: (202) 616-2112

## Agency-Wide PREA Coordinator

Name: Jill Roth, National PREA Coordinator

Email: [BOP-RSD-PREACoordinator@BOP.GOV](mailto:BOP-RSD-PREACoordinator@BOP.GOV)      Telephone: (202) 616-2112

PREA Coordinator Reports to:  Sonya D. Thompson, Assistant Director, Reentry Services Division	Number of Compliance Managers who report to the PREA Coordinator: 0
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## Facility Information

**Name of Facility:** Federal Correctional Institution (FCI) McKean

**Physical Address:** 6975 Route 59

**City, State, Zip:** Lewis Run, PA 16738

**Mailing Address (if different from above):**  
P.O. Box 5000

**City, State, Zip:** Bradford, PA 16701

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Type:**

Prison

Jail

**Facility Website with PREA Information:** [https://www.bop.gov/inmates/custody\\_and\\_care/sexual\\_abuse\\_prevention.jsp](https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp)

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

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

ACA

NCCHC

CALEA

Other (please name or describe:

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**  
Internal Program Reviews

### Warden/Jail Administrator/Sheriff/Director

**Name:** Bradley M. Trate, Warden

**Email:** [MCK-PREAComplianceMgr@bop.gov](mailto:MCK-PREAComplianceMgr@bop.gov)

**Telephone:** (814) 362-8900

### Facility PREA Compliance Manager

**Name:** Milton Washington, Associate Warden (O)

**Email:** MCK-PREAComplianceMgr@bop.gov

**Telephone:** (814) 362-8900

**Facility Health Service Administrator**  N/A

**Name:** Trisha Wright, Acting Health Service Administrator

**Email:** MCK-PREAComplianceMgr@bop.gov

**Telephone:** (814) 362-8900

### Facility Characteristics

**Designated Facility Capacity:**

1004

**Current Population of Facility:**

833

Average daily population for the past 12 months:	826	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" 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:	18-99	
Average length of stay or time under supervision:	724.4 days	
Facility security levels/inmate custody levels:	Minimum=SCP & Medium=FCI	
Number of inmates admitted to facility during the past 12 months:	494	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	480	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	467	
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)	Click or tap here to enter text. <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 type="checkbox"/> Yes <input checked="" 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 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: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	295	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	31	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	8	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	5	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	27	

## 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.	22
<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.	13
<b>Number of single cell housing units:</b>	0
<b>Number of multiple occupancy cell housing units:</b>	11
<b>Number of open bay/dorm housing units:</b>	2
<b>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</b>	48
<b>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)</b>	<input type="checkbox"/> <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<b>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>	
<b>Are medical services provided on-site?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are mental health services provided on-site?</b>	<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>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )
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### Investigations

#### Criminal Investigations

<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>0</p>
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<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>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
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<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>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input checked="" type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input type="checkbox"/> N/A
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#### Administrative Investigations

<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>253</p>
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<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>	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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<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>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input checked="" type="checkbox"/> N/A
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# Audit Findings

## Audit Narrative (including Audit Methodology)

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

The Federal Bureau of Prisons contracted with PREA Auditors of America (PAOA) to have a PREA audit conducted at FCI McKean in the state of Pennsylvania. This audit was scheduled for 3.0 days and conducted on April 13-15, 2021.

PREA Audit Notices were hung throughout the institution for over six weeks prior to the beginning of the onsite audit visit. The staff at the facility hung those notices as required in all housing units, areas where inmates and staff members gather and visiting areas of the facility.

Headquarters staff and the PREA staff at the facility completed the pre-audit documentation and provided that information to the contract holder, PAOA. In turn PAOA shared these documentations and files through Google Drive. Review of this documentation allowed this Auditor to develop questions for the onsite audit visit.

The first day of the onsite audit began at approximately 7:30 AM with an initial meeting with staff members and included introductions, discussion of the audit process, and answering questions. Participating staff members included the following.

- Warden
- Associate Wardens
- Acting Captain
- Executive Assistant
- Safety Manager
- Supervisor of Education
- Management Analyst (Central Office).

The inmate population count for the federal correctional institution (FCI) the first day of the audit was 849 and 144 for the satellite prison camp (SCP) and the number of staff for both areas at the time was 281.

After the initial meeting, the tour of the FCI began. The staff provided a thorough tour and allowed this Auditor to have access to all areas which inmates have access to. The tour of the main compound included visiting the follow areas.

- All housing units, excluding one used to quarantine for COVID-19
- Reception and Discharge (R&D)
- Health Services Department
- Barber Shop
- Gymnasium
- Hobby/Craft
- Carpentry
- Safety and Recycling
- Re-entry Area
- Education

- Religious Services
- Food Services
- Commissary
- Psychology Department
- Laundry
- Facilities Department
- Shake Down Shack

After the tour of the main compound, there was a tour of the camp. The following areas were visited.

- Unit Team offices
- Medical area
- Chapel
- Education
- Psychology
- Food Services
- Housing Units

Following the conclusion of the tour of the camp, the outside buildings which inmates have access to were toured. The following areas were toured.

- Staff Training Center
- Garage
- Powerhouse
- Warehouse

After the conclusion of the onsite tour, staff interviews were started. These interviews were conducted in a private, confidential setting. Random staff interviews from all shifts were conducted with six staff members. There were twelve specialized staff members interviewed for different functions required by the audit process.

Agency level staff members not available at the facility were not interviewed directly. However, in the pre-audit information provided for this facility, these interviews were included for review.

According to the PREA Auditors' Handbook, for the size of the facility, a minimum of 30 inmates were required to be interviewed, consisting of 15 randomly selected inmates and 15 targeted inmates.

Fifteen randomly selected inmates were interviewed, and 16 targeted category inmates were interviewed. No inmates refused to talk with this Auditor. No interviews were conducted with the inmates in the quarantine unit as there was no way to conduct a confidential interview.

The targeted categories of inmates included the following areas.

- Inmates who are Limited English Proficient
- Inmates with a cognitive disability
- Inmates who identify as lesbian, gay or bisexual
- Inmates who identify as transgender
- Inmates who were in segregation for being at high risk for sexual victimization
- Inmates who reported sexual abuse
- Inmates who reported sexual victimization during the risk screening

During the inmate interviews, two were with inmates who were Limited English Proficient. The translation phone line was used for both of these interviews. Both of these interviews were interpreted from Spanish to English as both of these inmates were from Puerto Rico.



Due to the amount of time interviews required for completion, this Auditor was not able to review all required documentation while onsite. Documentation to review included employee personnel files, employee training files, inmate risk assessments and education documentation and investigations. Some of this information was copied and given to this Auditor to take to review at a later time and some documentation was scanned and emailed for review post-onsite audit.

An exit meeting was held in the afternoon of the last day of the onsite audit visit. This exit meeting included information on issues and corrections made while this Auditor was onsite. This meeting included the following people.

- Warden
- Executive Assistant
- Associate Wardens
- Acting Captain
- Supervisor of Education
- Management Analyst (Central Office).

It is to be noted that the staff at this facility were very open to discussing issues raised through this process and were very quick to make the required corrections. Most of the corrections were made while the onsite audit was still in process.

## Facility Characteristics

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

FCI McKean is located in Lewis Run, Pennsylvania which is located in North Central Pennsylvania, close to the New York border. The area is extremely rural near the Allegheny National Forest. The facility, built in 1989, operates a federal correctional institution (FCI) which holds minimum to medium security inmates, as well as a satellite prison camp (SCP) which holds minimum security inmates whose sentences are 10 years or less.

This institution is classified as a Medical Care Level 1 facility. This indicates that inmates that are assigned to this facility are any age, are medically stable but require semi-annual clinical evaluations. This designation also indicates that the facility is located more than an hour from a major regional treatment center. If inmates require medical care beyond the capacity of the medical department, they are transported to the Bradford Medical Center which is approximately 20 minutes north of the facility. Due to the staffing level and open positions, the medical department is staffed from 6:00 a.m. to 8:00 p.m. After hours, there is an on-call system for medical needs and emergencies. The medical staff at the FCI provide medical services to the inmates at the SCP as well.

