PREA AUDIT REPORT ☐ INTERIM ■ FINAL

ADULT PRISONS & JAILS

NATIONAL PREA RESOURCE CENTER

BJA Bureau of Justice Assistance U.S. Department of Justice

Auditor Information			
Auditor name: Carolyn Rickards Williams			
Address: 11820 Parklawn Drive, Suite 240, Rockville, MD 20852			
Email: carolyn.rickards@nakamotogroup.com			
Telephone number: (770) 565-3720			
Date of facility visit: August 18-20, 2015			
Facility Information			
Facility name: Federal Correctional Institution-McKean			
Facility physical address: 6975 Route 59, Lewis Run, PA 16738			
Facility mailing address: *(if different from above)*			
Facility telephone number: (814) 362-8900			
The facility is:	■ Federal	☐ State	☐ County
	☐ Military	☐ Municipal	☐ Private for profit
	☐ Private not for profit		
Facility type:	■ Prison	☐ Jail	
Name of facility's Chief Executive Officer: Monica Recktenwald			
Number of staff assigned to the facility in the last 12 months: 314			
Designed facility capacity: FCI: 856; SCP: 292			
Current population of facility: 1414			
Facility security levels/inmate custody levels: Medium; Minimum; In; Out; Community			
Age range of the population: 19-69			
Name of PREA Compliance Manager: Howard C. Barron, Jr.	**Title:**	Associate Warden	
Email address: MCK/PREAComplianceMgr@bop.gov	**Telephone number:**	(814) 362-8900	
Agency Information			
Name of agency: Federal Bureau of Prisons			
Governing authority or parent agency: *(if applicable)* U.S. Department of Justice			
Physical address: 320 First Street, N.W., Washington DC 20534			
Mailing address: *(if different from above)*			
Telephone number: (202) 307-3198			
Agency Chief Executive Officer			
Name: Charles E. Samuels, Jr.	**Title:**	Director	
Email address: BOP-CPD/PREA Coordinator@BOP.GOV	**Telephone number:**	(202) 514-4919	
Agency-Wide PREA Coordinator			
Name: Alix McLearen	**Title:**	National PREA	
Email address: BOP-CPD/PREA Coordinator@BOP.GOV	**Telephone number:**	(202) 514-4919	

AUDIT FINDINGS

NARRATIVE

The on-site visit for the Prison Rape Elimination Act (PREA) compliance audit of the Federal Correctional Institution, McKean County, PA (FCI) was conducted August 18-20, by The Nakamoto Group Inc. auditor Carolyn Rickards Williams. When the auditor first arrived at the facility, an in-briefing meeting was held with the Warden, PREA Compliance Manager, Associate Wardens, Executive Assistant, Captain, several support staff, Bureau of Prisons (BOP) PREA/ACA Liaison, the ACA Auditor and a representative from the BOP Program Review Division. After the introductions, the audit process was discussed during the briefing.

The Federal Correctional Institution is an all male facility and is currently accredited by the American Correctional Association (ACA).

The Federal Correctional Institution is a medium security level federal prison with an adjacent minimum security camp. There are four housing units which are shaped like bow ties. The unit staff offices are located in the center and a housing unit on each side has 156 inmate beds, for a total of 312 inmates per unit. The four housing units can provide housing for approximately 1,265 inmates. The facility has a design capacity of 856 and a current inmate population of 1158. The average length of stay is eight to approximately nine years.

The adjacent prison camp consists of five buildings and a greenhouse. Each of the two housing units can house approximately 165 inmates. The camp provides support to the main institution, UNICOR warehouse, the safety department's recycling operation, the food service warehouse operation and landscape/grounds - general maintenance operations. The camp has a design capacity of 292 and a current inmate population of 256. The average length of stay is approximately five and one-half years.

Support services include human resources, employee development, financial management, safety, facilities, computer services, inmate systems management, religious services, psychology services, education/recreation, health services, food services and correctional services. The Warden and other key staff meet quarterly to discuss work force utilization, staffing plans and other institution issues.

