

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS

NATIONAL  
**PREA**  
RESOURCE  
CENTER



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

<b>Name of facility:</b>		Federal Prison Camp Duluth	
<b>Physical address:</b>		4464 Ralston Drive Duluth, MN 55811	
<b>Date report submitted:</b>		August 15, 2014	
<b>Auditor Information</b> <b>Amy Fairbanks</b>			
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<b>Date of facility visit:</b>		August 5-7, 2014	
<b>Facility Information</b>			
<b>Facility mailing address:</b>		P. O. Box 1000, Duluth, MN 55814	
<b>Telephone number:</b>		218 722-8634	
<b>The facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input checked="" type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
<b>Name of PREA Compliance Manager:</b>		<b>Title:</b>	Associate Warden
M. K. Lewis			
<b>Email address:</b> mlewis@bop.gov		<b>Telephone number:</b>	218 249-7312
<b>Agency Information</b>			
<b>Name of agency:</b>		Federal Bureau of Prisons	
<b>Governing authority or parent agency: (if applicable)</b>		U.S. Department of Justice	
<b>Physical address:</b>		320 First St. NW Washington, DC 20534	
<b>Mailing address: (if different from above)</b>			
<b>Telephone number:</b>		202-307-3198	
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# AUDIT FINDINGS

## **NARRATIVE:**

On August 5-7, 2014, an audit was conducted at the Federal Prison Camp - Duluth to determine compliance with the Prison Rape Elimination Act standards finalized August 2012.

A complete tour of the facility was conducted on August 5, 2014. The following areas and operations were visited and observed: inmate living areas, medical operations, chapel area, admission & discharge, business office, education areas, food service, facility maintenance operations, commissary, activities building, theater, phone room, safety operations, warehouse, and recreation buildings, barbershop, garden and laundry.

Documents reviewed for this audit included policy, institutional supplement, contracts, staff training records, personnel files, volunteer training records, sexual abuse & harassment complaints, and training curriculums.

Formal interviews were scheduled through random selection of staff and inmates from schedules and rosters provided by the staff the evening prior to the audit. They were conducted with the following: Warden, PREA compliance manager/coordinator (facility), two medical staff, the chief psychologist, two contract staff (medical), human resource manager, corrections officers from all areas of the complex (three on the morning watch, three on afternoon shift and three on the evening watch) supervisors from each shift, the captain, the facility investigator, staff who conduct intake and screen inmates (two case managers), two volunteers, nineteen random inmates which included one who filed a complaint and two deemed vulnerable, one with limited English, one in segregation and one with physical challenges. There are no transgender inmates at this facility. Two inmates wheelchair bound were interviewed during the tour spontaneously. The agency head and the agency PREA coordinator were not interviewed as they participated in an interview at a previous Bureau of Prisons PREA audit.

The auditor was allowed free access to all areas of the facility, access to interview inmates selected randomly and intentionally, and to see any documentation requested. Posters were visible throughout the facility announcing the audit.

## **DESCRIPTION OF FACILITY CHARACTERISTICS:**

The FCP at Duluth, Minnesota is located adjacent to the airport in Duluth Minnesota. The facility was opened in 1983, taking over the recently closed United States Air Force. It is operated by the United States Department of Justice, Federal Bureau of Prisons housing minimum custody inmates primarily from the north Midwest United States. There are no sex offenders housed at this facility. Facility grounds encompass 90 acres. There are five general population barrack-style housing units with 4-6 inmates per room, bathrooms and personal laundry on each of the two floors. Bathrooms provide sinks, toilets with doors, and separated shower stalls with curtains. One housing unit is dedicated to the Residential Drug Abuse Program. There is a small Special Housing Unit for inmates needing administrative detention and disciplinary housing on a short term basis. There are 8 beds in three cells. There is also a medical observation room

located in the medical area. Several units (houses or duplexes) are located right outside the facility for staff housing.

**SUMMARY OF AUDIT FINDINGS:**

Number of standards exceeded: 1

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 1

**Standard  
number here** 115.11

- 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 comments, including corrective actions needed if does not meet standard**

3420.11 (employees) 5270.09 (inmates) and 5324.11 address this standard. There is an agency wide PREA coordinator who was interviewed at a prior audit this audit cycle year.

