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 Report**: October 5, 2022

### Auditor Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bruce Kuennen</td>
<td><a href="mailto:bruce@preaauditing.com">bruce@preaauditing.com</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREA Auditors of America (PAOA)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address:</th>
<th>City, State, Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O. Box 596</td>
<td>Buchanan Dam, TX 78609</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone:</th>
<th>Dates of Facility Visit:</th>
</tr>
</thead>
<tbody>
<tr>
<td>713.818.9098</td>
<td>April 26-28, 2022</td>
</tr>
</tbody>
</table>

### Agency Information

<table>
<thead>
<tr>
<th>Name of Agency:</th>
<th>Governing Authority or Parent Agency (If Applicable):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Bureau of Prisons</td>
<td>U. S. Department of Justice</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Address:</th>
<th>City, State, Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td>320 First St NW</td>
<td>Washington, D.C. 20534</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address:</th>
<th>City, State, Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td>320 First St NW</td>
<td>Washington, D.C. 20534</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The Agency Is:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Military</td>
<td>☐ Private for Profit</td>
</tr>
<tr>
<td>☐ Municipal</td>
<td>☐ Private not for Profit</td>
</tr>
<tr>
<td>☒ County</td>
<td>☐ State</td>
</tr>
<tr>
<td>☐ Federal</td>
<td></td>
</tr>
</tbody>
</table>

**Agency Website with PREA Information:**

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

### Agency Chief Executive Officer

<table>
<thead>
<tr>
<th>Name: Michael D. Carvajal, Director</th>
<th>Email: <a href="mailto:BOP-RSD-PREACOORDINATOR@bop.gov">BOP-RSD-PREACOORDINATOR@bop.gov</a></th>
<th>Telephone: 202.616.2112</th>
</tr>
</thead>
</table>

### Agency-Wide PREA Coordinator

<table>
<thead>
<tr>
<th>Name: Maegan Malespini, Acting National PREA Coordinator</th>
<th>Email: <a href="mailto:BOP-RSD-PREACOORDINATOR@bop.gov">BOP-RSD-PREACOORDINATOR@bop.gov</a></th>
<th>Telephone: 202.616.2112</th>
</tr>
</thead>
</table>

**PREA Coordinator Reports to:**
Alix M. McLearen, Acting Assistant Director, Reentry Services Division

**Number of Compliance Managers who report to the PREA Coordinator:**
0
### Facility Information

<table>
<thead>
<tr>
<th>Name of Facility:</th>
<th>Metropolitan Detention Center (MDC) Brooklyn</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address:</td>
<td>80 29th Street</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Brooklyn, NY 11232</td>
</tr>
<tr>
<td>Mailing Address (if different from above):</td>
<td>P.O. Box 329001</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Brooklyn, NY 11232</td>
</tr>
<tr>
<td>The Facility Is:</td>
<td>☐ Military</td>
</tr>
<tr>
<td>☐ Private for Profit</td>
<td>☐ Private not for Profit</td>
</tr>
<tr>
<td>☐ Municipal</td>
<td>☐ County</td>
</tr>
<tr>
<td>☐ State</td>
<td>☒ Federal</td>
</tr>
<tr>
<td>Facility Type:</td>
<td>☒ Prison</td>
</tr>
<tr>
<td>☐ Jail</td>
<td></td>
</tr>
<tr>
<td>Facility Website with PREA Information:</td>
<td><a href="https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp">https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp</a></td>
</tr>
<tr>
<td>Has the facility been accredited within the past 3 years?</td>
<td>☒ Yes ☐ No</td>
</tr>
<tr>
<td>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):</td>
<td>☒ ACA</td>
</tr>
<tr>
<td>☐ NCCHC</td>
<td>☐ CALEA</td>
</tr>
<tr>
<td>☐ Other (please name or describe):</td>
<td></td>
</tr>
<tr>
<td>☐ N/A</td>
<td></td>
</tr>
<tr>
<td>If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Warden/Jail Administrator/Sheriff/Director

| Name: | Felipe Martinez, Jr. |
| Email: | BRO-PREAComplianceMgr@bop.gov |
| Telephone: | 718.840.4200 |

### Facility PREA Compliance Manager

| Name: | Catalina Rodriguez, Associate Warden (Programs) |
| Email: | BRO-PREAComplianceMgr@bop.gov |
| Telephone: | 718.840.4200 |

### Facility Health Service Administrator ☐ N/A

| Name: | Stacey Vasquez |
| Email: | BRO-PREAComplianceMgr-S@bop.gov |
| Telephone: | 718.840.4200 |
### Facility Characteristics

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designated Facility Capacity:</td>
<td>1,583</td>
</tr>
<tr>
<td>Current Population of Facility:</td>
<td>1,718</td>
</tr>
<tr>
<td>Average daily population for the past 12 months:</td>
<td>1,538</td>
</tr>
<tr>
<td>Has the facility been over capacity at any point in the past 12 months?</td>
<td>Yes</td>
</tr>
<tr>
<td>Which population(s) does the facility hold?</td>
<td>Both Females and Males</td>
</tr>
<tr>
<td>Age range of population:</td>
<td>18-84</td>
</tr>
<tr>
<td>Average length of stay or time under supervision:</td>
<td>403.9 days</td>
</tr>
<tr>
<td>Facility security levels/inmate custody levels:</td>
<td>Administrative; Minimum/Community/In/Out</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months:</td>
<td>3,900</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</td>
<td>3,389</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</td>
<td>2,321</td>
</tr>
<tr>
<td>Does the facility hold youthful inmates?</td>
<td>No</td>
</tr>
<tr>
<td>Number of youthful inmates held in the facility during the past 12 months:</td>
<td>N/A</td>
</tr>
<tr>
<td>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)?</td>
<td>Yes</td>
</tr>
<tr>
<td>Select all other agencies for which the audited facility holds inmates:</td>
<td>Federal Bureau of Prisons, U.S. Marshals Service, U.S. Immigration and Customs Enforcement, Bureau of Indian Affairs, U.S. Military branch, State or Territorial correctional agency, County correctional or detention agency, Judicial district correctional or detention facility, City or municipal correctional or detention facility (e.g. police lockup or city jail), Private corrections or detention provider, Other - please name or describe:</td>
</tr>
<tr>
<td>Number of staff currently employed by the facility who may have contact with inmates:</td>
<td>523</td>
</tr>
<tr>
<td><strong>Number of staff hired by the facility during the past 12 months who may have contact with inmates</strong></td>
<td>26</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</strong></td>
<td>9</td>
</tr>
<tr>
<td><strong>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</strong></td>
<td>79</td>
</tr>
<tr>
<td><strong>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</strong></td>
<td>35</td>
</tr>
</tbody>
</table>

**Physical Plant**

| **Number of buildings:** | 2 |

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.

| **Number of inmate housing units:** | 28 |

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.

| **Number of single cell housing units:** | 0 |
| **Number of multiple occupancy cell housing units:** | 23 |
| **Number of open bay/dorm housing units:** | 5 |
| **Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):** | 135 |

In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)

| ☐ Yes | ☐ No | ☒ N/A |

Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?

| ☒ Yes | ☐ No |

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?

<p>| ☐ Yes | ☒ No |</p>
<table>
<thead>
<tr>
<th>Medical and Mental Health Services and Forensic Medical Exams</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are medical services provided on-site?</td>
</tr>
<tr>
<td>☒ Yes ☐ No</td>
</tr>
<tr>
<td>Are mental health services provided on-site?</td>
</tr>
<tr>
<td>☒ Yes ☐ No</td>
</tr>
<tr>
<td>Where are sexual assault forensic medical exams provided? Select all that apply.</td>
</tr>
<tr>
<td>☐ On-site  ☒ Local hospital/clinic  ☐ Rape Crisis Center  ☐ Other (please name or describe:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Investigations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Criminal Investigations</strong></td>
</tr>
<tr>
<td>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:</td>
</tr>
<tr>
<td>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</td>
</tr>
<tr>
<td>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Administrative Investigations</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
</tr>
<tr>
<td>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</td>
</tr>
<tr>
<td>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</td>
</tr>
</tbody>
</table>
Audit Findings

Audit Narrative

The auditor’s description of the audit methodology should include a detailed description of the following processes during the pre-on-site audit, on-site 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.