The standards used for this audit became effective August 20, 2012. This auditor discussed the information contained in the Pre-Audit Questionnaire with the institution PREA Compliance Manager. The National PREA Coordinator and the National PREA Contract Administrator for the Bureau of Prisons were previously interviewed telephonically, as was the Director's designee. As part of the audit, a review of all agency and local facility PREA policies was conducted, as well as an extensive tour of the facility. A total of 25 inmates were interviewed by the auditor. One inmate refused to be interviewed and four inmates were limited English proficient. During the auditing period of 1/1/2014-1/19/2015, there were zero reported allegations of sexual abuse/sexual harassment. A total of 79 institution staff were interviewed. Twenty correctional officers (from all three 8 hour shifts), four administrative staff, one volunteer, and 54 specialized and random staff were interviewed. The administrative staff interviewed included the Warden, one Associate Warden, the Human Resource Manager and the Captain.

DESCRIPTION OF FACILITY CHARACTERISTICS

The mission of the Federal Bureau of Prisons is to protect society by confining offenders in the controlled environments of prisons and community-based facilities that are safe, humane, cost efficient, appropriately secure, and that provide work and other self-improvement opportunities to assist offenders in becoming law abiding citizens. In addition to providing a safe, secure and humane environment, it is also the mission of FCI McKean and the satellite camp to provide the highest quality of care, custody and program opportunities to the inmates, as well as emphasizing the importance of emergency preparedness and providing the local community with a high degree of security and public safety. Staff take pride in the level of dedication and professionalism exhibited at the facility and they continuously strive to "set the standard" for the field of corrections and other public sector organizations.

FCI McKean currently has a staff complement of 314. There are only 13 female correctional officers and just 18% of the staff complement are female. Excluding the Warden's secretary, all secretarial staff at the institution are male.

The Education Department provides a wide variety of academic and vocational programs for the inmate population. Academic programs include instruction from the literacy level, taught on site, to post-secondary classes, which are available through correspondence. The Literacy, as well as the English-as-a-Second Language Program, is mandatory for all inmates, who do not possess a verifiable high school diploma/GED certificate or who are non-English speaking. Satisfactory completion of the GED Program will merit a GED Certificate. On average, over 200 inmates are enrolled at any given time in the literacy program. In addition to the academic programs, a variety of vocational training programs are offered, to include culinary arts and building trades. The ICON computer lab, located both at the main facility and the satellite camp, allows inmates the opportunity to work on their keyboarding skills and create resumes for their reentry into the community. In the fall of 2015, approximately 18 inmates from the satellite camp are being afforded the opportunity to take one college class offered by the University of Pittsburgh at Bradford. The class will take place on institution grounds.

A voluntary Residential Drug Abuse Program is available at the satellite camp. The program lasts from nine to ten months for a minimum of 500 hours of intensive treatment, with a focus on the identification, challenge and correction of criminal thinking. The Non-Residential Drug Abuse Program is also available at the main institution for those inmates who are not eligible for the residential treatment program due to time or program requirements. Community volunteers add substantially to the quality of these programs.

All inmates, who have been medically cleared, are provided work assignments, to include Food Service, Environmental Health Services (Safety), Facilities, Education/Recreation, Laundry, Commissary, Health Services, tutoring, sanitation workers and unit orderlies. Ordinarily, each inmate is required to work five (5) days per week, seven hours per day, in an effort to develop a more solid work ethic. Additionally, the institution has a cooperative agreement with the USDA Forest Service, in which inmates perform a variety of jobs, to include cleaning campgrounds, assisting in maintenance of forest improvements, trail upkeep/construction and the planting/thinning of trees, on the federal lands of the Allegheny National Forest.

FCI McKean manages two recycling programs. Their recycling of mixed metals, paper, oil, batteries, cardboard, anti-freeze, grease and light bulbs, for a combined waste total of 187,969 pounds, netted a cost savings of $17,164.50. Additionally, the food service organic recycling program nets an approximate savings of $9-10k per annum in tipping fees, the required payment (based on the weight) for dumping waste daily.