The facility also provides psychological services to inmates residing at FCI McKean. Staff will meet individually with inmates and there are groups also operating. The psychology department operates the Rehabilitative Drug and Alcohol Program (RDAP) which involves a high level of group work.

Because the inmates at the SCP are likely closer to release than those at the FCI, groups are more frequent. The psychology staff indicated that there are a minimum of three groups per day and the inmates are required to attend a group in the morning and a group in the afternoon.

The facility operates three shifts for custody personnel.

- Day Watch: 7:00 a.m. to 3:00 p.m.
- Evening Watch: 3:00 p.m. thru 11:00 p.m.
- Morning Watch: 11:00 p.m. thru 7:00 a.m.

In addition to these three shifts, there are two additional shifts.

- AM Shift: 6:00 a.m. thru 2:00 p.m.
- PM Shift: 2:00 p.m. thru 10:00 p.m.

These custody personnel provide oversight to ten separate general population (GP) housing units and one Special Housing Unit (SHU). Staff indicated they are able to bid on positions once a quarter. These positions are not only housing unit posts, but also yard, medical, kitchen posts to name a few.

In non-COVID times, the facility operates visiting hours on Fridays, Saturdays, Sundays and Holidays. Visitation was for SHU inmates on Fridays and all other inmates on Saturdays, Sundays and Holidays. However, due to the current restrictions, visitations have been modified and beginning October 2020, all visitations became non-contact and there was a schedule established by housing unit for specific weekends during the month.

FCI McKean provides a number of educational opportunities for inmates. One of these programs focuses on assisting inmates in attaining basic literacy goals. This program is known as the General Education Development (GED) program. This is offered in both English and Spanish and covers all available levels. The staff are very proud to announce that there have been 30 GED completions in the last year. This is the most they have had complete the GED program in four years.

Another available educational program is a culinary arts program. At the time of the onsite audit, there were 34 inmates who were on track to complete the ServSafe program by the end of April. In addition, the culinary arts program offers a ProStart Program and an Advanced ProStart Program.

In addition, staff work with the inmates at the SCP to get their commercial driver's license (CDL). The Education Supervisor also indicated he is working on getting a plumbing program at the facility since this is a high demand skill in the community.

As noted earlier in this report, the facility has a warehouse which is used for food services' storage. The facility offers a Warehousing Program for inmates to be able to successfully operate a warehouse in the community upon release.

The facility also operates programs that assist inmates in returning to their families and society at large. The First Step Back Program, Parenting Program, and the Re-Entry Orientation Program provide information to assist inmates for release back to the community.

Finally, a program that could be considered both educational and therapeutic for the inmate is the Dog Program operated at the SCP. This is a program that takes local rescue dogs that are having trouble getting adopted and the inmates train these dogs on basic behavior skills.

At the time of the onsite audit visit, there were 13 inmates involved in the program. And over the last year, there have been 18 dogs adopted from this program.

Overall, this facility offers a wide variety of services to the inmates assigned here.

## Summary of Audit Findings

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

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

### Standards Exceeded

**Number of Standards Exceeded:** 1

**List of Standards Exceeded:**

115.11 – Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

### Standards Met

**Number of Standards Met:** 44

### Standards Not Met

**Number of Standards Not Met:** 0

## PREVENTION PLANNING

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

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

#### 115.11 (a)

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

#### 115.11 (b)

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

#### 115.11 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's*

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

The Federal Bureau of Prisons (BOP) has developed operating procedures for compliance with PREA standards. This policy, *Policy 5324 – Sexually Abusive Behavior Prevention and Intervention Program*, provides guidance for the BOP on the requirements of the Prison Rape Elimination Act (PREA) of 2003 and compliance with the *Prison Rape Elimination Act National Standards*.

This policy contains the agency's zero tolerance policy statement. It is noted as follows.

"The intent of this policy is to ensure that:

- Staff and inmates are informed that this policy implements the Bureau's "zero tolerance" of sexually abusive behavior, and sexual harassment, as defined in this policy;
- Standard procedures are in place to detect and prevent sexually abusive behavior and sexual harassment at all Bureau facilities;
- Victims of sexually abusive behavior and sexual harassment receive timely and effective response to their physical, psychological and security needs;
- Allegations of sexually abusive behavior and sexual harassment receive timely intervention upon report; and
- The perpetrators of sexual abusive behavior and sexual harassment will be disciplined and, when appropriate, prosecuted in accordance with Bureau policy and Federal law."

The BOP employs one National PREA Coordinator and 6 Management Analysts at the agency level. These analysts work with specific facilities to assist with PREA compliance.

As required, each facility/complex has a PREA Compliance Manager. The Associate Warden of Operations at FCI McKean serves in this role. This is just one of the duties that he is responsible for on a daily basis. Other duties include overseeing the following departments.

- Psychology
- Education and Recreation
- Re-entry
- Unit Management
- Medical Services
- Correctional Services
- Religious Services
- Labor/Management Relations

The Associate Warden has been at FCI McKean in for approximately 18 months and in the BOP for 18 years. He discussed the responsibilities that he has related to properly maintaining the PREA program including, but not limited to, providing PREA training to staff and inmates, maintaining all PREA phones in working order, Transgender Coordinator, ensuring all notifications are completed and investigations are completed for all allegations, completion of the Sexual Abuse Incident Review, completion of the retaliation monitoring and overseeing separations and transfers related to PREA.

The PREA Compliance Manager did indicate that he has held this position for 8-9 months and the week after the onsite audit, these duties would be transferring over to the Associate Warden of Programs. This is done so that it gives others the opportunity to learn the PREA Program.

This standard is considered to exceed the standard because of the multi-layered approach to overseeing PREA compliance.

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

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

#### 115.12 (a)

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

#### 115.12 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The BOP holds contracts with multiple organizations for the housing of inmates. However, with the new regulations requires that all contracts with private prison organizations are terminated or not renewed. The agency provided a sample of three contracts with the following private prison companies, The GEO Group, Corrections Corporation of America (now known as CoreCivic) and Management and Training Corporation (MTC).

Each of the contracts provided for review have had the language in the contract updated to include the requirement that the facility is in compliance with all PREA standards.

## Standard 115.13: Supervision and monitoring

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

### 115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  
 Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?  
 Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?  
 Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?  
 Yes  No  NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No



### 115.13 (b)

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

### 115.13 (c)

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

### 115.13 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

BOP Policy 5324 - Sexually Abusive Behavior Prevention and Intervention Program addresses the elements of this standard. This policy was updated effective March 2020. A memo dated March 1, 2020, indicated the update to the section of the policy addressing unannounced rounds. It reads as follows.

“Institution Duty Officers will conduct unannounced rounds on all shifts, in all areas of the institution to identify and deter sexually abusive behavior. These rounds are to be documented on the approved “Institution Duty Officer Unannounced Institution Rounds” and submitted to the PREA Compliance Manager at the conclusion of the IDO Tour. Staff are prohibited from alerting other staff members that these unannounced rounds are occurring unless such announcement is related to the legitimate operational functions of the facility.”

Interviews with upper-level staff confirmed they are required to conduct rounds throughout the compound on each shift. These rounds are required to be documented in the Insight software program.

Throughout the tour, attention was paid to places in the facility where there may be physical spaces which are blind spots creating a dangerous space. Those spaces were identified throughout the tour and the discussion was had at that time with the staff on how to correct those areas. Those areas are as follows.