**Standard  
number here** 115.12

- 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 comments, including corrective actions needed if does not meet standard**

Federal Bureau of Prisons was proactive and renewed all existing contracts to include PREA requirements and policy. Contract monitoring is in the contract to be done through on site visits and PREA documentation/audits.

**Standard  
number here** 115.13

- 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 comments, including corrective actions needed if does not meet standard**

This is addressed in 3000.03. The PREA team and administration reviews all areas required in the standard when addressing staff needs. Filling vacant positions was a high priority and active efforts demonstrated. In the BOP, all staffs (except contractual, chaplain and physician) are considered law enforcement and receive the same training as corrections officers. Unannounced rounds are addressed in 5324.11 and were documented. All staff and inmate interviews confirmed that unannounced rounds are being conducted.

**Standard number here** 115.14

- 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)

N/A no youthful offenders (this was confirmed during review of documents, touring the facility and interviews).

**Standard number here** 115.15

- 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 comments, including corrective actions needed if does not meet standard**

P5324.11 revised 1/6/2014 addresses this standard. No cross gender searches strip searches or cavity searches have been conducted. Staffs at the time of the audit have all been trained in cross-gender pat down searches and searches of transgender inmates. There were no transgender inmates housed at this facility during the time of the audit. All inmates and staff interviewed indicate that the male population is able to dress, shower and toilet without female staff viewing them.

**Standard number here** 115.16

- 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 comments, including corrective actions needed if does not meet standard**

P5324.11 addresses this standard requirement. Qualified staffs are available to address inmates who have physical or mental disabilities. Staff and inmate interviews all supported that inmates would not be relied on as translators.

**Standard number here** 115.17

- Exceeds Standard (substantially exceeds requirement of standard)

X 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 comments, including corrective actions needed if does not meet standard**

Extensive background checks are conducted on potential employees and every five years. 115.17(e) is addressed centrally, not at the facility level. The interview with human resources and general interviews with staff support all aspects of this standard. The requirements are addressed in 3420.09, 3420.11 and 3003.03.

<b>Standard number here</b> 115.18
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Exceeds Standard (substantially exceeds requirement of standard)

X 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 comments, including corrective actions needed if does not meet standard**

There has been no expansion or modification of existing facilities. Addition of cameras would consider inmate safety.

<b>Standard number here</b> 115.21
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Exceeds Standard (substantially exceeds requirement of standard)

X 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 comments, including corrective actions needed if does not meet standard**

P5324.11 dated 1/6/2014 addresses this standard, in addition to a 6031.04. 115.21 (f) BOP has requested the FBI and/or OIG follow the requirements of paragraphs 115.21 (a through e). A victim advocate is available either through an outside agency or a list of trained staff. Forensic medical exams are conducted at the local hospital.

<b>Standard number here</b> 115.22
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Exceeds Standard (substantially exceeds requirement of standard)

X 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 comments, including corrective actions needed if does not meet standard**

P5324.11 addresses this standard. There is a Memorandum of Understanding with the FBI which addresses their role in investigations inside a correctional facility. Review of investigation summaries reveals that investigations are completed for all allegations of sexual abuse/harassment and even suspected sexual activity among the inmates.

**Standard number here** 115.31

- 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 comments, including corrective actions needed if does not meet standard**

P5324.11 addresses this standard. The agency provided documentation that shows that through staff signature that they understand the training received. In the interviews conducted it is apparent they have received the required training they were able to articulate the information they received in training.

**Standard number here** 115.32

- 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 comments, including corrective actions needed if does not meet standard**

P5324.11 dated 1/6/2014 addresses this standard. Based on review of training records, volunteers and contract staff have been trained. Volunteers do sign that they understood the training. Two volunteers were interviewed and confirmed they received the training and understood their role in prevention and reporting.