Process

This audit of Metropolitan Detention Center (MDC) Brooklyn was conducted in 2022 to determine the institution’s compliance with the standards of the Prison Rape Elimination Act (PREA). The institution chose to use the paper audit instruments rather than the Online Audit System (OAS). The audit methodology strictly followed the guidance of the PREA Auditor Handbook, Version 2, issued March 2021. Documents supporting this report are securely stored in the OAS.

The lead auditor and primary author of this report is Bruce Kuennen. He received his Department of Justice (DOJ) certification to conduct audits on July 11, 2016 and was re-certified on December 31, 2019. A contract between the Bureau of Prisons (BOP) and PREA Auditors of America (PAOA) to conduct this audit was approved on December 11, 2019. PAOA contracted with Mr. Kuennen in 2021 to serve as the primary auditor for this institution.

Certain files containing Personally Identifiable Information (PII) were provided to the auditor for review in their original form; after his review and confirmation that they were the records requested, the institution redacted inmate and staff names and other PII prior to releasing copies to the auditor. These redacted records were uploaded to the OAS.

Audit - Pre-on-site Phase

Logistics for the audit were handled by the primary auditor. The primary point of contact for the audit was Jason Vaught, Management Analyst, ACA/PREA Audit Section, Program Review Division (Central Office).

The auditor discussed the following logistical issues in email exchanges with Mr. Vaught:

- Shift scheduling
- Update of the Pre-Audit Questionnaire (PAQ)
- Posting of notice
- Other logistics

The required Notice of Audit was posted, in English and Spanish, in all housing units and common areas of the institution approximately 13 weeks before the scheduled on-site audit. Photographic, date-stamped evidence of these notices was provided to the primary auditor, who further verified the postings on-site. No letters were received from inmates.

The institution provided information related to compliance with each of the standards by uploading documents to electronic drives shared with the PREA Auditors of America (PAOA). The auditor was given access to these files. The documents included the updated pre-audit questionnaire (PAQ), policies, procedures, forms, examples of completed forms and computer printouts, and statistical reports. The shared drive materials were reviewed by the auditor prior to the on-site visit.
The institution was asked to produce the following lists to allow audit verification via random sampling in interviews and document reviews:

- Complete inmate roster, by housing location
- Inmates with disabilities
- Inmates who have Limited English Proficiency (LEP)
- LGBQ Inmates
- Transgender and Intersex inmates
- Inmates in segregated housing
- Inmates who reported sexual abuse
- Inmates who reported sexual victimization during risk screening
- Staff rosters, by job classification and date of hire
- All volunteers and contractors who have contact with inmates

An Internet search and an open Google Alert on “MDC Brooklyn” during the audit period yielded one article concerning a notorious inmate who complained to the media a variety of inadequate conditions at the institution, including sexual abuse by staff. The auditor reviewed evidence that these allegations were reviewed and investigated by the institution. The investigations uncovered no evidence that the inmate was abused.

The institution reported that there was one verdict or judgment in favor of an inmate plaintiff or class action in the past three years. The case was regarding conditions of confinement after a 2019 fire at the institution. It did not allege that the institution’s policies or practices relating to the handling of sexual abuse or sexual harassment were inadequate.

**On-site Audit Phase**

On the first day of the on-site review, the auditor provided the random letters for the categories of staff and inmates who would be interviewed and whose records would be reviewed. The auditor provided the methodology for choosing which inmates and staff would be interviewed.

The auditor’s randomization method began with a random number generator in an Excel spreadsheet – specifically, =RANDBETWEEN(1,26). Letters were chosen for each category to correspond to the number generated. 1=A, 2=B, etc. A letter was applied to each given list in this manner. For example, the institution was asked to provide the first record in each housing unit for inmates whose last name began with the letter J. If there was no inmate in that unit whose last name began with J, they were asked to go on to K, and so on. This same method was used during the on-site audit as additional names or documents needed to be generated.

To ensure “geographic coverage” for randomly chosen inmate interviews – i.e., to ensure that as many housing units as possible were represented – the auditor asked for the first inmate from each unit whose last name began with the (randomly chosen) letter. The auditor interviewed 20 inmates chosen randomly, and 20 inmates in the targeted categories listed in the PREA Auditor Handbook. This method resulted in the geographic coverage intended, with at least one inmate from 20 different housing units being interviewed.

All housing units and common areas in use were toured during the on-site audit. The auditor had unrestricted access to view and enter every area of the institution. For the tour and interviews with inmates who were under quarantine for COVID-19 precautions, the institution provided additional personal protective equipment (PPE) for the auditor.

During the site review (tour), the auditor observed privacy barriers in shower and toilet areas, possible blind spots, camera locations, and posted information.
Inmate interviews began on day one, with inmates chosen by the method noted above. The following inmate interviews were conducted:

- Twenty random
- Four inmates in segregated housing
- Two transgender
- Four lesbian, gay, bisexual, or queer inmates
- Two limited English proficient (LEP) (Spanish-speaking)
- Three inmates with cognitive or physical disabilities
- Four inmates who had reported sexual abuse or harassment
- Four inmates who had disclosed prior sexual abuse during risk screening

A total of 40 inmate interviews were conducted. (The breakdown of the number in each category does not add to this number, because some inmates were counted in more than one category.)

The on-site audit was conducted on the following dates:

- Tuesday, April 25, 2022 – 7:30 a.m. to 3:00 p.m.
- Wednesday, April 26, 2022 – 8:00 a.m. to 5:30 p.m.
- Thursday, April 27, 2022 – 6:00 a.m. to 2:00 p.m.

This schedule allowed the auditor to interview randomly chosen line staff from each shift. The auditor interviewed 2 correctional officers from the day shift, 2 officers from the evening shift, and 4 officers from the night shifts.

Staff interviews included the following. All were chosen randomly from lists of staff in each category (or they were the only person in the role described).

- Eight randomly chosen correctional officers, as noted above (all were also first responders)
- One investigator assigned to investigate incidents and allegations of sexual abuse or harassment
- Two case managers responsible for intake processing and involved in decisions to house inmates in appropriate units
- Two correctional officers who were assigned to work on a unit which included segregated housing, the Special Housing Unit (SHU)
- The PREA Compliance Manager, Associate Warden Catalina Rodriguez
- Two supervisors responsible for conducting unannounced rounds
- One member of the sexual assault program review team
- One mental health staff
- One medical staff
- One contractor

A total of 20 staff interviews were conducted. In addition, one contractor was chosen from a list of volunteers and contractors who were on-site the day of the targeted staff interviews.

Documents reviewed included:

- Documents verifying initial screening and provision of PREA educational materials to inmates
- Documents verifying subsequent education and screening
- Duty officer logs, showing unannounced rounds
- Detailed investigation reports of investigations of allegations of sexual abuse completed in the last year
- Criminal background checks for staff
- Staff training records

Document review indicated that the appropriate screening form was completed for each inmate. The form includes a question for each required element of the standards, as well as areas for intake staff to enter objective information based on their observation of the inmate. Review of the documentation of unit team decisions, interviews with unit team staff, and inmate interviews indicated that inmates were housed in appropriate units.

The institution’s normal practice is to provide an Admission and Orientation program only to sentenced inmates “designated” to the institution within 30 days of arrival. The program includes a detailed explanation of how PREA is implemented at the institution. A large proportion of the inmate population does not receive this orientation.

The auditor reviewed printed materials, including the inmate handbook, pamphlets, and posted signs. While on-site, he confirmed that the handbook is consistently provided to inmates, but posting of important materials was sporadic, and inconsistent between units. Both staff and inmate interviews indicated that important information is available via an electronic system known as TRULINCS.