- Religious Services: Orderly Room – Due to the design of the room, this Auditor required a mirror be installed to provide a view around the corner from the doorway of the room. This mirror was installed before the onsite visit was completed, and this correction was photographed and emailed to this Auditor for verification purposes.
- Kitchen #1 – In the “Dish Room” of the kitchen, where the industrial dishwasher is located, it was required that a mirror be mounted to allow for a view behind this large piece of equipment. This mirror was installed before the onsite visit was completed, and this correction was photographed and emailed to this Auditor for verification purposes.
- Kitchen #2 – The Food Services Department, or kitchen, has a storage area for many of the items used on a daily basis. Due to the construction of that room, it was extremely difficult to see all areas where there may be a potential for an assault. This Auditor recommended, but did not require, a mirror or mirrors be placed to assist in seeing the entire area. Even though this was not required, the facility leadership placed two mirrors in that Food Service Storage area. This mirror was installed before the onsite visit was completed, and this correction was photographed and emailed to this Auditor for verification purposes.

During the interview with the Warden of FCI McKean, there was discussion regarding the staffing levels at the facility. The Warden was extremely pleased to provide information on the staffing levels. At his facility, the staff level was at 112%. This is the highest in the Bureau. This has been reached due to overstaffing in a couple of areas and vacancies in other areas, such as psychology.

## Standard 115.14: Youthful inmates

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

#### 115.14 (a)

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

### 115.14 (b)

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

### 115.14 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

FCI McKean does not house any inmates under the age of 18.

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

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

### 115.15 (a)

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

### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)  
 Yes  No  NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)  Yes  No  NA

### 115.15 (c)

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

### 115.15 (d)

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

### 115.15 (e)

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

## 115.15 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Interviews with staff and inmates confirmed that cross gender strip searches do not occur at the facility. Inmates who identify as transgender are provided the opportunity to indicate what gender of staff member they would prefer to conduct strip searches.

Training curriculum documents were provided for review in the pre-audit information. This training contained information about cross gender searches and searches of transgender individuals. Through interviews with staff members, it was determined that information on working with transgender inmates is a recently added topic for the BOP, but they did know that transgender inmates could request to be searched by a staff member of the same sex they identify with.

During the tour of the facility, interviews with staff and interviews with inmates, it was determined that the staff was not making the required cross gender announcements when a female staff person enters the housing unit at the FCI. This was not the case at the SCP. Inmates assigned to the SCP indicated that female staff were making the required announcements. This Auditor believes the reason for this difference is because the SCP has dormitory style housing units and the FCI has cell style housing units.

The facility does have signs throughout the institution indicating that there are both male and female staff members working at the facility. In addition, there is an automated announcement made throughout the entire compound reminding inmates that female staff are working in the facility and they may enter the housing unit.

During the onsite audit, the requirement for an announcement being made each time a female enters the housing unit where there isn't already a female staff member present, was discussed. Solutions to the deficiency were discussed.

The facility was required to provide training/education to staff members with policy and procedures indicating that cross gender announcements must be made each time a female enters a housing unit unless there is already a female present. This Auditor did indicate to the staff that the best practice would be for the announcement to be made every time a female enters a housing unit regardless of if there is already a female present.

The facility provided a memo to this Auditor dated April 23, 2021. This memo provided instructions to staff members regarding all of the methods the facility has put into place to alert inmates that there are female staff that will be coming into and working in the housing units at any time.

Cameras are an important tool for correctional officials to utilize in a correctional facility. This facility has been adding/updating its camera system. Most of the updates were completed at the end of 2019. This upgrade included all new cameras in the Food Services Department and upgrading the clarity of the view of the existing cameras. Overall, the system upgrade cost approximately \$100,000. The Warden indicated he thought that there were currently 84 cameras. No cameras had a view in which an inmate could be seen changing clothes, performing bodily functions or showering.

The R&D department was a part of the tour of the facility as the place where all inmates enter and exit the facility. That area has several holding cells which have doors and windows for viewing inmates being held in those rooms. All but one of these cells has toilets. When looking at these areas, there was a clear view of the toilet and no privacy for inmates to perform bodily functions without being seen by staff. There are both male and female staff work in this area.

In order to correct this issue, the facility make a couple of corrections. In the largest of the holding tanks, the facility added another row of cement block to the wall that was already in front of the of toilet. In addition, a partial door was added to this newly expanded wall. Partial doors were added to the walls around the toilets in the other holding tanks as well. These corrections brought this piece of the standard into compliance.

While touring the SHU, it was noted that the majority of cells have showers in the cells themselves. However, there are four cells which are utilized for crisis situations. These cells do not have showers in them but share a shower next to them. These showers were open and could be openly viewed by any staff, including female staff if they are in the area when the inmate is in the shower.

To correct this issue, the facility put up "PREA" shower curtains which are clear on the top and bottom and solid in the middle. This was correction was completed while this Auditor was onsite and was able to view this correction personally.

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

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

#### **115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?  Yes  No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)?  Yes  No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?  Yes  No



- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?
  - Yes  No

### 115.16 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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The BOP and FCI McKean work to provide PREA information to inmates in many formats to ensure that all inmates are able to understand what PREA is and how they can report sexual abuse or sexual harassment.

All written materials are provided in both English and Spanish for all inmates. The posters hung in the facility are in both English and Spanish. Spanish speaking inmates that were interviewed indicated that they also received their A&O Handbook in Spanish.

When conducting the required interviews for this facility, this Auditor had the opportunity to interview (2) inmates who did not speak English as their first language. The facility provided information on the language translation line. Both of these interviews were conducted using this service in Spanish.

Also, when questioned, staff indicated that they would not use inmate interpreters when it comes to finding information out about issues related to PREA. There are a limited number of bi-lingual or multi-lingual staff who work at the facility that can be used for translation if available.

A memo was provided in the pre-audit information regarding the language line. This service is provided by LanguageLine Solutions. This memo provided directions on how to reach the service, hours of operation and the situations which this service is being provided for.

Interviews with staff indicated that if there was an inmate who had an intellectual disability, this inmate would be seen one to one and the information provided verbally by a staff member and questions would be asked to ensure the inmate does understand the information provided.

## Standard 115.17: Hiring and promotion decisions

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

#### 115.17 (a)

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

#### 115.17 (b)

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

#### 115.17 (c)

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

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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

#### 115.17 (g)

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

#### 115.17 (h)

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

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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The BOP requires that all applicants apply for any positions online through [www.usajobs.gov](http://www.usajobs.gov). Included in the employment application are the (3) required PREA questions. If any of those questions are answered with a "yes", the system will automatically mark the application as ineligible for employment.

The application also contains a statement that must be acknowledged that the applicant understands that any false information provided could result in termination and/or prosecution.

The local facility will run an initial background check on those that are chosen to move forward through the interview/hiring process. The NCIC system is used for this initial background check. If an applicant is selected for employment, their information is then sent to the Office of Internal Affairs (OIA) and then to the Office of Personnel Management (OPM) for an extensive background investigation. This is the point in the process where references are checked and if the applicant has worked at another correctional facility, this office reaches out to that institution to ask the required questions regarding any incidents of sexual abuse while working at that facility.

Agency Policy 3000.03, Chapter 7, Page 9, states the following regarding the frequency of background checks being conducted for all staff members.

"All positions are subject to five-year re-investigations."

The computer technology utilized by the Human Resource Office tracks the timeline for conducting all subsequent background checks. An email is sent to the staff member and they are required to complete the e-QIP questionnaire. This completion then puts the staff member in the queue for the background re-investigation to take place.

Contractors and volunteers are also required to have background checks prior to contact with inmates.

During the onsite audit visit, this Auditor randomly selected (10) employee personnel files to review at the time of the interview with the Human Resource professional onsite. It is noted by this Auditor that (5) year re-investigations may be ordered for staff members; however, these investigations may not be completed for (12) to (24) months after the process is initiated.

Additionally, the Standard of Conduct that all employees of the BOP are required to abide by directs staff that they must report any interaction with law enforcement to the administration at the facility.

## Standard 115.18: Upgrades to facilities and technologies

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

### 115.18 (a)

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

### 115.18 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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The facility has not made any major upgrades, additions, or renovations to the physical plant of the facility in the timeframe reviewed for this audit.

