

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS



**[Following information to be populated automatically from pre-audit questionnaire]**

**Name of facility:**  
United States Penitentiary  
Lewisburg

**Physical address:** 2400  
Robert F Miller Dr.,  
Lewisburg PA 17837

**Date report submitted:** May 27, 2014

**Auditor Information James Curington**

**Address:**  
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Alexandria, VA 22314

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**Telephone number:**  
352-538-2636

**Date of facility visit:** May 6-8, 2014

**Facility Information USP Lewisburg**

**Facility mailing address:** P.O. Box 1000,  
2400 Robert F Miller Dr.,  
Lewisburg, PA 17837

**Telephone number:**  
570-522-1251

<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
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<b>Name of PREA Compliance Manager:</b> David Wilson	<b>Title:</b> Associate Warden, Custody
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<b>Email address:</b> drwilson@bop.gov	<b>Telephone number:</b> 570-522-1251
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**Agency Information**

**Name of agency:**  
Bureau of Prisons

**Governing authority or parent agency:**  
U.S. Department of Justice

<b>Physical address:</b> 320 First St. NW Washington, DC 20534		
<b>Mailing address:</b> <i>(if different from above)</i>		
<b>Telephone number:</b> 202-307-3198		
<b>Agency Chief Executive Officer</b>		
<b>Name:</b> Charles E. Samuels	<b>Title:</b>	Director
<b>Email address:</b> BOP-CPD/PREA <a href="mailto:COORDINATOR@BOP.GOV">COORDINATOR@BOP.GOV</a>	<b>Telephone number:</b>	202-353-3506
<b>Agency-Wide PREA Coordinator</b>		
<b>Name:</b> Sean Marler	<b>Title:</b>	National PREA Coordinator
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## AUDIT FINDINGS

**NARRATIVE:** James Curington, Prison Rape Elimination Act (PREA) auditor was notified of, and assigned a PREA audit for United States Penitentiary (USP) Lewisburg in February of 2014.

The process: the PREA Resource Center Audit Instrument for Adult Prisons and Jails that was finalized 4/18/14 was used for the process. Scheduling was initiated through the American Correctional Association (ACA) and the Bureau of Prisons (BOP). The PREA audit at USP Lewisburg was scheduled for May 6-9 concurrent with the Institutional Program Review and Intensive Reaccreditation Process (IRP) Audit.

Prior to the visit of USP Lewisburg, the PREA auditor (James Curington) reviewed the Pre-Audit Questionnaire completed by the Institution and reviewed twelve (12) emails from Ms. Michelle R. Golliday (ACA Accreditation Manager External Auditing Branch, Program Review Division) containing institutional and agency documents addressing all 43 PREA Standards. These documents in conjunction with the Questionnaire were received at the end of March, 2014, beginning of April, 2014. All reviewed prior to the site visit.

The site visit, on 5/06-08/14, to USP Lewisburg started with the usual security precautions and then a meeting with the Warden and key staff. The following were in attendance:

Jeff Thomas	Warden
Jeffrey Butler	Assistant Warden
Scott Holtzapple	Assistant Warden
David Wilson	Assistant Warden
Donna Davis	Executive Assistant
Angelo Jordan	DHO

Brian Chambers	DHO
Dr. Jessica Sage	Chief Psychologist
Don Carabardi	Human Resources
Sue Stover	Unit Manager
Frederick Entzel	Captain
Patrick Ramirez	Food Service Administrator
Vince Cahill	Education Supervisor
Steve Brown	Health Services Administrator
Dean Hollenbach	Camp Unit Manager
Jessica Reibsome	CMC
John Adami	Unit Manager
Rich Shamburg	Recreation Supervisor
Ken Neuhard	Facilities Manager
Ron Hicks	Safety Manager
Boyd Carney	Supervisory Chaplain
Brent Taggart	Deputy Captain
Lori Cunningham	Supervisory Attorney
Dave Knox	Unit Manager
Bobbie Hamilton	Deputy CMC
Stephanie Reiner	Unit Secretary

Also present from Central/Regional Office were:

Scott Keilman	Reviewer in Charge
Michelle Golliday	ACA Accreditation Manager External Auditing Branch, Program Review Division
Robert Cannon	ACA Accreditation Manager External Auditing Branch, Program Review Division
James Curington	PREA auditor
Tom Eisenschmidt	IRP Chairman, PREA auditor

Following the introductions and greetings, the tour of the facility began at approximately 10 a.m. and continued all day until 4 p.m. The Main Unit, inside the walls; all areas (Recreation, Programs, Administration, Food Services, Medical, Receiving, Confinement all were within the "telephone poll" style for maximum security prisons design from the 1930's to the 1960's) the Satellite Camp outside and unfenced of minimum security; and a Drug Abuse Program Unit were all visited and viewed for compliance with PREA Standards. Some interviews were also completed on the first day.