Inmates may report incidents of sexual abuse and harassment by a variety of methods, to include 1) notify a correctional officer orally, 2) notify a correctional officer or higher-ranking staff person via an inmate communication form, 3) notify the institution PREA Compliance Manager, 4) write the Bureau of Prisons (BOP), or 5) through the offender grievance program. The telephone system can be used to notify a family member or other approved contact to call the Warden, the BOP, or other officials.

During the site review (tour) the presence of opposite gender staff when entering a housing unit was regularly announced. While inmate answers to this interview question ranged from “no”, to "sometimes" to "yes, always", it appears from staff interviews and auditor observations that announcements by opposite gender staff is in regular practice.

The on-site phase of the audit concluded with an out-briefing for the Warden and other top administrative staff on April 27, 2022.

**Post On-site Audit Phase**

In the week following the on-site visit, the auditor began to review evidence he had collected to arrive at the standards compliance findings below.

An interim report was completed and provided to the agency on May 17, 2022. All 45 standards were found to be applicable. Forty-two standards were met and three were not met. Corrective action plans were developed in consultation with institution and agency staff.

The corrective action plans included target dates of 30, 60, 90, and 120 days. The institution provided the documentation requested at each stage of the corrective action period. In some cases, the auditor requested additional information to demonstrate compliance; the institution provided this information as well.

By the end of the corrective action period, the auditor made judgments that each of the three standards previously found not to be met were now met in all substantive and material ways. This final report reflects the auditor’s findings that all 45 standards are now met.
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.

The Metropolitan Detention Center (MDC) Brooklyn is located at 80 29th Street, Brooklyn, New York. It is operated by the Federal Bureau of Prisons (BOP).

The institution has a total of two high-rise buildings and 23 housing units in service. Housing at the institution is both dormitory and cell block style.

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:** None

**List of Standards Exceeded:** N/A

### Standards Met

**Number of Standards Met:** 45

**List of Standards Met:**


### Standards Not Met

**Number of Standards Not Met:** None

**List of Standards Not Met:**

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 following evidence was analyzed in making the compliance decision for this standard:

Documents

- BOP Program Statement 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
- BOP Program Statement 5270.09, CN-1, Inmate Discipline Program
- Memorandum of Understanding regarding the duties of the National PREA Coordinator
- Organizational Chart, Reentry Services Division, Assistant Director’s Office
- Inmate handbooks
- “Sexually Abusive Behavior Prevention and Intervention – An Overview for Offenders”
Interviews
- Interview with Associate Warden (P) / Institution PREA Compliance Manager
- Notes from interview with BOP National PREA Coordinator
- Inmate interviews
- Staff interviews

Site Review Observations
- Interactions between staff and inmates
- Discussions of staffing levels

The agency’s primary document which outlines its commitment to zero tolerance and its policies, procedures, and approach to prevent, detect, and respond to sexual abuse and sexual harassment is Program Statement 5324.12 Sexually Abusive Behavior Prevention and Intervention Program. Policies, staff and inmate interviews, observations of interaction between staff and inmates all support the conclusion that a culture of zero tolerance is established at the institution.

The agency’s Acting PREA Coordinator is Maegan Malespini. Her position is full-time, dedicated to overseeing the agency’s efforts to comply with PREA standards. Her predecessor, Jill Roth, was interviewed by another auditor from PREA Auditors of America, and the notes were provided to this auditor.

The primary evidence that the PREA Compliance Manager has sufficient time and authority to complete her job is the achievement of a high percentage of the standards being found to be met in this audit. The response from a majority of interviewed inmates that they felt safe being housed at MDC Brooklyn is further evidence that the purpose and intent of the standards is being met.

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

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Documents
- Memorandum concerning Private Prison Contracts
- Memorandum concerning Residential Reentry Center Contracts
- Examples of Contract Award documents
- Example of form modifying Contract documents
- Example of letter from private prison operator agreeing to comply

Interviews
- Notes from telephone interview with Agency Contract Administrator

The agency provided examples of contract award documents and contract modification documents which clearly require compliance with PREA standards. Memoranda from 2013 require that all private prisons and Residential Reentry Center contracts include this requirement.

The Bureau reports that it has closed the majority of its private contract institutions. It expects to close the remaining private institutions by November 2022.

The interview with the agency contract administrator indicates that these practices continue in force, supporting a finding of full compliance with this standard.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

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

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

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

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

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

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

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

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

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

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

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

115.13 (b)

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

115.13 (c)

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

▪ In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents
- Program Statement 5324.12 Sexually Abusive Behavior Prevention and Intervention Program, excerpt regarding unannounced rounds
- Human Resources Staffing Report – June 2021
- Calendar 2020 Annual Agency PREA Report
- Unannounced Institutional Rounds Form

Interviews
- Interview with Associate Warden (P) / Institution PREA Compliance Manager
- Supervisory staff interviews

Site Review Observations
- Observations of staff on duty in housing units, program and workspaces, and other assignments
- Discussion with administrators conducting tour of the institution regarding minimum staffing

The institution provided a detailed staffing plan that outlines the minimum staffing levels for both line and supervisory staff. Upon questioning by the auditor, an agency representative outlined how each of
the requirements – (a) (1) through (11) was met in setting the minimum staffing levels. In addition, the institution provided documentation of an annual meeting in which the staffing plan was reviewed.

The auditor also noted that there are a significant number of unit management staff, mental health providers, education staff, religious services staff, and treatment service staff, all of whom contribute to the safety and security of inmates.

The 2020 agency annual report analyzed the adequacy of staffing levels at institutions who reported substantiated cases of sexual abuse and sexual harassment. That report included an analysis of one substantiated case of inmate-on-inmate sexual harassment at MDC Brooklyn. No staffing level issues were noted as contributing to that case.

The absence of any other substantiated reports of sexual abuse and sexual harassment for the one-year period prior to the on-site visit is further evidence of the adequacy of staffing levels. Likewise, inmate interviews that uncovered zero additional incidents of sexual abuse or harassment and the high percentage of inmates feeling safe is evidence that the facility meets this standard.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

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

115.14 (c)

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

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

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

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents

- Institution response to Pre-audit Questionnaire (PAQ)
- Inmate rosters

Interviews

- Staff interviews

Site Review Observations

- Observation of apparent age of inmates

On the site review (tour) the auditor observed no inmates whose youthful appearance required him to ask for verification of age. Forty random and targeted inmate interviews were conducted. Many documents were reviewed which contained the ages of inmates. None of these interviews or records indicated that an inmate was under the age of 18.

All evidence leads to a finding of compliance with standard 115.14.

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

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

115.15 (a)

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

115.15 (b)

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

115.15 (c)

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

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

115.15 (d)

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

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

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

115.15 (e)

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

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

115.15 (f)

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

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

Auditor Overall Compliance Determination
☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

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

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

**Instructions for Overall Compliance Determination Narrative**

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**Documents**

- BOP Program Statement 5521.06, Searches of Housing Units, Inmates, and Inmate Work Areas
- BOP Program Statement 5500.14, CN-1, Correctional Services Procedures Manual
- BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 17-18
- Course Completion Records – Inmate Pat Search, BOP CSV-0704-BXX
- Memo to all staff re: transgender search policy
- Staff sign-offs on search policy

**Interviews**

- Staff interviews
- Inmate interviews

Statements of fact, staff interviews, and auditor observations consistently indicated that the institution does not conduct cross-gender visual body searches. One hundred percent of inmate interviews indicated that the interviewed inmates had not been subject to such searches.

BOP Program Statement 5324.12 requires that correctional officers make their best efforts to allow offenders to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. The auditor observed physical barriers including curtains in every shower facility. Inmate interviews all indicated that 100% had not been required to be fully naked before a staff person of the opposite gender at this institution.

The BOP Correctional Services Procedures Manual requires that staff of the opposite gender announce their presence when entering an offender housing area. The auditor verified that this occurred consistently during the site review.

Staff interviews also indicated that this practice was consistently followed. Inmate answers to this interview question ranged from “No”, to “sometimes” to “every time”. In the auditor's judgment, the institution substantially complies with this aspect of the standard.