The auditor concluded, through interviews and a review of policy and documentation, that all staff and a majority of inmates were very knowledgeable concerning their responsibilities involving PREA. During the interviews, the inmates acknowledged that they received information about the facility's Zero Tolerance policy against sexual abuse upon their arrival to the facility, that staff were respectful and that they felt safe at the facility. Staff were able to describe in detail their specific duties and responsibilities, including being a "first responder", if an incident occurred or an allegation of sexual abuse/sexual harassment was made.

SUMMARY OF AUDIT FINDINGS

When the on-site audit was completed, an "out-briefing" meeting was conducted. In addition with the PREA auditor, the Bureau of Prisons PREA/ACA Liaison and the executive staff, the Warden invited the institution department heads. The auditor was provided extensive and lengthy files prior to the audit for review to support a conclusion of compliance with the PREA. There was one area of concern during the audit. A total of four blind spots were found in the laundry operation. In order to enhance staff supervision and the security of inmates in that area, four conclave mirrors were installed, so that every corner of that particular work area could be visible at all times. Institution staff were found to be extremely courteous, cooperative and professional. All areas of the facility were found to be clean and well maintained. At the conclusion of the audit, the auditor thanked the FCI McKean staff for their dedication to the PREA process.

Number of standards exceeded: 1

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 1

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

■ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Program Statement (PS) 5324.12, pages 2, 13,24,26,27, 28 and 49 and Institution Supplement (IS) 5324.12, page 3 clearly meet the mandates of this standard. The agency's zero tolerance against sexual abuse is clearly established and the policy also outlines the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment allegations. In addition to the facility PREA Compliance Manager, there is a designated National PREA Coordinator and PREA Compliance Manager assigned to each regional office in the agency to ensure adherence to PREA. The facility PREA Compliance Manager reports to the Warden. Zero tolerance posters are displayed throughout every area of the institution. Both institution staff and inmates are provided with a wealth of opportunities to become well aware of PREA policies and procedures. Staff receive initial training and annual training, as well as updates throughout the year. The pocket size PREA Standards/First Responder Guideline, which was issued to staff to be carried at all times for reference, was clearly visible during the interview process. Additionally, the PREA Compliance Manager sends out an electronic quiz each month and the first staff member to respond with the correct answers is rewarded with an institutional coin. Each employee has a PREA ICON on their office computer, which automatically takes them to the First Responder Guideline. Throughout the audit, staff advised that it was not unusual for supervisors to enter their work areas and ask if they are carrying their First Responder Card and ask them to produce said card. The inmate population was required to attend monthly town hall meetings and a PREA Facts Sheet was developed and placed on bulletin boards throughout the facility.

Standard 115.12 Contracting with other entities for the confinement of inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency and facility meet the mandates of this standard. A review of the documentation submitted substantiated the agency and facility require other entities contracted with (i.e. Corrections Corporation of America, Management and Training Corporation, The GEO Group, Inc.) for the confinement of inmates to adopt and comply with the PREA standards. All agency contractual agreements were modified effective February 1, 2013, to incorporate the language requiring contractors to adopt and comply with PREA standards.

Standard 115.13 Supervision and monitoring

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 3000.03, pages 8-12; the Current Staffing Report and the Workforce Utilization Committee Meeting Minutes address the mandates of this standard. Agency policy requires each facility to review the staffing plans on an annual basis. Interviews with the Warden and members of the executive staff revealed compliance with PREA and that other safety and security issues are always a primary focus when they consider and review their staffing plan. Workforce utilization issues are always reviewed and discussed at the Quarterly Workforce Utilization Meeting and minutes are on file. The institution has been provided with all necessary resources to support the programs and procedures to ensure compliance with PREA standards. The audit included an examination of all video monitoring systems, inmate access to telephones and the Tru Lincs e-mail system, staff interviews and rosters. Additionally, documentation of unannounced rounds covering all shifts by administrative staff was reviewed. Interviews with staff confirmed unannounced rounds to all areas of the institution are conducted on a weekly basis, with no warning to staff. [redacted] are visible throughout the institution where blind spots are of concern and the need for supervision is required. [redacted] auditor found four blind spots in the laundry operation. Prior to the close of the audit, four conclave mirrors were installed to correct those deficiencies; thereby increasing staff supervision and inmate security in the laundry operation.