The following two days of audit continued with institutional review and interviews finishing with a closeout Thursday at noon.

While at USP Lewisburg, twenty six (26) staff were formally interviewed including the Warden, the PREA Compliance Manager, the PREA Coordinator, two (2) health care staff, the Human Resource Manager, the Facility Investigator, the staff responsible for screening inmates, the intake staff and ten (10) staff from each shift at random, and twenty (20) inmates at random. There are no intersex nor transgender inmates at USP Lewisburg.

**DESCRIPTION OF FACILITY CHARACTERISTICS: \***

The United States Penitentiary, Lewisburg, Pennsylvania, is located in the town of Lewisburg, Pennsylvania, approximately 60 miles north of Harrisburg. The property contains 964 acres, with 26 acres inside the free standing wall. USP Lewisburg includes a minimum security Satellite Camp and a Residential Drug Abuse Program (RDAP). The USP's staffing complement also provides all services to the Satellite Camp which includes a Residential Drug Abuse Program (RDAP) Unit.

USP Lewisburg is located on the north central end of the property, approximately one mile off of U.S. Route 15. The main institution sits on 26 acres and is secured with an approximately 30 foot free standing concrete wall. The wall has three exit and entrance points – the front tower entrance (primary entrance), Receiving and Discharge (R&D East Gate) entrance and the rear gate.

USP Lewisburg contains 11 housing units located off a central corridor. Nine of the units contain secure-cell housing, designated for high-security inmates assigned to the Special Management Unit (SMU) program. The two remaining units house high security inmates assigned to the work cadre.

The Camp is an all-male, minimum security facility which was activated in 1992. The Camp inmates provide labor to support the operation of the Camp, and the USP in such areas as grounds keeping, maintaining the institutional reservation, and maintaining the grounds at the Federal Correctional Complex (FCC) Allenwood. Inmates are employed by UNICOR in the recycling factory, and they maintain the outside warehouse and the warehouse at FCC Allenwood.

The Camp is comprised of approximately 25 acres with three structures. The main structure serves as the visiting room, education, health services, food service, laundry/commissary, chapel, unit management offices, the control center and administration offices. The second and third buildings serve as inmate housing units. The RDAP is comprised of approximately 25 acres with two structures. The main structure serves as classrooms and group rooms, control center, staff offices and inmate housing units. The second building serves as the gymnasium and a hobby craft area. Total inmate housing, 14 units (11 maximum, 2 Camp, 1 RDAP).

Staffing demographics:

Administrative	17
Operations	121
Programs	83
Custody	338
UNICOR	6

Inmate demographics:

5/08/14 – USP Lewisburg      Main – 1112 (SMU 887, Cadre 225)

   Camp – 527 (RDAP 184, Camp 343)

There are no juveniles or youthful offenders

It is the mission of the Federal Bureau of Prisons to protect society by confining offenders in the controlled environments of prisons and community-based facilities that are safe, humane, cost-efficient, and appropriately secure, and that provide work and other self-improvement opportunities to assist offenders in becoming law-abiding citizens.

\* Description of Facility Characteristics and Institutional information taken from Institution Welcome Booklet for the Auditors.

**SUMMARY OF AUDIT FINDINGS:**

Number of standards exceeded: 0

Number of standards met: 42

Number of standards not met: 0

Non-applicable: 1

### **§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

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)

Program statement 5324.11 Sexually Abusive Behavior Prevention and Intervention Program sets the "tone", forms the "basis" for compliance at BOP facilities

Clearly, Zero Tolerance is the policy as not only outlined in the above program statement, but also through discussions with staff and inmates, through observation of bulletin boards with posters exclaiming such, and through various other observations and readings, such as inmate and staff handbooks, communications, announcements, personal interactions.