At the time of the onsite audit, the auditor was unable to confirm that effective means of conducting inmate pat searches of transgender inmates were a part of both preservice and in-service training.
None of the corrections officers interviewed onsite were able to articulate the institution’s policy and procedure for searching transgender inmates.

Interviews of two transgender inmates also supported the conclusion that staff were not aware of BOP policies and procedures for searching transgender inmates. They also were not aware of the process of applying to the warden for designation as a transgender person for whom searching procedures would be adjusted.

Upon review of this evidence, the auditor initially concluded that the institution did not fully comply with subsection (f) of this standard in standard practice.

The Corrective Action Plan required the institution to verify that the training curriculum included information consistent with this standard and the Bureau’s policy on searching transgender inmates. Further, it required that the institution either retrain its corrections staff in this area, or that it effectively communicate the Bureau’s policy in this area to all corrections staff.

The institution provided detailed documentation that the policy was communicated to all staff, and that all corrections staff signed off on reading and understanding the current policy. In the auditor’s judgement, this standard is now fully met in policy, procedure, and practice.

**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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Documents
- BOP Program Statement 5324.12
- Memo from Assistant Director regarding on demand language translations contract, dated October 7, 2014

Interviews
- Agency head interview
- Staff interviews
- Inmate interviews

Site Review Observations
- Observations of Spanish versions of posted signs

BOP Program Statement 5324.12 outlines the agency’s requirements to effectively communicate with inmates with disabilities. Targeted inmate interviews with each of these groups – blind or low vision, deaf or hard of hearing, and cognitive limitations – indicated that the interviewed inmates understood their rights and the means of reporting abuse or harassment.

Staff and inmate interviews indicated that the institution does not rely solely on printed materials in English to communicate with inmates; intake, education, acceptance of complaints and reports of abuse or harassment, and investigations all involve face-to-face staff/inmate contact so that an assessment can be made of the inmate’s understanding of the communication.

A Spanish interpreter was provided to assist the auditor in his interview of an inmate who was Limited English Proficient (LEP). Staff interviews indicated knowledge of the availability of language line interpreter service for communicating with speakers of other languages.

Policy statements, inmate and staff interviews, all indicate compliance with this standard.

Standard 115.17: Hiring and promotion decisions

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

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

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

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

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

115.17 (c)

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

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

115.17 (d)

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

115.17 (e)

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

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

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

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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Documents

- Institution responses to PREA Pre-Audit Questionnaire
- BOP Program Statement 3000.03
- BOP Program Statement 3420.11, Standards of Employee Conduct
- Pre-employment guide – General Employment Considerations for Staff

Interviews

- Interview with Human Resource representative
Review of documents and staff interviews indicate that the institution ensures that it does not hire or promote anyone who will have contact with inmates who has engaged in prior sexual abuse or harassment at a correctional institution by the following means:

- Criminal background checks of new hires within the past year
- Criminal background checks of staff promotions within the past year
- Signed staff acknowledgment of affirmative duty to disclose such behavior.
- Criminal background checks of all staff upon 5th anniversary of hire

The auditor requested and reviewed the evidence provided by the institution for eight randomly chosen employees – three who had been hired within the last year, two who had been promoted within the last year, and three who had been at the institution more than five years. The first three had passed the background check process before they began work at the institution, the second group had all been checked, and passed, within the year of their promotion, and the third group had been checked on or about their fifth anniversary of hire.

These same procedures are followed for volunteers and contractors who have contact with inmates. Supervisory staff and contractor interviews verified that this practice is followed in practice.

The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

**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**

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

### Instructions for Overall Compliance Determination Narrative

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#### Documents
- Institution responses to PREA Pre-Audit Questionnaire

#### Interviews
- Agency head interview
- Interview with Associate Warden (P) / Institution PREA Compliance Manager

#### Site Review
- Observation of video camera locations in all housing units

The interview with the PREA Compliance Manager indicated that there has not been any substantial expansion or modification of facilities in the last three years. Because the institution has a process in place to consider the need for video cameras and other factors related to the prevention of sexual abuse when undertaking such expansion or modification and it follows this process in the case of video upgrades, the institution complies with this standard.

### RESPONSIVE PLANNING

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

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

**115.21 (a)**

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

**115.21 (b)**

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

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

115.21 (c)

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

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.
115.21 (h)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents

- BOP Program Statement 5324.12
- Agency responses to PREA Pre-Audit Questionnaire
- Completed Sexual Abuse Investigations

Interviews

- Interview with Associate Warden (P) / Institution PREA Compliance Manager
- Medical Staff interviews
- Other staff interviews

The institution tracks the procedural steps required by this standard –

- Access to forensic medical examinations
- Examination by SAFE or SANE practitioners where available
- Access to a victim advocate where available

The institution does not employ SAFE or SANE staff. Inmates are transported to a local hospital which provides SAFE practitioners to conduct such forensic examinations as may be necessary. No cases reported for the past year required such transport and examination, but each case documented that the need was considered and appropriately not implemented.

The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.
**Standard 115.22: Policies to ensure referrals of allegations for investigations**

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

### 115.22 (a)
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

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

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

### 115.22 (d)
- Auditor is not required to audit this provision.

### 115.22 (e)
- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

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

Documents
- Institution responses to PREA Pre-Audit Questionnaire (PAQ)
- BOP Program Statement 5508.02, Hostage Situations or Criminal Actions Requiring FBI Presence
- Memo of Understanding between the FBI and the BOP
- Documentation of investigations for recent allegations

Interviews
- Interview with staff assigned to investigations
- Agency head interview

The agency has the above-listed policy statement by the BOP and the BOP/FBI Memorandum of Understanding which require administrative and criminal investigations in the event of inmate or third-party allegations of sexual abuse or harassment. The institution provided documentation of all three of the completed investigations as requested by the auditor. The auditor verified in documents and interviews that these allegations were thoroughly investigated, and that the procedural steps required by the standard were met.

One additional case was reported by an inmate in his audit interview. Staff verified that this case was still under investigation.

The policies clearly delineate the responsibilities of institution investigative staff and that of the investigative agency, the FBI. The role of the FBI is specified on a website at https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp, where it is available to the public.

The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

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

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

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

**Instructions for Overall Compliance Determination Narrative**

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

**Documents**
- BOP Program Statement 5324.12

**Interviews**
- Staff interviews

BOP policies and directives require that all staff who have contact with inmates receive PREA training upon hire (before being assigned to work on a unit), and annually thereafter. The training includes:
- Zero tolerance
- Prevention, detection, reporting, and response
- Inmates’ rights
- Retaliation
- Sexual abuse and harassment in confinement
- Common reactions of victims
- Detection and response to threatened or actual abuse
- Inappropriate relationships with inmates
- Communication with LGBTI inmates
- Mandatory reporting

BOP policies require, and auditor interviews and document review indicate that all staff receive this training and understand its content. The document review included a request for five randomly selected corrections staff; evidence was provided that all had completed and signed off as understanding the relevant initial or annual training in 2021. Interviewed staff demonstrated a good understanding of their responsibilities regarding the prevention, detection, and response to incidents of sexual abuse and harassment.

The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

**Standard 115.32: Volunteer and contractor training**

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

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Documents
- BOP Program Statement 5324.12
- Institution responses to PREA Pre-Audit Questionnaire
- Acknowledgment of Volunteer Training / Orientations

Interviews
- Contract staff interview

BOP policies and directives require that all volunteers, contractors, and interns who have contact with inmates receive PREA training upon acceptance (and before being assigned to have contact with inmates). The training includes, but is not limited to:
- Zero tolerance
- Prevention, detection, reporting, and response
- Inmates’ rights
- Reporting
BOP policies require, and auditor interviews indicate, that all volunteers, contractors, and interns receive this training and understand its content.