At the time of the onsite audit, the Warden indicated that camera system was updated at the end of 2019. This upgrade included adding cameras to the Food Services area, improving and clarifying the view of the cameras in the system. This system upgrade has been able to assist staff in providing better supervision in all areas of the facility.

## RESPONSIVE PLANNING

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

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

### 115.21 (a)

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

### 115.21 (b)

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

### 115.21 (c)

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

### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA

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

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Investigations are conducted both administratively and criminally, when appropriate. At the facility it is the responsibility of the Special Investigative Agent (SIA) to conduct administrative investigations. If the

SIA feels the allegation may be of a criminal nature, the information is forwarded to the Federal Bureau of Investigations (FBI) to determine if they will move forward with a criminal investigation.

If there is an allegation of sexual abuse made at the facility, the victim will be taken to the medical department for a preliminary, non-invasive examination. The medical department will determine if the inmate goes out to the local hospital for a forensic medical examination.

If medical personnel determine a forensic medical examination is required, the inmate will be taken to Bradford Regional Medical Center. This facility has trained SAFE/SANE nurses on staff. Bradford is approximately 20 minutes from the facility and is the closest hospital to the facility.

The facility has been able to establish a relationship with the local rape crisis center, YWCA Bradford Victims' Resource Center. This agreement establishes the roles of both the facility and the rape crisis center. The services provided by the rape crisis center include providing medical accompaniment and advocacy at the hospital, should the inmate be taken for a forensic medical examination.

This agreement was fully executed in 2018 and is in effect for 4 years.

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

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

#### **115.22 (a)**

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

#### **115.22 (b)**

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

#### **115.22 (c)**

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

#### **115.22 (d)**



- Auditor is not required to audit this provision.

### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The agency ensures that all sexual abuse and sexual harassment cases are investigated administratively and criminally, if applicable to the situation.

The facility provided access to all completed PREA investigations conducted at the facility. The facility reported that there were (2) allegations, in addition to the one made the day of the tour at the onsite audit, related to PREA in the previous (12) months to the audit. These allegations led to investigations. The two investigations were reviewed by this Auditor as the facility was just beginning the one investigation for the allegation occurring at the onsite audit.

Processes for investigations are contained in the Policy 5324, Sexually Abusive Behavior Prevention and Intervention Program. This is available for public viewing on the BOP website at [https://www.bop.gov/policy/progstat/5324\\_012.pdf](https://www.bop.gov/policy/progstat/5324_012.pdf)

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No

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

#### 115.31 (b)

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

#### 115.31 (c)

- Have all current employees who may have contact with inmates received such training?  Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

### 115.31 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

All employees of the BOP are required to participate in PREA education. There are several levels of training provided. First, all new employees are required to participate in the two-week Introduction to Correctional Techniques (ICT) training. This training includes PREA information in the Psychology Department portion of the training.

Second, all employees are required to participate in Annual Refresher Training (ART). This training includes a variety of topics, one of which is PREA. Typically, this training is an in-person training. However, with COVID restrictions in place, this training was given via computer for most of 2020.

All training information is documented via training sign in sheets which are then entered into a software program which tracks all training provided at the facility.

During the onsite audit visit, (10) training files were reviewed and found to include the required information for each person. A copy of the training documentation was retained by this Auditor. In addition, training documentation was provided for review in the pre-audit information.

Interviews were conducted with staff, contractors and volunteers for the facility. All were able to provide information regarding the PREA training they have received. This information included a broad overview of the topics that have been covered in this training. When asked more specific questions regarding the training content, the majority of staff was able to discuss, with detail, the topics.

### Standard 115.32: Volunteer and contractor training

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

### 115.32 (a)

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

### 115.32 (b)

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

### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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According to agency operating procedures and directives, all volunteers and contractors who may have contact with inmates are required to participate in PREA training.

Contractors, such as medical personnel, are required to participate in the same level of training as a staff member since they have as much contact with inmates as regular employees do. They are required to participate in PREA training before any contact with inmates and also required to participate in annual in-service training.

Volunteers are also required to participate in training before they have contact with inmates at the facility. The facility provided training documentation for 16 volunteers. These training files were from the 2019 and 2020 training years. In addition, the facility provided a memo dated April 4, 2021 indicating that Volunteer Services will conduct a training for volunteers and contractors on May 11, 2021 via WebX.

All training curriculums were provided to this Auditor in the pre-audit phase for review. These trainings provided all required information under this standard.

## Standard 115.33: Inmate education

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

#### 115.33 (a)

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

#### 115.33 (b)

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

#### 115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)?  Yes  No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  Yes  No

#### 115.33 (d)

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

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

### 115.33 (e)

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

### 115.33 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The agency provided the inmate education curriculum for review as part of the pre-audit information to review. All required elements of the standard are included in the inmate education.

When inmates arrive at the facility, they are processed in through the R&D department. During this process, inmates are provided an Admission & Orientation (A&O) Booklet/Inmate Handbook. This booklet contains information on PREA such as what it is, what the zero-tolerance policy is and how to report.

Inmates do receive a more comprehensive training on PREA within the first week to two weeks at the actual A&O training. Each inmate has a sheet with all topics listed on the page. Different staff members from different departments come to the training to provide information on each department and give any relative information about the facility and its operation. The PREA Compliance Manager is the one to provide information on PREA at FCI McKean.

During the onsite audit visit, this Auditor randomly selected (10) inmates to view the signed acknowledgement forms. This information was provided.

In addition, during the interviews with inmates, questions were asked regarding the education they were provided on PREA, what it is, how to report, etc. The majority of inmates were able to provide information on PREA and discuss how and when the facility provided them with this information.

As noted in §115.16, different formats of information are available to ensure that all inmates are able to receive education and understand PREA and reporting methods at the facility.

## Standard 115.34: Specialized training: Investigations

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

#### 115.34 (a)

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

#### 115.34 (b)

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

#### 115.34 (c)

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

#### 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Sexual abuse and sexual harassment investigations are completed for all allegations at FCI McKean. These investigations are completed by staff in the Special Investigative Services (SIS) department.

The new investigator has been part of the SIS department for approximately 8 months. Through his interview, it was noted that this investigator had not yet taken the training because the investigator's training has been delayed due to COVID.

This Auditor had a conversation with this investigator and the team working on this PREA audit regarding getting this investigator trained. The team indicated that the investigator could take the training on BLU, Bureau Learning University. This investigator immediately took the training and provided this Auditor with the training certificate of completion. This training is titled "Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting (NIC)".

The facility also has numerous staff members in a variety of departments including Captains, Lieutenants, Unit Managers, Executive Staff and Department Heads, who have taken the specialized investigations training through BLU, Bureau Learning University.

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

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

#### 115.35 (a)

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



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

#### 115.35 (b)

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

#### 115.35 (c)

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

#### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  Yes  No  NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

FCI McKean provides both medical and mental health services to the inmates housed at this facility. The facility has all medical and mental health professionals participate in the online specialized training. This course is entitled "PREA for Medical and Mental Health Care – BOP (CPG-0233-BXX)".

A list all medical and mental health personnel who have completed this training from the time it was first offered through April 6, 2021 was provided to this Auditor.

These medical and mental health professionals do participate in additional PREA trainings. Documentation of some of these other trainings was provided. These included "PREA Medical and Mental Health Care: Trauma Informed Approach, PREA Specialty Training" and "PREA Medical and Mental Health Care: Trauma-Informed Approach, PREA Specialty Training Modules 1-4, and Why PREA Matters – Understanding Sexual Trauma in Custody".

Forensic examinations are not conducted at this facility; therefore, no specialized training is needed for this function.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

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

#### 115.41 (a)

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

#### 115.41 (b)

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

#### 115.41 (c)

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

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

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

#### 115.41 (h)

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

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

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

**Instructions for Overall Compliance Determination Narrative**

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The BOP and FCI McKean have implemented a screening tool and questions that encompass the requirements of this standard. The assessment utilized by the BOP is an objective screening tool.