Standard 115.14 Youthful inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Not Applicable. FCI McKean does not house youthful inmates.

Standard 115.15 Limits to cross-gender viewing and searches

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12, page 17 and PS 5521.06, page 5 address this standard. Cross-gender strip or cross-gender body cavity searches are prohibited, except in emergency situations or when performed and documented by a medical practitioner. Staff indicated they received cross-gender pat search training during initial and annual training. The auditors observed each unit has individual shower stalls with metal swing doors or no-see-through shower curtains, that can be adjusted according to the inmate's height for privacy purposes. Inmates, officers and administrative staff stated inmates are allowed to shower, dress and use the toilet privately, without being viewed by the opposite gender. Inmates and employees reported staff of the opposite gender announce their presence before entering a housing unit. Additionally, scheduled automated announcements are made over the PA system throughout the day. Staff are well aware of the policy prohibiting the search of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility meets the mandates of this standard, in accordance with PS 5324.12, pages 19&20; IS 5324.12, page 4 and the A&O Handbook. FCI McKean takes appropriate steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. PREA handouts, bulletin board postings and inmate handbooks are in both English and Spanish. The above-mentioned documents were submitted to and reviewed by the auditor. Staff interviewed were well aware of the policy that, under no circumstances, are inmate interpreters or assistants to be used when dealing with PREA issues.

Standard 115.17 Hiring and promotion decisions

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 3000.03, pages 28, 41-45; PS 3420.11 pages 6&7; the Pre-Employment Guide; page 2; SF85P, the Questionnaire for Public Trust Positions, page 1 and the BOP Recruitment Flyer, page 1 address the mandates of this standard. The Human Resource Manager was interviewed and stated that all components of this standard have been met. All employees, contractors and volunteers have had background checks completed. BOP Regional Office staff also conduct background checks before approving staff promotions. A tracking system is in place to ensure that updated background checks are conducted every five years. Policy clearly states the submission of false information by any applicant is grounds for termination. The Agency makes its "best efforts" to contact all prior institution employers for information on substantiated allegations of sexual abuse or resignations which occurred during a pending investigation of sexual abuse.

Standard 115.18 Upgrades to facilities and technologies

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCI McKean has an extensive video and visual monitoring system in place. There have been no substantial expansions/modifications to the facility or installation of updated monitoring technology since August 20, 2012.

Standard 115.21 Evidence protocol and forensic medical examinations

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12, pages 22&23, the Guide for First Responder/Operations Lieutenant and the PREA Checklist & Instructions address the mandates of this standard. Correctional Services and Medical Services staff were interviewed concerning this standard and all were knowledgeable of the procedures required to secure and obtain usable physical evidence, when sexual abuse is alleged. Staff were aware the Special Investigative Supervisor Team (SIS) or FBI conducted investigations relative to sexual abuse allegations. All forensic medical examinations are conducted by SANE/SAFE (Sexual Abuse Nurse Examiner/Sexual Abuse Forensic Examiner) staff at Bradford Regional Medical Center, Bradford, PA. The Program Coordinator at Bradford Regional Medical Center was contacted and she indicated she personally sees the majority of the sexual abuse cases; otherwise another SANE nurse on duty will conduct the forensic examination. She further indicated an emergency room physician is on duty at all times, should SANE/SAFE staff be unavailable at the hospital. There were no SANE/SAFE exams conducted during the past 12 months.

Standard 115.22 Policies to ensure referrals of allegations for investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12, pages 43, 44 and 45 addresses the mandates of this standard. Administrative and criminal investigations are completed on all allegations of sexual abuse/harassment. The Special Investigative Supervisor (SIS) and FBI conduct all investigations. The Special Investigative Supervisor and one SIS Lieutenant were interviewed and found to be very knowledgeable concerning their responsibilities in the investigative process. There are 253 agency investigators and 11 trained institution investigators. The FBI conducts the criminal investigations for the institution. There were zero allegations of sexual abuse or sexual harassment during the January 1, 2014-January 19, 2015 auditing period.