Interviews with a randomly chosen contractor indicated a good understanding of this training. The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

**Standard 115.33: Inmate education**

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

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

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents

- BOP Program Statement 5324.12
- Completed Admission and Orientation Checklists
- Randomly chosen forms documenting inmate receipt of information
- Date / time stamped photos of posted signs
- New form to document inmate receipt of information and class attendance

Interviews

- Inmate interviews
- Staff interviews

Site Review Observations

- Posted signs
The auditor interviewed 40 inmates, interviewed two staff responsible for inmate intake to the institution, reviewed randomly chosen records, and toured all housing units. Although most inmates acknowledged receiving an inmate handbook, approximately 90% of those admitted in the past year indicated that they did not remember receiving the required information. Intake staff, and inmate interviews indicated that the intake information is not consistently provided to inmates. Two intake staff indicated that a typical intake normally takes as little as five to ten minutes. They also indicated that they generally did not explain the PREA-related information found in the handbook to inmates.

During the corrective action period, the institution developed new procedures to ensure that all inmates received the basic PREA information required by this standard upon intake. The auditor confirmed the effectiveness of this new procedure by requesting and receiving documentation for a group of randomly chosen inmates.

During the onsite audit, one hundred percent of randomly chosen intake forms indicated that inmates acknowledged receiving an inmate handbook. Posting of information required by BOP policy and procedure was inconsistent among housing units. Although all inmates have access to this information via an electronic messaging system known as TRULINCS, there were no signs relating to PREA in several units at the time of the site review. Two units listed a hotline number, but this number was not posted in any of the other 21 housing units. During the corrective action period, the institution provided date and time-stamped photographs verifying that the required information is now posted in all housing units.

Inmate interviews during the onsite audit indicated that knowledge of basic PREA processes was limited. Some advised that they knew about PREA from other institutions, but that they had not received any training or education since arriving at this institution.

At the time of the onsite audit, only “cadre” or “designated” inmates received an individual inmate orientation to PREA rights, responsibilities, and reporting procedures, as part of a general Admission and Orientation meeting. This group represents only a small proportion of the inmate population. No “comprehensive inmate education” was provided to pre-trial inmates, most of whom remain at the institution more than 30 days.

The auditor’s review of the evidence led him to the conclusion that this standard was not met in policy, procedure, or practice at the time of the onsite audit. During the corrective action period, all of the concerns of the interim report were addressed, and compliance was verified via random methods. The auditor finds that the institution has successfully modified their practices to meet this standard.

**Standard 115.34: Specialized training: Investigations**

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

115.34 (a)

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

115.34 (b)

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

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

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

115.34 (c)

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

115.34 (d)

▪ Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents

- Training Records

Interviews

- Investigator interview with staff assigned to investigations

The agency requires specialized training of investigative staff in conducting sexual abuse investigations. The institution provided documentation of this training for the staff who are involved in the conduct of sexual abuse investigations.
The interview of a randomly chosen investigator indicated that he understood the content of the training required by this standard.

The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

**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

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Documents
- BOP Program Statement 5324.12

Interviews
- One randomly chosen health care staff

BOP policies and procedures require that this specific training is mandated and provided to all employees at both New Employee Orientation and in-service training no less frequently than annually. The training includes:

- How to detect and assess signs of sexual abuse and harassment
- How to preserve physical evidence
- How to respond effectively and professionally
- How and to whom to report allegations or suspicions of sexual abuse or harassment

Documentation of this training is contained in employees’ files. An interview with a randomly chosen health care staff and a review of documentation indicated that this training was received and understood.

The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.
## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

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

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

#### 115.41 (b)
- Do intake screenings ordinarily take place within 72 hours of arrival at the facility? ☒ Yes   ☐ No

#### 115.41 (c)
- Are all PREA screening assessments conducted using an objective screening instrument? ☒ Yes   ☐ No

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

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate’s own perception of vulnerability? ☒ Yes ☐ No

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

**115.41 (e)**

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

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

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

**115.41 (f)**

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

**115.41 (g)**

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

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

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

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

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents

- BOP Program Statement 5324.12
- Institution responses to PREA Pre-Audit Questionnaire
- Completed inmate screening forms
- Three completed investigative files

Interviews

- Interview with a randomly chosen member of a unit team
- Staff interviews
- Inmate interviews

The auditor reviewed six completed inmate screening forms; the form requires that the intake officer ask specific questions and make his or her observations of the presence of risk factors. In the auditor’s opinion, these criteria are objective in nature, and they are applied objectively. The criteria include:

- Whether the inmate has a mental, physical, or developmental disability
- The age and physical build of the inmate
- Whether the inmate has previously been incarcerated
- Whether the inmate’s criminal history is exclusively nonviolent
- Whether the inmate has prior convictions for sex offenses
- Whether the inmate identifies or appears to the intake officer as LGBQTI or otherwise gender nonconforming
- Previous sexual victimization
- The inmate’s own perception of vulnerability

Note: the institution does not house inmates solely for civil immigration purposes.

In addition to screening inmates for their vulnerability and risk factors for victimization, the form and intake process are used to assess inmates’ risk for being sexually abusive. Prior acts of sexual abuse, prior convictions for violent offenses, and prior history of institutional violence are considered.

Most interviewed inmates reported that they had been asked these questions on the first day of their arrival. Interviews with a randomly chosen member of the unit team also supported that the practice conforms with Bureau policy and the standard.

Bureau policy and procedure require that inmates be reassessed between day 15 and day 30 of their time at the institution. The institution complies with this requirement. Document review and inmate and staff interviews indicated that this practice is consistently followed.

An inmate’s risk level can be reassessed by at least two different means, if warranted:
- Referral to the Unit Team
- Following an investigation of report or allegation of sexual abuse or harassment

Interviews with a unit team member, the Institution PREA Compliance Manager, and two staff members involved in risk assessment all indicated that these practices are followed. The review of three completed investigations indicated that risk was re-evaluated in each case.

Bureau policy prohibits discipline of inmates for refusing to answer screening questions, or for not disclosing complete information in response to screening inquiries. No examples of such discipline were uncovered in inmate or staff interviews. Likewise, the auditor found no instances of inappropriate dissemination of screening information.

The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

**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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Documents

- BOP Program Statement 5324.12
- Completed Offender Screening Forms

Interviews

- Staff interviews
- Inmate interviews
- Interview with Associate Warden (P) / InstitutionPREA Compliance Manager

Bureau policies and procedures govern the use of screening information in making housing, bed, work, education, and other program assignments. All describe an individualized process designed to ensure the safety of inmates, staff, and the overall institution. Staff and inmate interviews consistently indicated that the process is followed and nearly unanimously indicated that inmates feel safe at this institution.
Completed Offender Screening Forms and other inmate records indicated referrals to various assignments were made on an individualized, case-by-case basis.

Two transgender inmates were interviewed at the institution at the time of the on-site audit. Their interviews indicated that they are allowed to shower separately from other inmates.

The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

**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)

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☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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Documents
- BOP Program Statement 5324.12

Interviews
- Staff interviews
- Inmate interviews

Site Review Observations
- Observation of Special Housing Unit

A review of applicable BOP policies, plans, and procedures indicates that alternatives are considered for all at risk offenders, not just those at risk of sexual victimization, prior to involuntary placement in segregated
housing. Likewise, all inmates in segregation have access to programs to the extent that they can be adequately supervised in program areas, or where programs can be brought to them.

The segregated housing review process is conducted no less frequently than monthly. The agency documents the basis for the institution’s concern for the inmate’s safety and the reasons why alternative means of separation cannot be arranged. Staff and inmate interviews indicated that these procedures are followed in actual practice.

The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

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)

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Instructions for Overall Compliance Determination Narrative

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Documents
- BOP Program Statement 5324.12
- Inmate handbooks

Interviews
- Staff interviews
- Inmate interviews

Site Review Observations
- Posted signs

Inmates learn that they can report sexual abuse or harassment in multiple ways, including:
- Inmate handbook
- Posted signs
- Intake Briefing
- Brochures and pamphlets

The internal ways include:
- Verbal report to a correctional officer or other staff
- Written report via inmate communication form to any BOP staff person
- Verbal or written report to the institution PREA Compliance Manager
- Filing an offender grievance

The external ways include:
- Letter to the Agency PREA Coordinator
- Letter to the Office of the Inspector General (OIG)
• Via a third-party, such as a family member or other community member

Policy specifies that a written complaint can be submitted anonymously; an anonymous report is accepted and investigated. Inmate interviews consistently verified that inmates know of the various internal and external ways of reporting. Staff interviews confirmed that they understand the importance of documenting verbal reports and the requirement to promptly pass all reports up the chain of command to be addressed. Staff interviews also verified their knowledge of policy regarding their own methods of privately reporting sexual abuse and harassment of inmates.