As inmates are brought into the facility, they are screened by Unit Team, Health Services, Psychology and SIS staff. Unit Managers ensure that only unit team staff completes the "PREA Intake Objective Screening Instrument" with the inmate. They are told they are not required to answer the questions if they so choose, however, answering assists in keeping the inmate safer while housed at the facility.

Access to this assessment information is limited to the Unit Team staff and Psychology Services staff.

If the inmate does not disclose any sexual abuse information, that information is notated in the comment section of the form. If information is provided regarding sexual abuse or sexual harassment, a referral is immediately made to psychology. The inmate will then have a follow up meeting with the psychology department staff at the facility to discuss any PREA related information within 14 days as required by the standard.

Additionally, those inmates who have met the PREA criteria and agree to meet with the psychology department staff will then have the second screening performed. This screening is done within the first 30 days of arrival at the institution.

Through staff interviews who are involved in the screening process, it was determined that if an inmate does not have sexual abuse or sexual harassment issues, they did not receive the required 30-day screening.

This deficiency was discussed with the staff at the facility and the Management Analyst assigned to FCI McKean. It was determined that this was a deficiency throughout the BOP. This Auditor discussed with the staff at the facility the rationale behind the requirement for this second assessment and staff indicated they understood and would work correct this deficiency.

In order to come into compliance with this item, the facility provided verification that all inmates that enter the facility and remain for 30 days have been re-screened. The facility started this process at the time of the onsite audit. Thirty inmates were randomly chosen, and their assessments were sent for review to this Auditor.

In addition, the Unit Team members were informed of this change in the process and Case Managers will be responsible for ensuring that this second assessment is completed in the appropriate timeframe.

## Standard 115.42: Use of screening information

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

### 115.42 (a)

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

### 115.42 (b)

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

### 115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement

would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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Information obtained through the administration of the assessments and reassessments are used by the staff to inform decisions about housing, education, programming and work placements. At the time of the onsite audit, there were limited education and programming opportunities due to the COVID-19 pandemic. However, the assessments were utilized in the housing/bed placements and work placements.

As noted in 115.41, not all staff has access to the assessment information. The Unit Team staff members and Psychology Services staff have access to this information to assist in decisions regarding these placements. Staff member interviewed indicated they are careful in placement of inmates in the housing areas and work to ensure potential victims are not housed with potential abusers.

At the time of the onsite audit visit, there were two inmates who identified as transgender. These inmates were housed in general population units. Due to the layout of the showers, they indicated that they did not feel they needed separate shower times.

Both inmates indicated they had been at the facility for six months or longer and had not had the required six-month review. In order to come into compliance, the facility provided the required reviews.

In this Auditor's assessment, there are no dedicated housing units specifically for those who are part of the LGBTI population.

## Standard 115.43: Protective Custody

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

#### 115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been



made, and a determination has been made that there is no available alternative means of separation from likely abusers?  Yes  No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?  Yes  No

#### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  Yes  No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA

#### 115.43 (c)

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

#### 115.43 (d)

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

### 115.43 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Interviews with staff and review of provided documentation both indicated that inmates are not placed involuntarily in segregated housing for being at risk of sexual abuse initially. A memo from the SIS Lieutenant of the facility indicated that as of April 6, 2021, no inmates were placed in involuntary segregated housing.

If there should be a reason to place an inmate involuntarily in segregated housing, this must be done in accordance with the Program Statement for Special Housing Units (SHU). It is the responsibility of the Warden to ensure that all other options for housing have been assessed and determined not suitable before placing the inmate in involuntary segregation.

Any inmate placed in segregated housing is to be reviewed periodically to determine if there is still a need for that inmate to remain in the SHU.

## REPORTING

### Standard 115.51: Inmate reporting

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

### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment?  Yes  No

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

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)  Yes  No  NA

#### 115.51 (c)

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

#### 115.51 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's*

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

Inmates in the BOP have multiple methods of reporting sexual abuse and sexual harassment. During interviews with both inmates and staff, it was clear that these options are well publicized. The main method of reporting for inmates is to tell a staff member they trust.

Many of the inmates interviewed were able to name several reporting methods. The most named methods were as follows.

- Telling a staff member
- Sending an email to a staff member through the TRULINCS system
- Writing to a staff member, also known as a “cop out”

Additionally, there are other reporting options for inmates that some, but not all named during the interview process. These methods were as follows.

- Writing to the Office of the Inspector General (OIG)
- Emailing OIG through the TRULINCS system
- By telling a third party that can make a report on the inmate’s behalf

This information on reporting methods is told to inmates during the A&O process and can be found in the A&O Handbook that is given to inmates upon arrival at the facility. It is clearly written in this handbook that OIG is part of the Department of Justice but not part of the Bureau of Prisons.

The handbook also clearly states that emails sent to OIG are anonymous. The handbook states the following.

“Note: These e-mails:

- Are untraceable at the local institution,
- Are forwarded directly to OIG
- Will not be saved in your e-mail ‘Sent’ list
- Do not allow for a reply from OIG,
- If you want to remain anonymous to the BOP, you must request it in the e-mail to OIG.

A recommendation this Auditor made to the staff at the facility was to post the reporting phone number near the phones so that it is easily accessible to inmates. The facility did post those numbers while the onsite audit was still ongoing.

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

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

#### **115.52 (a)**

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

### 115.52 (b)

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

### 115.52 (c)

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

### 115.52 (d)

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

### 115.52 (e)

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

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

### 115.52 (f)

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

### 115.52 (g)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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Inmates in the BOP have the option of filing a grievance, known in the BOP as an Administrative Remedy, as a method of reporting sexual abuse. The procedures for filing an Administrative Remedy are found in Policy Number 1330.18, *Administrative Remedy Program*.

This policy states that an inmate may file an administrative remedy to report sexual abuse. The inmate has the option to file this grievance with the facility, or if the inmate feels his well-being will be compromised by filing at the facility level, the grievance may be filed at the regional level through a BP-8. And inmates are not required to file a grievance with the person who the grievance is written about, and the allegation is not to be investigated by either staff alleged to be involved or by staff under their supervision.

If the inmate wishes to file at the facility level, this may be done on a BP-9. And if this filing is to be filed as an emergency, the inmate must clearly mark "Emergency" on the BP-9. Policy directs that an expedited BP-9 response shall be provided to the inmate within (48) hours. The Policy 1330.18 also directs that best efforts to provide a determination should be made within (5) calendar days and in accordance with the provisions of exhaustion in the policy.

For those that are not marked as "Emergency", the facility has up to (90) days to make a determination and notify the inmate of the determination. The facility may claim an extension of time to respond, up to (70) days, if the normal time is insufficient to make a decision.

Inmates may receive assistance in filing the grievance from a third party, or a third party may file on the inmate's behalf according to policy. The inmate will be asked to approve or decline those remedies filed on his behalf. However, the inmate is required to personally file any subsequent appeal but may receive assistance in preparing the appeal.

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

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

#### 115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.)  Yes  No  NA

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

### 115.53 (b)

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

### 115.53 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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The facility worked with the staff at YWCA Bradford Victims' Resource Center to enter into an agreement for confidential services to be provided to victim inmates. This agreement was signed in 2018 and is in effect for 4 years. The agreement for services will need to be updated in 2021.

In addition to the services that are provided by the Victims' Resource Center, all psychology staff have completed the victim advocacy course through the BOP.

Institution Supplement number MCK 5324.12e, Sexually Abusive Behavior Prevention and Intervention Program, is very thorough in providing information to staff regarding the services that are available to and should be provided to victims of sexual abuse at FCI McKean.



This supplement includes phone numbers, not only for YWCA Bradford Victims' Resource Center, but other resources should they be needed in house and information on services available to victims upon release from the facility.