Standard 115.31 Employee training

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12 pages 13,14, 24, 25 and 26; IS 5324.12, pages 4&5 and the Annual Training Plan address all training mandates of this standard. The Bureau of Prisons provides extensive PREA standards training at the Federal Law Enforcement Training Center (FLETC), which all newly hired staff must attend and successfully complete. Additionally, contractors and volunteers are provided training relative to their duties and responsibilities. All staff are mandated to receive training annually and the curriculum includes PREA requirements. In addition to reviewing the training curriculum, training sign-in sheets and other related documentation, staff interviewed indicated they were required to acknowledge, in writing, not only that they received PREA training, but that they understood it as well.

Standard 115.32 Volunteer and contractor training

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12, page 26 and the Annual Training Plan address the mandates of this standard. There are 51 contractors and volunteers who have received PREA training, to include the Bureau's zero-tolerance policy, reporting and responding requirements. The training is documented and copies of training sign-in sheets and other related documents were reviewed by this auditor. The one volunteer interviewed indicated he was required to acknowledge, in writing, not only that he received PREA training, but that he understood it as well.

Standard 115.33 Inmate education

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12, pages 26&27; PS 5290.14, page 10; the A&O Handbook (English and Spanish) and the A&O Checklist address the mandates of this standard. The facility puts forth its best efforts in educating the inmates about the PREA. Inmates receive information during the intake process that includes a PREA video, pamphlet and inmate handbook, printed in both English and Spanish. The inmates have access to the TRU Lincs computer program which also provides them with PREA information. There are PREA posters throughout the facility and, in each housing unit, a "Hotline" telephone number, which may be called to report abuse or harassment, is posted on the bulletin boards. Additionally, all inmates are required to attend unit town hall meetings, which address the PREA. The Office of Inspector General's mailing address is listed in the A&O Handbook and posted in each housing unit for inmates to write concerning any sexual abuse or sexual harassment allegation. There is a language line, which this auditor had the opportunity to use during the inmate interview process, available to limited English speaking inmates. This auditor reviewed a random sampling of A&O Checklists to verify those inmates admitted during the auditing period received Sexual Assault/Assault Prevention & Intervention Education and relevant written materials. All inmates are required to acknowledge in writing they completed PREA education..

Standard 115.34 Specialized training: Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12, page 28; the SIS/SIA Training Lesson Plan; Sexual Violence PREA Training and DOJ/OIG PREA Training address the mandates of this standard. The SIS staff and FBI criminal investigators have received PREA specialized training at the National Institute of Corrections and through the Department of Justice. This auditor reviewed specialized training documentation, to include the SIS/SIA Training Instructor Guide, the FBOP Course Completion List for Investigating Sexual Abuse in a Confinement Setting training, the OIG PREA Criminal Investigator Certification Training List and the Tru Intel Investigative Report Writing Training Agenda.

Standard 115.35 Specialized training: Medical and mental health care

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12, pages 28&29 and the PREA Training Lesson Plan address the mandates of this standard. All mental health and medical staff are required and have received specialized training on victim identification, interviewing, reporting and clinical interventions. Staff receive training annually and documentation of such is on file. The auditor reviewed the training lesson plan and associated training sign-in sheets.

Standard 115.41 Screening for risk of victimization and abusiveness

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12 and the corresponding local policy addresse this standard. All inmates are assessed at intake, immediately upon arrival at the facility for their risk of being sexually abused or harassed by other inmates or being sexually abusive towards other inmates. A unit staff member screens all new arrivals within their first 72 hours. They are almost always seen the first day of intake. The staff reviews all relevant information from other facilities and continues to reassess an inmate's risk level within 30 days of his arrival. Inmates identified as high risk for sexual victimization or at high risk of sexually abusing other inmates are referred to the mental health staff for additional assessment. A PREA Intake Screening Form is utilized to conduct the initial risk assessment on a new commitment. Additionally, staff and inmate interviews, as well as a review of submitted documentation, support the finding that the facility is in compliance with this standard.