Line staff interviews indicated that the normal means of notification is to shift commander, supervisor, or the institution duty officer. Staff also indicated that they could report to others in the administration, including the Warden, as opposed to a strict interpretation of the chain of command.

The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

### 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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**Documents**

- BOP Program Statement 1330.18, Administrative Remedy Program
- Institution responses to PREA Pre-Audit Questionnaire
- Inmate Handbook

**Interviews**

- Staff interviews
- Inmate interviews

The auditor’s review of BOP Policy and the Inmate Handbook indicates that the institution has plans and procedures in place to ensure the following:

- No time limit is imposed on when an inmate may submit a grievance regarding an instance of sexual abuse
- Inmates are not required to use an informal grievance process to resolve an alleged incident of sexual abuse
- Inmates are not required to submit a grievance to a staff member who is the subject of a complaint
• Such grievances are not referred to a staff member who is the subject of a complaint
• The agency issues a final decision within 90 days of the initial filing of the grievance, such 90-day period not including the inmate’s time preparing an administrative appeal
• If the agency claims an extension of time to respond, it will notify the inmate in writing of the extension and provide a date by which a decision will be made
• Third parties are permitted to assist inmates in filing requests for administrative remedies, and to file such requests on behalf of inmates
• The agency will document an inmate’s decision to decline assistance
• Emergency grievances may be filed if an inmate alleges that he is at substantial risk of imminent sexual abuse
• Emergency grievances are immediately forwarded to a level of review at which corrective action can be taken, a response is provided within 48 hours, and a final agency decision is issued within 5 calendar days.
• The determination of substantial risk and the action taken are documented

Although there were no cases to review to test these plans and procedures in practice, interviews with responsible investigative staff indicated that such procedures would be followed. In the auditor’s judgment, the institution complies in all material ways with this standard.

**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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**Documents**
- BOP Program Statement 5324.12

**Interviews**
- Interview with Crime Victims Treatment Center representative
- Inmate interviews – Random
- Inmate interviews – Targeted, including two of the three inmates who alleged a sexual abuse or sexual harassment including two of the three inmate reporters whose cases were reviewed
- Inmate interviews – Inmates who had reported prior sexual abuse
- Staff interviews
- Interview with Associate Warden (P) / Institution PREA Compliance Manager

The institution has a memorandum of understanding with a representative of the local Crime Victims Treatment Center. The interview with the representative of this center prior to the on-site audit indicated that services are offered and provided. The representative estimated that 40 inmates at MDC Brooklyn have used these services in the time it has been in operation.

Inmates are advised of the address and phone number of this center in the inmate handbook and by medical or mental health care staff when appropriate. Interviewed inmates were not aware of this service, but believed they could access it via unit team, medical, or mental health staff if they needed it.

The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

**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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Website

• https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp

Interviews

• Staff interviews

BOP and institution policy directives require that the institution receive reports of sexual abuse and harassment from third parties, including other agencies, public officials, family members, or a member of the public. This policy is communicated to inmates by way of the inmate handbook and to these groups by way of a general information guide, which can be accessed on the BOP website. Staff interviews confirmed that third-party reports are handled in accordance with these policies. Inmate interviews also supported the conclusion that the institution complies with this standard.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

▪ Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

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

115.61 (c)

▪ Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No

▪ Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

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Interviews
- Staff interviews
- Interview with randomly chosen health care staff
- Interview with BOP Agency PREA Coordinator

BOP policies and directives, and staff training require immediate reporting of circumstances placing an inmate in immediate risk of sexual abuse, and action to protect the inmate in danger. These same policies clarify that such reporting is limited to the extent necessary to allow administrators to make treatment, investigation, and other management decisions. Staff and contract staff interviews consistently demonstrated an understanding of these requirements.

Likewise, medical and mental health providers are required by policy, procedure, and training to report such circumstances, and to inform inmates of this duty and the limits of confidentiality. The targeted medical staff interview and signed training acknowledgement forms demonstrated an understanding of these practices.

The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

**Standard 115.62: Agency protection duties**

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

115.62 (a)

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

**Auditor Overall Compliance Determination**

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

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

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

**Instructions for Overall Compliance Determination Narrative**

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

**Documents**
- BOP Program Statement 5324.12

**Interviews**
- Agency head interview
- Staff interviews
BOP policy, executive and administrative directives, and staff training require immediate response to circumstances placing an inmate in immediate risk of sexual abuse, including action to protect the inmate in danger. Staff interviews consistently demonstrated an understanding of these requirements.

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

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

**Auditor Overall Compliance Determination**

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

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

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

**Instructions for Overall Compliance Determination Narrative**

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

**Documents**

- BOP Program Statement 5324.12
- Institution responses to PREA Pre-Audit Questionnaire
- Tracking spreadsheet – investigations, notifications

**Interviews**

- Supervisory staff interviews
The auditor’s review of BOP Policy indicates that the agency has plans and procedures in place to require the following:

- Reports to and from other facilities within the agency are communicated immediately.
- Allegations of abuse at facilities outside the BOP are reported to the head of that institution, no later than 72 hours after the receipt of the allegation.
- Such notifications are to be documented.

Supervisory staff interviews and a tracking spreadsheet verified that these policies are normally carried out in practice. The auditor’s review of this evidence leads him to the conclusion that this standard is routinely met in practice.

### Standard 115.64: Staff first responder duties

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

#### 115.64 (a)

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

#### 115.64 (b)

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

**Auditor Overall Compliance Determination**

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

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Documents
- BOP Program Statement 5324.12

Interviews
- Staff interviews
- Contract staff interview

BOP Program Statement 5324.12 and staff training require separation of the alleged victim and abuser by the first responder, and actions to preserve the crime scene and preserve evidence, including evidence that may be present on the involved persons’ bodies. Policies also require these actions of non-custody staff if they are the first responders to the incident. Staff and contract staff interviews and signed employee and contract staff acknowledgement forms consistently demonstrated a full understanding of these requirements. The auditor’s review of this evidence leads him to a conclusion of full compliance with this standard.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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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.

Documents

- BOP Program Statement 5324.12
- Institution responses to PREA Pre-Audit Questionnaire

Interviews

- Investigative staff interviews
- Medical staff interview

BOP Program Statement 5324.12 outlines the plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and institution leadership taken in response to an incident of sexual abuse.

The auditor reviewed the documentation of three completed investigations at the institution which required this formal process. In his opinion, the process appears to be smoothly coordinated and well-documented. Investigative staff and medical staff interviews confirmed this opinion.

The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

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

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

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

Documents
- Institution responses to PREA Pre-Audit Questionnaire
- Master Agreement between BOP and the Council of Prison Locals, American Federation of Government Employees

Interviews
- Agency head interview
- Staff interviews

The auditor’s review of the above-listed master agreement found no evidence of a 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.

In fact, the directives require this separation and prohibit retaliation by accused staff against inmates bringing such complaints. Interviews confirmed that this is the policy and procedure that is followed in the event of an inmate complaint of sexual abuse by staff.

The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

**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 any 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 any inmate housing changes? ☒ 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**

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

**Documents**
- BOP Program Statement 5324.12
- Institution responses to PREA Pre-Audit Questionnaire

**Interviews**
- Staff interviews
- Agency head interview

BOP Program Statement 5324.12 outlines the plan to monitor an inmate’s housing, program, and disciplinary status for 90 days following the investigation of an incident of sexual abuse. Policies dictate the prohibitions against retaliation and the disciplinary consequences for those who do so.