## Standard 115.54: Third-party reporting

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

### 115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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The BOP has established a third-party reporting method which is found on their website at the following address. [https://www.bop.gov/inmates/custody\\_and\\_care/sexual\\_abuse\\_prevention.jsp](https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp)

Depending on what type of abuse is being reported, there are two options to write to. If the abuse is inmate abuse on other inmates, third parties should write to National PREA Coordinator, Reentry Services Division. If the abuse is staff abuse of inmates, third parties should write to the Office of Internal Affairs. Respective addresses are found on the website.

In addition, this information can be found in the A&O Handbook that all inmates receive during the orientation process.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

## Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

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

#### 115.61 (b)

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

#### 115.61 (c)

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

#### 115.61 (d)

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

#### 115.61 (e)

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

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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BOP Policy 5324.12 requires that all staff report sexual abuse and sexual harassment immediately to a supervisor and/or the Operations Lieutenant on duty.

Once the abuse is reported, staff are required by policy not to discuss the situation/allegation with anyone else, unless those staff are investigating, making security decisions, or providing services to the victim.

When interviewed, all staff were clear that they should report any suspicions they have regarding sexual abuse or sexual harassment of an inmate for the safety and security of the institution.

There are no youthful inmates housed at FCI McKean, therefore child welfare reporting laws do not apply to this facility.

This Auditor interviewed several medical and mental health providers at the facility. When questioned about their responsibility to report sexual abuse or sexual harassment, all staff members were clear they are required to report all incidents reported to them which occurred in a correctional setting. Upon further questioning those staff also articulated the requirement to inform inmates of this requirement and their limits of confidentiality.

## Standard 115.62: Agency protection duties

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

#### 115.62 (a)

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

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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All staff were able to answer questions effectively regarding what immediate action they would take if they learned an inmate was at imminent risk of sexual abuse. Higher level staff, Lieutenants and above, were able to discuss what options they have available to protect inmates. These options include moving the inmate to another housing unit, offering protective custody or moving facilities all together if necessary. Any of these options would be determined on a case-by-case basis and with the safety of the inmate in mind.

### Standard 115.63: Reporting to other confinement facilities

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

#### 115.63 (a)

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

#### 115.63 (b)

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

#### 115.63 (c)

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

#### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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Policy 5324.12 outlines the responsibility of the facility regarding reports of sexual abuse which occurred at another facility and reports of sexual abuse received from another facility that occurred at FCI McKean.

At the time of the onsite audit visit, the facility indicated that they had not received any allegations of sexual abuse occurring at FCI McKean from any other facilities. The SIS Lieutenant indicated that if there was a notification made to the facility, he would do the investigation the same as if it was reported at the facility.

For allegations received about sexual abuse occurring at another facility and reported to staff at FCI McKean, the PREA Compliance Manager and other higher-level staff were clear about the timeframe of reporting to the other facility within 72 hours of receiving the report. This is also clearly stated in Policy 5324.12. Policy also covers what persons or entities should be covered for different types of facilities, depending on if they are BOP or non-BOP facilities.

The Warden provided memos indicating that there have been no allegations received regarding sexual abuse occurring at FCI McKean. No inmates reported that they were sexually assaulted at another facility.

## Standard 115.64: Staff first responder duties

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

#### 115.64 (a)

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

actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

#### 115.64 (b)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Staff interviewed as part of this onsite audit visit were all well versed in their responsibilities as a first responder to an allegation of sexual abuse or sexual harassment. Responses were primarily the same including but not limited to the following.

- Keep the victim with them and separated from the abuser.
- Request assistance from staff nearby to assist in the separation.
- Notify the immediate supervisor.
- Direct the inmates not to destroy any evidence that may be on their person.
- Secure the crime scene if they are able.
- Follow the direction of their supervisor.

During the twelve months prior to the onsite audit visit, there were two investigations of sexual abuse at FCI McKean.

### Standard 115.65: Coordinated response

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

#### 115.65 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The facility provided a memo addressing this standard. The memo was an outline for the requirements of what should happen when there is an allegation of sexual abuse.

Additionally, the facility provided the Institutional Supplement (IS) 5234.12e Sexually Abusive Behavior Prevention and Intervention Program. This policy outlines specifics of what the departments at FCI McKean are to do in the event that there is a report of sexual abuse at the facility.

This is a thorough policy which provides very specific information for the staff who are responding to allegations of sexual abuse.

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

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

#### 115.66 (a)

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

#### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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The Federal Bureau of Prisons has a Master Agreement between the Federal Bureau of Prisons and Council of Prison Locals, American Federation of Government Employees.

In this Master Agreement, Article 30 – Disciplinary and Adverse Actions, Section (g) states, “.....The Employer may elect to reassign the employee to another job within the institution or remove the employee from the institution pending investigation and resolution of the matter, in accordance with applicable laws, rules, and regulations.”

## Standard 115.67: Agency protection against retaliation

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

#### 115.67 (a)

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

#### 115.67 (b)

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



### 115.67 (c)

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

### 115.67 (d)

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

### 115.67 (e)

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

## 115.67 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Policy 5324.12 indicates that the institution's PREA Compliance Manager is responsible to ensure that the retaliation monitoring is completed for a minimum of (90) days for the victim, reporters and anyone that has participated in the investigation if they request monitoring.

At FCI McKean, the SIS department conducts this monitoring. During interviews with staff members, it was indicated that the SIS will conduct the monitoring and will also talk with Unit Team, Captain, Psychology and Health Services to ensure that any information the inmate has provided regarding retaliation is documented.

Once that occurs, it is written up and provided to the PCM who will review the information and send it to the Warden for review. After that review, the monitoring is kept in the inmate's file.

Monitoring is completed at 30, 60 and 90 days. Staff are also responsible for determining if there is a need for the monitoring to continue past (90) days. If there is a need, that monitoring will also be documented.

Policy indicates that if the investigation determines that the allegation is unfounded, the monitoring is not required to continue.

## Standard 115.68: Post-allegation protective custody

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

#### 115.68 (a)

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

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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As noted in §115.43, the facility indicated it does not place any inmates in involuntary protective custody, only as a last resort. During the Warden's interview, he indicated that there are times when the facility has put someone in the SHU after an allegation only because there was no other way to keep the inmate safe during the investigation. He also provided information that not all inmates that have reported have been placed into protective custody. There have been times when that was not necessary.

# INVESTIGATIONS

## Standard 115.71: Criminal and administrative agency investigations

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

### 115.71 (a)

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

### 115.71 (b)

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

### 115.71 (c)

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

#### 115.71 (d)

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

#### 115.71 (e)

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

#### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

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

### 115.71 (j)

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

### 115.71 (k)

- Auditor is not required to audit this provision.

### 115.71 (l)

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

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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Investigations of sexual abuse and sexual harassment are taken seriously and investigated. During the previous (12) months, there were two allegations and investigations of sexual abuse at FCI McKean that were completed. As noted earlier in this report, there was one allegation which was made during the tour at the onsite audit which was of course not available as it was in process.

As noted in §115.34, numerous staff have completed the required specialized investigations training. However, it is the primary responsibility of the SIS Department to conduct the administrative investigations of sexual abuse and sexual harassment.

If the SIS Department determines that the allegation may be criminal in nature, it will be referred to the Federal Bureau of Investigations (FBI). It will be up to the FBI and the Assistant United States Attorney (AUSA) to determine whether the case will proceed with criminal charges.

One item to note, the SIS Lieutenant has only been in the position for eight months. He has not completed any of these PREA investigations. The allegation made while this Auditor was onsite will be his first PREA allegation.

When reviewing the investigation files for FCI McKean, it was noted that these investigations were completed either on the day the investigation was opened or the next day. While it is important to ensure that PREA investigations are done promptly, thoroughly and completed quickly, it is concerning that these investigations were completed so quickly. It begs the question as to whether or not the investigators could truly get a clear picture and interview all associated parties in such a short period of time.