### **§115.12 - Contracting with other entities for the confinement of inmates**

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)

Agency Policy – Zero Tolerance, same for contractors.

Contract Reviewed.

Contract Administrator Interviewed (4/22/14@BOP CO)

Evangelical Community Hospital Lewisburg Pa.

### **§115.13 – Supervision and Monitoring**

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)

Warden's personal attention and the Human Resources Department's comprehensive involvement has a noticeably positive effect on USP Lewisburg both in numbers of personnel and morale.

Staffing ratios and patterns are appropriate and well managed, 565 staff, 1578 inmates.

### **§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)

Non-Applicable. No youthful Inmates at USP Lewisburg

### **§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)

Showers, toilet activity, clothing change all meet standards.

Video observation meets standards.

Recreation, and common toilets meet standards.

Opposite gender staff entering an inmate housing unit announced each time when entering. (115.15d2 is a yes on the pre-audit Questionnaire)

### **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)

The agency has established procedures to provide disabled inmates with PREA services including inmate interpreters. These are addressed in PS 5324.11 ensuring effective communication and assisting those with disabilities. This was confirmed through observation and through interviews with staff and inmates.

### **§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)

Human Resources interviews

Policy on Hiring and Promoting PS 3000.03

Background checks

### **§115.18 – Upgrades to Facilities and Technology**

- 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)

Staff interviews – Warden, Assistant Warden, PREA compliance staff  
Observation of the security technology at USP Lewisburg

### **§115.21 – Evidence Protocol and Forensic Medical Examinations**

- 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)

115.31 (b)-1 protocol is adapted from Department of Justice – National Policy – (115.15 is a yes pre-audit questionnaire)  
There were zero forensic medical exams, and zero SANEs/SAFEs exams in the last 12 months.  
Memorandum of Understanding with Evangelical Community Hospital Lewisburg assuring healthcare.

### **§115.22 – Policies to Ensure Referrals of Allegations for Investigations**

- 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)

Investigative staff interviews and legal staff interviews support the appropriate policy(s), ensuring referrals of allegations.  
The maximum supervision mission of USP Lewisburg helps/assists in meeting this standard – step-by-step process is directed.

### **§115.31 – Employee Training**

- 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)

Training policy and procedure PS 5324.11

Training records

Staff interviews

Auditor was duly impressed with the BOP's staff internet communication and training tool the Sallyport.bop.gov website

### **§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)

2014 Annual training lesson plan for volunteers and contractors.

Interviews with Central Office staff, institutional staff, volunteers and contractors

### **§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)

Admission and orientation was observed.

377 inmates given training who were admitted prior to 8/20/12

Staff interviews

Inmate interviews, which ranged from purposely non-communicative to extensive elaboration

In this auditor's opinion, documents orientation process and interviews with inmates support compliance.

### **§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)

Much discussion on this standard but with the new direction of PREA Resource Center 4/18/2014 compliance tool and BOP documentation on their training, their policy, their program review, this auditor finds compliance.

Also, several interviews with investigative staff support compliance.

### **§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)

Interviews with psychologists and documentation (training lesson plan).

100% of staff were trained

### **§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)

The PREA auditor spent considerable time reviewing the screening process in addition to reviewing the BOP's Sexually Abusive Behavior Prevention and Intervention Program, the PREA Intake Objective Screening Instrument, the Screening Team, Psychologists and the Intake Screening Form –this review supports compliance and meets this 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)

(See 115.41 above)

Practice, observation, and documentation supports compliance

### **§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)

Documents, especially PS 5324.11 Policy on Sexually Abusive Behavior Prevention and Intervention Program

Zero inmates assigned involuntarily to segregated housing for one to 24 hours

Zero inmates assigned involuntarily to segregated housing for longer than 30 days while awaiting alternative placement

### **§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)

Admission and orientation observed  
Inmate Handbook  
Interviews w/inmates  
Policy PS 5324.11 and PS 3420.11  
Posters  
Trulinks (inmate e-mail)

### **§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)

5 allegations by grievance in the past 12 months (no extensions required, no bad faith grievance)  
Zero allegations of imminent sexual abuse  
Grievance policy, ps1330.18