Standard 115.42 Use of screening information

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12, page 33 and IS 5324.12, page 9 address the mandates of this standard. Agency and facility policy require the use of a screening instrument (reviewed by auditor) to determine proper housing, bed assignment, work assignment, education and other program assignments, with the goal of keeping inmates at high risk of being sexually abused/sexually harassed separate from those inmates who are at a high risk of being sexually abusive. Housing and program assignments are made on a case-by-case basis and inmates are not placed in housing units based solely on their sexual identification or status. Interviews with risk management staff also support the finding that the facility is in compliance with this standard.

Standard 115.43 Protective custody

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12, pages 33&34 addresses the mandates of this standard. FCI McKean has a total of 49 Special Housing Unit cells, to include both administrative and disciplinary cases. Policy states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing (SHU) unless an assessment of all available alternatives has been made and there's no available means of separating the inmate from the abuser. The inmates are reassessed every 7 days after entering the SHU. There were no inmates at risk of sexual victimization held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment. Additionally, there were no inmates at risk of sexual victimization who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement.

Standard 115.51 Inmate reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12, page 35; PREA Notices and the Inmate Handbook (English and Spanish) address the mandates of this standard. A review of documentation and staff/inmate interviews indicated that there are multiple ways (verbally, in writing, anonymously, privately and from a third party) for inmates to report sexual abuse/sexual harassment. There were no allegations reported in any form during the past 12 months. There are posters and other documents on display throughout the institution (observed by auditor) which also explain reporting methods.

Standard 115.52 Exhaustion of administrative remedies

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 1330.18, pages 1-4, 6&7,14-16 addresses the mandates of this standard. Inmates may file a grievance; however, all allegations of abuse/sexual harassment, when received by staff, would immediately result in an administrative or criminal investigation. Inmates are not required to use an informal grievance process and procedures allow an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. There were zero grievances filed involving PREA related issues during the past 12 months.

Standard 115.53 Inmate access to outside confidential support services

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12 page 36 and the Inmate Handbook (English and Spanish) address the mandates of this standard. The institution has not been able to secure a Memorandum of Understanding (MOU) with a local Bradford, PA Rape Victim Center. A detailed memo of the facility's efforts to unsuccessfully secure a MOU with the Victim Center was submitted to this auditor. The staff at the Victims Resource Center in Bradford, the only advocacy Center in McKean County, have declined to enter FCI McKean and do not wish to work with their male inmates. The PA Coalition Against Rape, Enola, PA, is temporarily being made available to the institution, until an agreement for victim support services can be obtained. Inmates also have access to the Rape Abuse & Incest National Network (RAINN) and a National Sexual Assault Hotline (800.656.HOPE). Confidential counseling services are available through three institution psychologists, who have been specially trained in victim advocacy. The institution provides inmates with mailing addresses and telephone numbers (toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigrant purposes.

Standard 115.54 Third-party reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The BOP pamphlet entitled "Sexually Abusive Behavior Prevention and Intervention"; the Inmate Handbook (English and Spanish); PREA Posters; the posted Office of Inspector General Address and Website: www.bop.gov address the mandates of this standard. The website and posted notices assist third party reporters on how to report allegations of sexual abuse. All staff and approximately 51% of the inmates interviewed were aware of the procedures for third-party reporting.

Standard 115.61 Staff and agency reporting duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12, pages 37&38 address the mandates of this standard. Staff interviewed were well aware of their duty to immediately report all allegations of sexual abuse, sexual harassment and retaliation relevant to PREA standards. A review of policy and staff interviews support the finding that the facility is in compliance with this standard.

Standard 115.62 Agency protection duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12, page 38 addresses the mandates of this standard. Staff interviewed were well aware of their duties and responsibilities, as it relates to them having knowledge of an inmate being sexually abused or sexually harassed. All staff indicated they would act immediately to protect the inmate. Staff are issued a pocket size PREA Standard/First Responder Guideline, outlining all actions to be taken. They also stated they would separate the victim/predator, secure the scene to protect possible evidence, not allow inmates to destroy possible evidence and contact the operations supervisor and medical staff. In the past 12 months, there were no instances in which the facility staff determined that an inmate was subject to substantial risk of imminent sexual abuse.