It is highly recommended by this Auditor that the facility investigators are completing a thorough investigation which includes interviewing all associated parties, staff and inmates, reviewing any and all evidence and evaluating the information gathered through the investigation process to determine a conclusion to the case. If this means that the investigator may have more time involved in this investigation, then it is important to acknowledge that it is acceptable for the investigation to take a longer period of time to come to a clear determination.

No matter if the inmate is released or transferred from the facility, any PREA related investigation will continue through to the conclusion. Additionally, if the investigation involves a staff member and that staff resigns, the investigation will continue through to the conclusion and a determination is made.

## Standard 115.72: Evidentiary standard for administrative investigations

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

#### 115.72 (a)

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

#### Auditor Overall Compliance Determination

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#### Instructions for Overall Compliance Determination Narrative

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Federal BOP directs that this standard is implemented in accordance with the disciplinary/adverse action process and collective bargaining agreement, and applicable laws, rules, and regulations.

During the interviews with the SIS staff, he was able to discuss the level of evidence for PREA cases and how that is applied.

## Standard 115.73: Reporting to inmates

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

#### 115.73 (a)

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

#### 115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

#### 115.73 (c)

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

#### 115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the

alleged abuser has been indicted on a charge related to sexual abuse within the facility?

Yes  No

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?

Yes  No

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

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

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

#### Instructions for Overall Compliance Determination Narrative

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When an investigation is completed, notification is required to be made to the victim regarding the determination of the investigation, and any of the following, if applicable.

- The determination of the administrative investigation
- If criminal charges are filed
- If there is a conviction of criminal charges
- If the perpetrator was a staff member, if the staff member was removed from the post, facility or no longer works for the agency

As noted, prior in this report, the facility's SIS Department has an FBI Agent that will work with that department on any criminal cases. This relationship allows for a flow of information regarding active cases, so the facility stays up to date on any actions occurring.

Notifications are provided via a written format outlining any information the inmate is entitled to. These notifications have been delivered by hand to the inmate and a copy of this document is kept in the investigation file.



# DISCIPLINE

## Standard 115.76: Disciplinary sanctions for staff

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

### 115.76 (a)

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

### 115.76 (b)

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

### 115.76 (c)

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

### 115.76 (d)

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

### Auditor Overall Compliance Determination

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

The Federal Bureau of Prisons holds all staff accountable to several policies regarding personal conduct. Policy 3420.11, Section 5: Personal Conduct, Item b. Sexual Relationships/Contact With Inmates. states the following.

“Employees may not allow themselves to show partiality toward, or become emotionally, physically, sexually, or financially involved with inmates, former inmates, or person known (or who should have been known based on circumstances) to the employee as a family member or close friend of inmates or former inmates.

Chaplains, psychologists, and psychiatrists may continue a previously established therapeutic relationship with a former inmate in accordance with their codes of professional conduct and responsibility.

Bureau staff may not serve as program volunteers in religious services and educational programs. Under no circumstances are staff volunteers authorized to participate in inmate programs on a regular or occasional basis.

An employee may not engage in, or allow another person to engage in, sexual behavior with an inmate. There is never any such thing as *consensual* sex between staff and inmates.

Title 18, U.S. Code Chapter 109A provides penalties of up to life imprisonment for sexual abuse of inmates where the force is used or threatened. *Sexual contact* is defined as the intentional touching of genitalia, anus, groin, breast, inner thigh, or buttocks with the intent to abuse, humiliate, harass, degrade, arouse, or gratify the sexual desire of any person.

Penetration is not required to support a conviction for sexual contact. All allegations of sexual abuse will be thoroughly investigated and, when appropriate, referred to authorities for prosecution.

Employees are subject to administrative action, up to and including removal, for any inappropriate contact, sexual behavior, or relationship with inmates, regardless of whether such contact constitutes a prosecutable crime. Physical contact is not required to subject an employee to sanctions for misconduct of a sexual nature.”

In addition to Standards of Employee Conduct, staff are subject to the Program Statement, the Master Agreement, and employment-based laws, rules, and regulations.

The facility provided information in the pre-audit information indicating that in the previous 12 months, there have been no staff who have violated agency sexual abuse or sexual harassment policies at FCI McKean.

## Standard 115.77: Corrective action for contractors and volunteers

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

#### 115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?  Yes  No

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

### 115.77 (b)

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

### Auditor Overall Compliance Determination

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Volunteers and contractors are held to the same standards as BOP staff regarding sexual offenses. As noted in 115.76, Policy 3420.11 applies the same to this group.

Disciplinary sanctions for volunteers or contractors are also similar to those of the disciplinary sanctions for staff members. If there is an investigation, and the individual is determined to have committed acts of sexual abuse or sexual harassment, the case will be referred for criminal prosecution and to any relevant licensing bodies.

In the pre-audit information, the facility provided a memo indicating that in the previous 12 months to the onsite audit, there were no volunteers or contractors who violated agency sexual abuse or sexual harassment policies.

## Standard 115.78: Disciplinary sanctions for inmates

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

### 115.78 (a)

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

#### 115.78 (b)

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

#### 115.78 (c)

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

#### 115.78 (d)

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

#### 115.78 (e)

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

#### 115.78 (f)

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

#### 115.78 (g)

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

#### Auditor Overall Compliance Determination

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The BOP has zero tolerance for any type of sexual abuse or sexual harassment of inmates or staff. Policy 5324.12 clearly states that consensual sexual activity among inmates is prohibited. If an inmate is found to have engaged in sexual activity, the inmate will be subject to disciplinary action.

If an inmate reports sexual abuse and that report is made in good faith, based upon a reasonable belief that the alleged conduct occurred, the inmate will not be charged for making false reports.

If it is determined that the inmate did commit sexual abuse in the correctional setting, they will be subject to disciplinary sanctions commensurate with the level of the infraction, and other disciplinary sanctions of others with the same or similar infractions.

In the pre-audit information reviewed by this Auditor, the facility provided an example of an incident when an inmate was sanctioned for inappropriate sexual activity. Other incidents and their sanctions were provided as well to compare that the punishment given in this case was in line with other sanctions for similar charges.

## MEDICAL AND MENTAL CARE

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

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

##### 115.81 (a)

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

##### 115.81 (b)

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

### 115.81 (c)

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

### 115.81 (d)

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

### 115.81 (e)

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

### Auditor Overall Compliance Determination

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During the initial screening process when an inmate arrives at FCI McKean, Unit Team staff will ask PREA questions, and if the inmate indicates they have been a victim of sexual abuse, they will receive an automatic referral to Psychology Services. According to the psychologist at FCI McKean, he tries to see the inmate who is referred for PREA purposes as soon as possible, however, it is difficult right now because of the low numbers of psychology staff who would be trained to meet with an inmate in that situation. He did indicate that he tries to meet with them in a week.

Additionally, if the inmate indicates, or staff has knowledge that the inmate has been a perpetrator of institutional sexual abuse, a referral will be made to Psychology Services for an evaluation. Again, this is done as soon as possible according to the psychologist.

Both medical and mental health staff were able to confirm that they provide inmates, prior to asking any PREA related questions, with information about the limits of confidentiality and requirements for reporting.

Any sexual abuse or harassment related information which medical and mental health have control over or access to is strictly controlled by those staff members. This information is only shared to investigate any incidents of sexual abuse or harassment or to provide services to the inmate. Medical and mental health staff keep all inmate information in the Bureau Electronic Medical Record (BEMR) system.

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

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

#### 115.82 (a)

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

#### 115.82 (b)

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

#### 115.82 (c)

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

#### 115.82 (d)

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

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

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FCI McKean does operate a medical department. Medical staff see all inmates when they are received at the facility to do the initial medical screening. This screening asks questions regarding medical history, medical problems, medications, any psychological history, suicidal history and abuse history.