The auditor reviewed the documentation of the investigations completed in the last year. Since none of the allegations or reports was found to be substantiated, retaliation review was not required for these incidents. In two of the three cases, the Institution PREA Compliance Manager documented review of potential retaliation even though it was not required.

The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and in actual practice.

**Standard 115.68: Post-allegation protective custody**

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

115.68 (a)

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

**Auditor Overall Compliance Determination**

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents

- BOP Program Statement 5324.12
- Institution responses to PREA Pre-Audit Questionnaire
- Examples of Investigative Reports

Interviews

- Staff interviews
- Inmate interviews

Site Review Observations

- Observation of Special Housing Unit

A review of applicable BOP policies, plans, and procedures indicates that alternatives are considered for all at risk offenders, not just those at risk of sexual victimization, prior to involuntary placement in segregated housing. Likewise, all inmates in segregation have access to programs to the extent that programs can be brought to them. Segregated housing logs and daily activity logs document the degree to which opportunities are limited and the duration of the limitation. The segregated housing review process is conducted no less frequently than monthly.

This process documents the basis for the institution’s concern for the inmate’s safety and the reasons why alternative means of separation cannot be arranged. Targeted staff and inmate interviews indicated that these procedures are followed in actual practice.

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

115.71 (j)

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

115.71 (k)

Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Documents

- BOP Program Statement 5324.12
- Institution responses to PREA Pre-Audit Questionnaire
- Records Retention Schedule
- Training records of staff who are involved in investigations
- Review of completed investigations

Interviews

- Staff interviews

BOP policies and directives require the following:

- Prompt, thorough, and objective investigations
- Investigation of all allegations, including those from third parties
Use of available physical and DNA evidence and available electronic monitoring data (video)
- Interviews of alleged victims, suspected perpetrators, and witnesses
- Review of prior reports and complaints of sexual abuse involving the suspected perpetrator
- Assessment of the credibility of an alleged victim, suspect, or witness on an individual basis
- Efforts to determine whether staff actions or failures to act contributed to the abuse

Further, BOP policies and directives require
- Investigations performed by persons who have received specialized training to conduct such investigations
- Written reports which contain a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings
- That the departure of an alleged abuser or victim from the employment or custody of the agency does not provide a basis for terminating an investigation

Records retention policies require that such records “must be retained.” Staff interviews, and the review of recent investigations indicate that these policies and procedures are consistently followed.

The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

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

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

115.72 (a)

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

**Auditor Overall Compliance Determination**

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

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

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

**Instructions for Overall Compliance Determination Narrative**

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**Documents**
- Institution responses to PREA Pre-Audit Questionnaire
- BOP Program Statement 5324.12
- Completed investigative files
Interviews

- Investigative staff and supervisory staff (Captain) interview

BOP policies, training materials, and staff interviews indicate that the standard determining whether allegations of sexual abuse or sexual harassment are substantiated is a preponderance of the evidence. A review of completed investigations revealed no instances of applying a higher standard.

The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate’s unit? ☒ Yes ☐ No

- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No

- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No

- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No
115.73 (d)

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

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents

- BOP Program Statement 5324.12
- Institution responses to PREA Pre-Audit Questionnaire
- Completed investigative files
- Copies verifying inmate notification

Interviews

- Interview with Associate Warden (P) / Institution PREA Compliance Manager
- Inmate interviews

BOP policies and directives require notification of the reporting inmate of the results of administrative investigations, investigations by the OIG, and investigations referred for criminal prosecution. None of the three completed investigative files which were reviewed at the time of the onsite visit included documentation or proof of offender notification. Two of the three inmates whose allegations were
investigated were still at the institution and they were added to the targeted inmate interview list. They both indicated that they had not been notified of the results of the investigation.

Following an inmate’s allegation that a staff member has committed sexual abuse against him, BOP policies require that the agency subsequently inform the inmate:

- When the staff member is no longer posted within the inmate’s unit
- When the staff member is no longer employed at the institution
- When the agency learns that the staff member has been indicted on a charge related to sexual abuse in the institution
- When the agency learns that the staff member has been convicted on a charge related to sexual abuse within the institution

These steps are not required by standard or policy if the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody. The files reviewed did not include a case where the allegation was against a staff member, so the latter parts of the standard could not be confirmed in practice.

BOP policies and directives require notification of the reporting inmate following his allegation that he or she has been sexually abused by another inmate, and that the agency subsequently inform the alleged victim:

- When the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the institution
- When the agency learns that the alleged inmate abuser has been convicted on a charge related to sexual abuse within the institution

The auditor’s review of this evidence led him to the conclusion that this standard was met in policy and procedure but was not met or documented in regular practice. During the corrective action period, three investigations required such notification, and the institution provided the documentation that the notifications were made. The institution now meets the standard.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

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

115.76 (d)

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

Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to:
Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Documents

- Institution responses to PREA Pre-Audit Questionnaire
- BOP Program Statement 3420.11

Interviews

- Agency head interview
- Supervisory staff interviews

The language of the standard is repeated in BOP Program Statement 3420.11. No instances of staff violations of agency sexual abuse or sexual harassment policies have occurred in the one-year period prior to the on-site audit. The agency head and supervisory staff interviews indicate that these policies and procedures are consistently followed within the agency and would be followed in the event of these occurrences at Brooklyn MDC.

The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report
115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents

- Institution responses to PREA Pre-Audit Questionnaire
- BOP Program Statement 3420.11

Interviews

- Staff interviews
- Contract staff interview

BOP policies, plans, and directives all require that contractors and volunteers who have been found to engage in sexual abuse be prohibited from contact with inmates. Likewise, they require that incidents of sexual abuse be reported to law enforcement and the appropriate licensing agencies.
In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, policy requires that the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates.

Staff and contract interviews indicate that these policies are followed in practice. The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

**Standard 115.78: Disciplinary sanctions for inmates**

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

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

115.78 (b)
- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

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

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

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

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

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents

- Institution responses to PREA Pre-Audit Questionnaire
- BOP Program Statement 5324.12

Interviews

- Staff interviews

BOP policies, plans, and directives require that:

- Offenders are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse, sexual harassment, extortion, substantiated acts of violence, or following a criminal finding of guilt for offender-on-offender sexual abuse.
- Sanctions are appropriate to the nature of abuse committed, the offender’s disciplinary history, and the sanction imposed for comparable offenses by other offenders with similar histories.
- The disciplinary process considers whether an offender’s mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed.
- The institution offers therapy, counseling, or other interventions designed to address and correct possible underlying reasons or motivations for the abuse, and consideration is made to determine if participation should be a requirement for access to programming or other benefits.
- An offender may be disciplined for sexual contact with staff only if it is determined the staff member did not consent to the contact.
- Disciplinary actions related to staff-on-offender sexual abuse or sexual harassment violations are handled in accordance with BOP Policy.
- Sexual activity between offenders is prohibited and when discovered, it results in disciplinary sanctions in accordance with the BOP policy. However, sexual activity between offenders is not considered sexual abuse if it is determined the activity is consensual.
- Engaging in consensual sexual acts with others, defined as “intentional contact between the genitals of one person and the genitals, mouth, anus, or hands of another person with the consent of both participants” is considered a lesser disciplinary violation.
• A report of sexual abuse made in good faith, based on a reasonable belief that the alleged conduct occurred, does not in itself constitute falsely reporting an incident of lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

• When the preponderance of evidence exists supporting a false allegation, the offender involved in the false allegation shall be disciplined in accordance with the BOP policy.

Special considerations are required for offenders charged with or suspected of a disciplinary infraction who are developmentally disabled or psychiatric patients. These procedures are followed when dealing with developmentally disabled offenders or psychiatric patients.

Staff and contractor interviews indicate that these policies are followed in practice. The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

**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
5.81 (e)  

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents

- Institution responses to PREA Pre-Audit Questionnaire
- BOP Program Statement 5324.12
- Review of completed Offender Screening forms

Interviews

- Staff interviews
- Medical staff interview
- Targeted inmate interviews with three inmates who had reported previous sexual abuse

BOP policies require that if the screening pursuant to this section indicates an offender has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, medical staff ensure the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The screening forms included in these policies are used daily at the institution. Three targeted inmate interviews and a medical staff interview confirmed that this referral was made.