Standard 115.63 Reporting to other confinement facilities

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12, pages 39&40 address the mandates of this standard. Policy requires that any allegation by an inmate that he was sexually abused, while confined at another facility, must be reported to the head of the facility where the alleged abuse occurred, within 72 hours of receipt of the allegation. In the past 12 months, the facility received zero allegations that an inmate was abused while confined at another facility or FCI McKean.

Standard 115.64 Staff first responder duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12, page 40 addresses the mandates of this standard. All staff interviewed were extremely knowledgeable concerning their first responder duties and responsibilities, upon learning of an allegation of sexual abuse or sexual harassment. Staff indicated they would separate the inmates, secure the scene, not allow inmates to destroy any evidence and contact the operations supervisor and medical staff. All staff are issued and carry a pocket size PREA Standard/First Responder Guideline for reference. In the past 12 months, there were zero allegations made by inmates.

Standard 115.65 Coordinated response

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12 Page 40; IS 5324.12 pages 7&8 and the Coordinated Response Allegation of Sexually Abusive Behavior PREA Checklist address the mandates of this standard. The documentation was reviewed by the auditor. The policy and checklist (color-coded according to area of responsibility) describe the coordinated actions to be taken by first responders, medical/mental health staff, investigators and facility administrative staff, in response to an incident of sexual abuse.

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCI McKean's collective bargaining agreement between the Federal Bureau of Prisons and Council of Prison Locals American Federation of Government Employees, dated July 21, 2014-July 20, 2017 complies with this standard. The Master Agreement was submitted to this auditor for review.

Standard 115.67 Agency protection against retaliation

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12, pages 42&43 addresses the mandates of this standard. The policy prohibits any type of retaliation against any staff person or inmate who has reported sexual abuse or sexual harassment or cooperated in any related investigations. The Associate Warden-Programs is the designated member charged with monitoring retaliation. During the interview, he stated that there had been no reported cases in the past 12 months by staff or inmates. If there was concern that there was the potential for possible retaliation, the Associate Warden indicated he would monitor the situation indefinitely.

Standard 115.68 Post-allegation protective custody

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12, pages 34 and 43 addresses the mandates of this standard. Interviews with staff and an examination of the facility indicated that there is a viable alternative to the placement of inmates in involuntary segregated housing. Staff consider separate housing of the victim/predator, to include transfer of the inmates. In the past 12 months there were no inmates held in involuntary segregated housing for one to 24 hours awaiting completion of assessment nor held in involuntary segregated housing for longer than 30 days, while awaiting alternative placement.

Standard 115.71 Criminal and administrative agency investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12, pages 43-45 addresses the mandates of this standard. The SIS staff conduct administrative investigations within the institution and refer criminal investigations to the FBI and Office of the Inspector General to determine if prosecution will be pursued. There were no criminal prosecutions during this auditing period. According to the Warden, the facility fully cooperates with any outside agency who initiates an investigation. The Special Investigative Supervisor serves as the facility liaison who provides requested information to the outside agency and provides access to the inmates.

Standard 115.72 Evidentiary standard for administrative investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12, page 45 addresses the mandates of this standard. The evidence standard is a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Standard 115.73 Reporting to inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12, pages 45&46 addresses the mandates of this standard. There were zero administrative investigations within the last 12 months and during the January 1, 2014-January 19, 2015 auditing period, which required inmate notification per this standard.

Standard 115.76 Disciplinary sanctions for staff

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 3420.11, pages 6&7 and PS 5324.12, page 47 address the mandates of this standard. Staff are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. There have been no reported cases of inmates engaging in sex with staff and, in the past 12 months, no staff members were disciplined or terminated for violation of agency policy. The agreement between the Federal Bureau of Prisons and Council of Prison Locals American Federation of Government Employees (7/1/2014-7/20/2017) allows for disciplinary sanctions against staff, including termination for sexual abuse or sexual harassment of an inmate.