### **§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)

Policy PS 5324.11  
Interviews with Psychology staff  
Note: zero civil immigration cases

### **§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)

Public website

Observation of Posters

Staff and Inmate Interviews

### **§115.61 – Staff and Agency Reporting Duties**

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)

Documentation and Interviews, Staff and Inmates

Policy PS5324.11 Sexually Abusive Behavior Prevention and Intervention Program clearly outlines reporting steps

Training Curriculum and Records

### **115.62 – Agency Protection Duties**

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)

Policy PS5324.11 states that immediate action will be taken, all under the step-by-step direction of the operations Lieutenant who also notifies the Institution PREA Compliance Manager.

In the past 12 months, zero determinations of substantial risk of imminent sexual abuse

### **§115.63 – Reporting to Other Confinement Facilities**

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)

Zero allegations that USP Lewisburg received that an inmate was abused while at another facility. Zero allegations of sexual abuse USP received from other facilities

### **§115.64 – Staff First Responder Duties**

- 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)

First Responder duties outlined in Policy PS 5324.11, moreover, the First Things First Checklists for First Responder, Operations Lieutenant, SIS Lieutenant, and Psychology Services clearly outlines each person's duties.

5 allegations, all well-handled (zero times a non-security member was the first responder)

### **§115.65 – Coordinated Response**

- 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)

Assistant Warden/PREA Compliance Manager very involved/properly involved.

Coordinated response is detailed and outlined in section 115.65 of the PS 5324.11

Interviews and Investigations support compliance

### **§115.66 – Preservation of ability to protect inmates from contact with abusers**

- 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)

Central office reported there has been no collective bargaining agreement entered into or renewed since August 2012.

### **§115.67 – Agency protection against retaliation**

- 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)

Policy document PS 5324.11

Zero incidents of retaliation

Interviews and policy outline protection from retaliation by other inmates or staff

### **§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)

Policy PS 5324.11 Updates form BP-A1002 and alternatives to protective custody. Also, outlines standard requirements but zero cases required protection

### **§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)

Zero allegations, that appear to be criminal, referred for prosecution.

### **§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)

“A preponderance of the evidence” was described in investigative interviews.

PS 5234.11 clearly defines evidentiary standard for Administrative Investigations

### **§115.73 – Reporting to Inmate**

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)

Policy PS 5324.11 requires notification as described in this standard, however, zero cases occurred that required notification

### **§115.76 – Disciplinary sanctions for staff**

- 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)

Zero staff that have violated agency sexual abuse or sexual harassment policies  
Covered in Personnel Policy and training documentation

### **§115.77 – Corrective action for contractors and volunteers**

- 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)

Zero number of contractors/volunteers reported to law enforcement for engaging in sexual abuse of inmates

Covered in policy documentation

### **§115.78 – Disciplinary sanctions for inmates**

- 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)

Zero number of administrative findings of inmate-on-inmate

Zero number of criminal findings of inmate-on-inmate

Outlined in Inmate Discipline Policy

### **§115.81 – Medical and mental health screenings; history of sexual abuse**

- 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)

Outlined in Policy PS 5324.11, 115.81 which refers to admission and transfer screening by mental health and health services.  
Psychology staff interviews and input supports compliance.  
Observation, Interviews and Documents

### **§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)

Psychological services staffing, interviews, and screening policy PS 5324.11  
Psychology staff was impressive in expertise and experience

Note, procedures are detailed for victims and alleged perpetrators.

### **§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)

Medical/Mental Health Treatment PS 5324.11

### **§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)

Policy documentation PS 5324.11  
One completed number of administrative investigations and follow up of alleged sexual abuse at USP Lewisburg

### **§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)

Policy PS5324.11

SIS data, Internal Affairs data, SENTRY data, annual reports

**§115.88 – Data Review  for Corrective Action**

- 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)

Policy PS5324.11 (improves effectiveness)

Identifies problem areas, takes corrective action, prepares an annual report

**§§115.89 – Data Storage,  Publication, and Destruction**

- 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)

Policy PS5324.11 (maintained for 10 years)  
Annual Report

**AUDITOR CERTIFICATION:**

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

*James Curington*

*May 27, 2014*

Auditor Signature

Date