BOP policy requires that the use of any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, who are assisting with making treatment plans and other management decisions, including those related to housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.

BOP policy requires medical staff to obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting.
Review of inmate records and staff, contractor, and inmate interviews indicated that these policies are followed in practice. The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

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

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

115.82 (a) - Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?

☒ Yes ☐ No

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

☒ Yes ☐ No

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?

☒ Yes ☐ No

115.82 (c) - Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?

☒ Yes ☐ No

115.82 (d) - Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?

☒ Yes ☐ No

**Auditor Overall Compliance Determination**

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

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

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

**Instructions for Overall Compliance Determination Narrative**

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

Documents
- Institution responses to PREA Pre-Audit Questionnaire

Interviews
- Staff interviews
- Inmate interviews

BOP Policies require:
- That offender 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 in accordance with BOP medical policies.
- That if no qualified medical or mental health practitioners are on duty at the time a report of abuse is made, staff first responders take preliminary steps to protect the victim and immediately notify the appropriate on-call medical and mental health practitioners.
- That offenders who become victims of sexual abuse while incarcerated shall be offered timely information about and access to emergency sexually transmitted infections prophylaxis, according to professionally accepted standards of care, where medically appropriate, in accordance with BOP medical policies.
- That treatment services are provided to the offender victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.

Review of inmate records and staff, contractor, and inmate interviews indicated that these policies are followed in practice. The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

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.
BOP Policies require:

- All offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile unit are offered medical and mental health evaluation and treatment, as appropriate.
- The evaluation and treatment of such offender victims include follow-up services, treatment plans, and, when necessary,
- Referrals for continued care following transfer to, or placement in other units in accordance with BOP medical policies or their release from custody.
- Offender victims are provided medical and mental health services consistent with the community level of care.
- Offenders who become victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.
- A mental health evaluation of all known offender-on-offender abusers is attempted within 60 days of learning of the abuse and initial treatment.

Review of inmate records and staff, contractor, and inmate interviews indicated that these policies are followed in practice. The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

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.

**Documents**
- Institution responses to PREA Pre-Audit Questionnaire
- BOP Program Statement 5324.12
- Documentation of review of three completed investigations

**Interviews**
- Staff interviews
BOP policies require an administrative review of all alleged sexual abuse and sexual harassment incidents, unless determined unfounded. The warden is required to obtain input from supervisory staff, investigators, and medical or mental health practitioners when completing the review. The review team includes upper-level management, with input from line supervisors, investigators, and medical or mental health practitioners. The institution is required to implement recommendations that result from the review, or to document the reasons for not doing so.

BOP Program Statement 5324.12 requires the warden or designee to conduct a prompt, thorough investigation, after reporting a serious or unusual incident and to complete an Administrative Incident Review. The review is required to include:

- A review of the circumstances of the incident
- The name(s) of the person(s) involved
- Events leading up to and following the incident
- A consideration of whether the actions taken were consistent with BOP policies and procedures
- A review of whether lesser alternative means of managing the situation were available
- An identification of actions, if any, that could be taken to avoid future incidents of a similar nature and identification of training needs
- A determination of whether Incident Command System levels or response levels were used during the incident
- A determination of whether employee action or inaction was a factor
- Corrective action taken

The review is required to be submitted with 20 days of notification. Although not specifically required by the policies cited, the reviews reviewed by the auditor included:

- Consideration of whether the allegation or investigation indicated a need to change policy or practice to better prevent, detect, or respond to sexual abuse
- Consideration of 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 institution
- Examination of the area in the institution where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse
- An assessment of the adequacy of staffing levels in that area
- An assessment of whether monitoring technology should be deployed or augmented to supplement supervision by staff

The auditor’s review of incident review records and staff interviews indicates that these policies and the other requirements of the standard are followed in practice. The auditor’s review of the evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

**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.

Documents

- Institution responses to PREA Pre-Audit Questionnaire
- BOP Program Statement 5324.12
- Calendar Year 2020 Annual report
- Contract documents – private facilities

Interviews

- Interview with agency contract administrator
BOP Policy, administrative directives, plans, and operational manual require these statistics to be collected in accordance with Bureau of Justice Statistics guidelines. The most recent annual report at the time of the on-site audit was for calendar year 2020. It is available for access online.

In the auditor’s judgment, this documentation demonstrates that the agency complies in all material ways with the standard for the relevant review period. The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

### Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

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

#### 115.88 (b)

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

#### 115.88 (c)

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

#### 115.88 (d)

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

### Auditor Overall Compliance Determination

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

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

**Instructions for Overall Compliance Determination Narrative**

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

**Documents**
- Institution responses to PREA Pre-Audit Questionnaire
- BOP Annual PREA Report, Calendar Year 2020

**Interviews**
- Agency head interview

BOP Policy, administrative directives, plans, and operational manual require these statistics to be used to evaluate and improve operations to enhance inmate safety. The most recent annual report at the time of the on-site audit was for calendar year 2020. It is available for access online. No material was noted as redacted from the annual report.

The 2020 agency annual report analyzed the adequacy of staffing levels at institutions who reported substantiated cases of sexual abuse and sexual harassment. That report included an analysis of one substantiated case of inmate-on-inmate sexual harassment at MDC Brooklyn. No staffing level issues were noted as contributing to that case.

In the auditor’s judgment, this documentation demonstrates that the agency complies in all material ways with the standard for the relevant review period. The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

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

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)
Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Documents

- BOP Program Statement 5324.12
- Institution responses to PREA Pre-Audit Questionnaire
- Contract documents
- Calendar 2020 Annual Agency PREA Report

BOP Policy requires the maintenance of a retention schedule. That schedule requires PREA related data to be maintained for 10 years. No personally identifiable data is included in the information made available to the public. The 2020 annual report includes all aggregated sexual abuse data, from facilities under its direct control.

In the auditor’s judgment, this documentation demonstrates that the agency complies in all material ways with the standard for the relevant review period. The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

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.

Documents

- Email attachments, notably time-stamped photographs of signs posted prior to audit
- Diagrams of institution layouts

Interviews

- Staff interviews

The previous audit report for this institution is currently available for access online. It was conducted June 6 - 8, 2017, nearly five years before this onsite audit. That audit was conducted during the first year of the three-year audit cycle (August 2016 – August 2017) and this audit was conducted during the third year of the following three-year audit cycle (August 2021 – August 2022.) This computation is provided for information only; no corrective action is indicated or required by this Final Report.

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<tr>
<th>Audit Cycles</th>
<th>Begin</th>
<th>End</th>
<th>Brooklyn MDC Audit</th>
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<tr>
<td>8/20/2016</td>
<td>8/19/2017</td>
<td>6/26-28/2017</td>
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<td>4/26-28/2022</td>
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The auditor had access to all areas of the audited institution, and he toured every housing unit and other areas where inmates are normally present. The auditor was given access to documents sufficient to make determinations of compliance; copies of all relevant documents were provided. Private interviews were conducted with 40 inmates.

Inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No letters from inmates, staff, or third parties were received.

The auditor was permitted to request and receive copies of all relevant documents (including electronically stored information). Certain records reviewed by the auditor contained personally identifiable information (PII), such as Social Security Numbers or other sensitive information. After the auditor had verified that the information provided was for the inmates or staff randomly chosen, the institution was permitted to redact the PII from the copies provided to the auditor.
Judging by the facts available at this institution, the agency and the facility meet this standard.

**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.

**Documents**

- Prior audit report, based on an on-site audit conducted June 6 - 8, 2017, accessed online.

The previous PREA audit report was issued nearly five years ago, and it is currently available on the BOP website. This standard is in compliance.

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**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. Auditors are not permitted to submit audit reports that have been scanned. See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

**Bruce Kuennen**

Auditor Signature

**October 5, 2022**

Date

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