Standard 115.77 Corrective action for contractors and volunteers

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12, page 47 addresses the mandates of this standard. In the past 12 months, there have not been any contractors or volunteers accused of sexual abuse or sexual harassment of an inmate.

Standard 115.78 Disciplinary sanctions for inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12, page 48 addresses the mandates of this standard. There were no cases of inmate sexual abuse/sexual harassment investigated at FCI McKean during the auditing period of January 1, 2014-January 19, 2015. There have been no cases of staff and inmates engaging in sex during the past 12 months. Policy does not allow consensual sex of any nature. Inmates having sexual contact with staff will be disciplined, if it is not consensual. The Bureau of Prisons does not discipline inmates who make allegations in good faith, even if the investigation does not establish evidence sufficient to substantiate the allegation. Interviews with the Associate Warden-Programs and SIS investigators support a finding that the facility is in compliance with this standard.

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12, pages 29, 30, 32, 49 and 50 addresses the mandates of this standard. Interviews with medical and specialized staff confirm the institution has a thorough system for collecting medical and mental health information and has the capacity to provide continued re-assessment and follow-up services. In the past 12 months, 100% of inmates who disclosed prior victimization during screening were offered a follow up meeting with medical or mental health staff. Treatment services are offered without financial cost to the inmate. FCI McKean utilizes the PREA Compliance Manager-Tracking Log to monitor all inmates having a history of sexual abuse. All information is handled confidentially and interviews with staff support a finding that the facility is in compliance with this standard.

Standard 115.82 Access to emergency medical and mental health services

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12, page 51 and the PREA Guide for First Responder/Operations Lieutenants address the mandates of this standard. Information and access to care is offered to all inmate victims, as clinically indicated. The treatment is offered at no financial cost to the inmate. Interviews with staff support a finding that the facility is in compliance with this standard.

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12, page 51 addresses the mandates of this standard. FCI McKean offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse. Services are consistent with a community level of care, without financial cost to the inmate. A review of documentation and interviews with medical/mental health staff support the finding that this facility is in compliance with this standard.

Standard 115.86 Sexual abuse incident reviews

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12, pages 52&53 addresses the mandates of this standard. Administrative or criminal investigations are completed on all allegations of sexual abuse/sexual harassment. The Special Investigative Supervisor (SIS) and/or the FBI conduct all investigations. The Special Investigative Supervisor and another SIS Lieutenant were interviewed and found to be very knowledgeable concerning their duties and responsibilities. FCI McKean conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was proven to be unfounded. Based on interviews with members of the incident review team, the review is conducted within 30 days of the conclusion of the investigation and consideration is given as to whether the incident was motivated by race, ethnicity, gender identity, status or gang affiliation. The team also makes a determination as to whether additional monitoring technology should be added to enhance staff supervision. The review team consists of upper-level management staff.

Standard 115.87 Data collection

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12, pages 54&55 addresses the mandates of this standard. FCI McKean collects accurate uniform data for every allegation of sexual abuse/sexual harassment by using a standardized instrument. The agency tracks information concerning sexual abuse utilizing SIS data, Office of Internal Affairs data, Inmate data and SENTRY (BOP data management program) data. The data collected includes the information necessary to answer all questions from the most recent version of the Survey of Sexual Violence, conducted by the Department of Justice. The agency aggregates and reviews all data annually.

Standard 115.88 Data review for corrective action

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Bureau of Prisons and FCI McKean review and assess all sexual abuse/sexual harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection and response policies, to identify any trends, issues or problematic areas and to take corrective action if needed. The institution PREA Compliance Manager forwards data to the respective BOP Regional PREA Coordinator. An annual report is prepared and placed on the BOP website. The Annual Report was reviewed by the auditor.

Standard 115.89 Data storage, publication, and destruction

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12, pages 56&57 addresses the mandates of this standard. The National PREA Coordinator reviews data compiled by the Regional PREA Coordinators and issues a report to the BOP Director on an annual basis. The data is retained in a secure file and published on the BOP website. The reports cover all data noted in this standard.

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.

Carolyn Rickards Williams — September 09, 2015

Auditor Signature — Date