**Standard number here** 115.33

- 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 comments, including corrective actions needed if does not meet standard**

P5324.11 addresses this standard. Inmates interviewed were aware of the law, and numerous avenues available to them for reporting, including anonymously. They receive the Sexually Abusive Behavior Prevention and Intervention pamphlet (March 2014) at intake, have an interview with a case manager, then the psychologist and medical staff the same day and also orientation, provided by staff within a week.

**Standard number here** 115.34

- 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 comments, including corrective actions needed if does not meet standard**

P5324.11 does address this standard. At the time of the audit, the facility has not had any incidents warranting an FBI or OIG investigation relevant to a complaint of sexual abuse. Training curriculum for investigators includes the requirements of the standard, including Garrity and Miranda warnings.

**Standard number here** 115.35

- 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 comments, including corrective actions needed if does not meet standard**

P5324.11 does address this standard. Medical staff have received training specific to their area as it relates to PREA, including limits on confidentiality. All forensic exams would be performed at an outside hospital.

**Standard number here** 115.41

- 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 comments, including corrective actions needed if does not meet standard**

P5324.11 does address this standard. The institutional supplement addresses how this occurs at this facility. All concerns are reported to the Operations Lieutenant. Attachment A provides instructions for the screening tool. Screening occurs immediately. Staff has a green stamp for those with no PREA concerns, or a red stamp labeled FOIA exempt for those whose screening reveals concerns. This red stamped form is placed in a special section of the central file, providing safeguarding of the information, yet making it available for appropriate staff to make decisions on housing and programming decisions. This was confirmed by documentation and interviews. Documentation was received indicating that staff do affirmatively ask the inmate his perception of his sexual orientation.

**Standard number here** 115.42

- 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 comments, including corrective actions needed if does not meet standard**

P5324.11 addresses this standard. This information is placed in an agency computerized screening system as well as possibly with treatment plans with the psychology department. However, there were no transgender inmates housed at this facility at the time of the audit.

**Standard number here** 115.43

- 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 comments, including corrective actions needed if does not meet standard**

P5324.11 addresses this standard. Eight segregation beds are available at this facility. To date, no inmate has been placed in segregation on an involuntary basis for risk of sexual victimization. Other options would be utilized before placing an inmate in segregation for sexual victimization.

**Standard number here** 115.51

- 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 comments, including corrective actions needed if does not meet standard**

P5324.11 addresses this standard. No inmates are housed solely for civil immigration purposes. Interviews confirmed multiple ways for inmates and staff to report privately. This includes telephone national hotline, mail, email directly to Office of Inspector General, and regular mail in addition to reporting to staff.

**Standard number here** 115.52

Exceeds Standard (substantially exceeds requirement of standard)

X 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 comments, including corrective actions needed if does not meet standard**

P1330.18 addresses this standard. No grievances have been filed regarding sexual abuse or harassment.

**Standard number here** 115.53

Exceeds Standard (substantially exceeds requirement of standard)

X 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 comments, including corrective actions needed if does not meet standard**

P5324.11 addresses this standard. There is a Memorandum of Understanding with the Program Aid to Victims of Sexual Assault (PAVSA). Most inmates interviewed confirmed ability to contact an outside source and all knew there was a number available.

**Standard number here** 115.54

Exceeds Standard (substantially exceeds requirement of standard)

X 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 comments, including corrective actions needed if does not meet standard**

P 5324.11 addresses this standard. BOP website has a place where complaints can be filed.

**Standard number here** 115.61

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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 comments, including corrective actions needed if does not meet standard**

P5324.11 addresses this standard. There is also a First Responders Reference Guide. Staff is trained at least annually. All staff interviews confirmed compliance. Reports are immediate.

**Standard number here** 115.62

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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 comments, including corrective actions needed if does not meet standard**

P5324.11 addresses this standard and verified during interviews with staff. Documentation supports that there has not been a situation of risk of imminent sexual abuse at this facility during the audit period.

**No Standard number here** 115.63

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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 comments, including corrective actions needed if does not meet standard**

P5324.11 addresses this standard. One report has been made to another facility. No reports have been received from another facility that required investigation.

**Standard number here** 115.64

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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 comments, including corrective actions needed if does not meet standard**

P5324.11 addresses this standard. Staff interviews confirmed that staff is well-trained in these requirements.