The medical department at the facility does not perform forensic medical examinations. If an incident is reported in the timeframe for the collection of evidence, the decision to send an inmate out for the forensic examination is based on the professional opinion of medical staff.

If that decision is made to send an inmate out for a forensic medical examination, that inmate will go to Bradford Regional Medical Center. This hospital is located approximately 15-20 miles from the facility.

As required by this standard, Policy 5324.12 clearly states the following.

“Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out the incident.”

During the preceding 12 months to the onsite audit visit, the facility has not taken any inmate out for a forensic medical examination.

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

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

#### 115.83 (a)

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

#### 115.83 (b)

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

#### 115.83 (c)

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



### 115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

### 115.83 (e)

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

### 115.83 (f)

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

### 115.83 (g)

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

### 115.83 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s*

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

Victims have the right to follow up and counseling services if they have disclosed sexual abuse or sexual harassment. These services are all provided to the victim regardless of whether the inmate names their abuser or agrees to cooperate with the investigation.

If a victim is sent out for a forensic medical examination, they will be required to come back to medical when they arrive at the facility, if medical staff are onsite. If they are not onsite at the time, the victim will go to the medical department the next morning for follow up. This gives the medical personnel time to review the documentation provided by the hospital and follow those recommendations.

When questioned about whether the level of medical care victims receive at the facility is equal to or higher than the level provided in the community at large, the answer was better than what the inmate can expect in the community. Staff indicated they felt this was accurate because they are able to get to a practitioner usually within a day of requesting that visit.

At the time of the onsite visit, the psychology department was operating on minimum staffing levels, but felt that they were still at least as good as what someone could receive in the community as inmates are able to be seen usually within a week or so of putting in a request. That is certainly better than the 6+ weeks wait in the community for mental health services.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

##### 115.86 (a)

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

##### 115.86 (b)

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

##### 115.86 (c)

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

##### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

### 115.86 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Sexual Abuse Incident Reviews (SAIR) are part of the investigation process. These reviews are held once a determination is made regarding the outcome of the investigation. According to Policy 5324.12, these reviews are to occur for all investigations that are determined to be substantiate or unsubstantiated.

As mentioned prior in this report, there were two allegations and investigations of sexual abuse in the previous 12 months prior to the onsite audit visit. Both of these investigations resulted in an unsubstantiated determination. In both cases, these reviews were conducted within the required 30-day timeframe.

The team looked at factors required by the standard to evaluate this response. Those factors may include, but not limited to, the following.

- A need for change to policy or practice
- Was there any vulnerability factors that were motivations for this incident
- Any physical plant issues that enabled the situation to occur
- Any staffing level issues that enabled the situation to occur
- Assessment of the monitoring technology in use in the area where the incident occurred

Once the meeting was over, the findings and any recommendations are compiled into a report that is sent to the Warden for review and ensures that any recommendations are implemented and if not, documents the reasons for not implementing the recommendations of the team. Once the Warden reviews the report, it is submitted to the Regional Director.

## Standard 115.87: Data collection

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

#### 115.87 (a)

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

#### 115.87 (b)

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

#### 115.87 (c)

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

#### 115.87 (d)

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

#### 115.87 (e)

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

#### 115.87 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The Bureau tracks information regarding sexual abuse and sexual harassment using a number of different methods. Those methods include:

- SIS Data – information maintained in investigation files such as names of victims and perpetrators, factual description of the incident, formal and informal actions taken, all supporting documentation including videotapes, medical forms, and any other evidentiary materials pertaining to the allegation.
- Office of Internal Affairs Data – OIA reports the cumulated data on inmate victims of staff sexually abusive behavior to all Chief Executive Officers and the Psychology Services Administrator at the end of each quarter and at the end of each fiscal year.
- Inmate Data – The Information, Policy, and Public Affairs Division collects and reports on the data used in the Bureau of Justice Statistics (BJS) Survey of Sexual Violence (SSV).
- SENTRY Data – The Chief of Correctional Services in each institution is responsible for accurate STG SENTRY assignments related to sexually abusive behavior. Access to the SENTRY assignment is limited to those staff who are involved in managing and treating the inmate victim or the inmate perpetrator or investigating the incident.

The National PREA Coordinator is responsible for overseeing the aggregation of data from all the above listed sources. This process is completed annually. Once the data has been collected from all sources, it is reviewed for trends and other factors.

Any entity which contracts with the BOP for housing of inmates is required to provide all PREA data and statistics to the Bureau for inclusion in their reporting.

## Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

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

#### 115.88 (b)

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

#### 115.88 (c)

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

#### 115.88 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The Bureau requires that all institutional PREA Compliance Managers ensures the data collected for sexual abuse is provided to the Regional Management Analyst annually. This information, as well as the information collected as part of 115.87, is utilized in the creation of the Annual PREA Report.

Annual reports from 2013 – 2018 were provided as part of the pre-audit documentation. The annual report for 2019 was obtained from the BOP website. As of the writing of this final report, the most up-to-date annual report for 2020 is posted at the following website.

[www.bop.gov/inmates/custody\\_and\\_care/docs/fbop\\_annual\\_prea\\_report\\_2020.pdf](http://www.bop.gov/inmates/custody_and_care/docs/fbop_annual_prea_report_2020.pdf)

These reports do not include any Personally Identifying Information (PII) of any inmate; therefore, no information was redacted from the reports.

These reports are prepared and are available on the website by June 30<sup>th</sup> of the following year. However, in the 2019 report, it is noted on Page 1 of 17 that “Due to the COVID-19 pandemic, data collection was delayed, thus delaying the report.”

Each report is prepared in the same format and is created with data from the previous calendar year. If data overlaps, that is noted in the body of the report. These reports contain the number of allegations made at each facility and the number of substantiated allegations at each facility. A short summary of each substantiated allegation is provided and is listed by facility. Following the summary information, any corrective action taken for these substantiated allegations is listed in chart form. At the end of the report, a short comparison is made of the information from the prior year to the current year. Each report is signed and dated by either the Director or Acting Director of the BOP.

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

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

#### 115.89 (a)

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

#### 115.89 (b)

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

#### 115.89 (c)

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

#### 115.89 (d)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

All information compiled for the annual reports identified in §115.87 is kept in accordance with the Federal Privacy Act and Freedom of Information Act and all other applicable laws, rules, and regulations.

As noted above, the agency does not allow any PII to be included in the reports posted on the agency website.

These reports are compiled on an annual basis and the most recent report is published to the agency's website at the following address.

[www.bop.gov/inmates/custody\\_and\\_care/docs/fbop\\_annual\\_prea\\_report\\_2020.pdf](http://www.bop.gov/inmates/custody_and_care/docs/fbop_annual_prea_report_2020.pdf)

# AUDITING AND CORRECTIVE ACTION

## Standard 115.401: Frequency and scope of audits

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

### 115.401 (a)

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

### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*)  Yes  No



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

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The agency has ensured, to the best of its ability during the COVID -19 pandemic, that at least one third of its facilities are audited in each of the three years of the audit cycle. As the country is opening

back up, the BOP has been making every effort to get all postponed audits completed and continue with upcoming audits.

During the audit, this Auditor had access to the entire facility and was allowed to visit any requested space within the institution. The staff were extremely hospitable and accommodating. Interviews were conducted in private areas.

Audit notices were posted throughout the facility and included information on how to contact this Auditor with any information prior to the audit. No inmate correspondence was received from FCI McKean.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The agency posts the preceding PREA Audit Final Reports on its agency website, under each respective facility page. The 2018 PREA Audit Report for FCI McKean was found at the following address. [https://www.bop.gov/locations/institutions/mck/prea\\_mck.pdf](https://www.bop.gov/locations/institutions/mck/prea_mck.pdf)

Once this final report is accepted and submitted, it will be posted on the website and the 2018 will no longer be available.

## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

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

Jennifer L. Feicht

August 18, 2021

**Auditor Signature**

**Date**

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

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