<b>Standard number here</b> 115.65
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Exceeds Standard (substantially exceeds requirement of standard)

X 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 comments, including corrective actions needed if does not meet standard**

P5324.11 addresses this standard as well as the institutional supplement.

<b>Standard number here</b> 115.66
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Exceeds Standard (substantially exceeds requirement of standard)

X 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 comments, including corrective actions needed if does not meet standard**

There have been no renewed collective bargaining unit contracts.

<b>Standard number here</b> 115.67
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Exceeds Standard (substantially exceeds requirement of standard)

X 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 comments, including corrective actions needed if does not meet standard**

P5324.11 addresses this standard. During interviews with investigating Lt., Psychologist and PREA Manager, all support there is a system is in place for monitoring retaliation. Documentation was reviewed supporting this. Monthly PREA meetings are held to review all PREA related issues as well.

**Standard number here** 115.68

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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 comments, including corrective actions needed if does not meet standard**

P5324.11 addresses this standard.

**Standard number here** 115.71

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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 comments, including corrective actions needed if does not meet standard**

P5324.11 addresses this standard. At the time of the audit, the facility has not had any incidents warranting an FBI or OIG investigation relevant to a complaint of sexual abuse.

**Standard number here** 115.72

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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 comments, including corrective actions needed if does not meet standard**

P5324.11 addresses this standard. Confirmed with interview with the facility investigator.

**Standard number here** 115.73

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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 comments, including corrective actions needed if does not meet standard**

P5324.11 addresses this standard. Documentation provided supported that the inmate was informed of the results of the investigation.

**Standard number here** 115.76

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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 comments, including corrective actions needed if does not meet standard**

P5324.11 addresses this standard. No disciplinary action has been taken against staff since August 2012. No allegations were made against staff.

**Standard number here** 115.77

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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 comments, including corrective actions needed if does not meet standard**

Covered in PREA education for volunteers and contractors. No reports have been made against contractors or volunteers during the audit period.

**Standard number here** 115.78

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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 comments, including corrective actions needed if does not meet standard**

P5324.11 addresses this standard and it is also addressed in PS 5270.09 – Inmate Disciplinary Program. There is no “consensual” sexual activity permitted in BOP facilities between inmates or between staff and inmates. Inmate-on-inmate sexual activity will result in an incident report for violation of Code 205 - Engaging in Sexual Acts. No inmate has received a misconduct report for sexual misconduct during the audit period.

**Standard number here** 115.81

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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 comments, including corrective actions needed if does not meet standard**

P5324.11 does address this standard. This was also verified in the inmate interview, medical and mental health staff interviews and documentation.

**Standard number here** 115.82

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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 comments, including corrective actions needed if does not meet standard**

P5324.11 does address this standard as well as P6031.03 Patient Care Documentation provided to show access to emergency medical and mental health services. This was also verified with staff interviews.

**Standard number here** 115.83

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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 comments, including corrective actions needed if does not meet standard**

P5324.11 addresses this standard. This was verified with interviews of medical and mental health staff. No incidents have occurred which would generate documentation for this standard.

**Standard number here** 115.86

- 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 comments, including corrective actions needed if does not meet standard**

P5324.11 does address this standard. Documentation reviewed demonstrated compliance with this standard.

**Standard number here** 115.87

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 comments, including corrective actions needed if does not meet standard**

P5324.11 does address this standard. Survey of Sexual Violence, 2013 BOP reviewed.

**Standard number here** 115.88

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 comments, including corrective actions needed if does not meet standard**

P5324.11 does address this standard. Survey of Sexual Violence, 2013 BOP reviewed. This was supported by interview with facility co-PREA Manager.

**Standard number here** 115.89

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 comments, including corrective actions needed if does not meet standard**

P5324.11 does address this standard. Survey of Sexual Violence, 2013 BOP reviewed.

**AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the report are accurate to the best of her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Amy Fairbanks

A handwritten signature in black ink, appearing to read 'Amy Fairbanks', written in a cursive style.

Date September 15, 2014