PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS

[Following information to be populated automatically from pre-audit questionnaire]			
Name of facility:	Federal Correctional Institution Loretto, Pennsylvania		
Physical address:	FCI Loretto Federal Correctional Institution 772 Saint Joseph St. Loretto, PA 15940		
Date report submitted:	Interim Report-09/27/2013 Final Report-07/16/2014		
Auditor Information	**Thomas Eisenschmidt**		
Address:	26 Waterford Lane, Auburn, NY		
Email:	Tome8689@roadrunner.com		
Telephone number:	315-730-7980		
Date of facility visit:	August 27,28,29/2013		
Facility Information			
Facility mailing address: *(if different from above)*	FCI Loretto Federal Correctional Institution P.O. Box 1000 Loretto, PA 15940		
Telephone number:	814-472-4140		
The facility is:	☐ Military	☐ County	X Federal
	☐ Private for profit	☐ Municipal	☐ State
	☐ Private not for profit		
Facility Type:	☐ Jail	x Prison	
Name of PREA Compliance Manager:	Tim Kuhn	**Title:** Associate Warden/PREA Compliance Manager	
Email address: LOR/PREA Compliance Manager@bop.gov		**Telephone number:**	814-472-

			4140
Agency Information			
Name of agency:	Federal Bureau of Prisons		
Governing authority or parent agency: *(if applicable)*	United States Department of Justice		
Physical address:	320 First St., NW, Washington, DC 20534		
Mailing address: *(if different from above)*			
Telephone number:	202-307-3198		
Agency Chief Executive Officer			
Name:	Charles E. Samuels	**Title:**	Director
Email address:	Bop-CPD/PREACoordinator@bop.gov	**Telephone number:**	202-353-3629
Agency-Wide PREA Coordinator			
Name:	Katie McGowan	**Title:**	PREA Coordinator
Email address:	kmcgowan@BOP.GOV	**Telephone number:**	202-353-3629

AUDIT FINDINGS

NARRATIVE:

The PREA audit of the Federal Correctional Institution- Loretto was conducted on August 27-29, 2013. During the three days the auditor toured the institution and conducted formal staff and inmate interviews. Ten random inmates from all of the housing units, 8 specialized staff and 10 Correctional Officers were questioned about PREA training, how to report, to whom to report, filing reports, available interventions, conducting interviews, evidence collection, follow up and monitoring retaliation. During the conduct of the audit the following dignitaries were present: IRP Review Staff-Howard L. Johnson – Financial Management Reviewer-In-Charge, Doris Underwood –Examiner, Marry Priddy-Nash – Examiner, Central Office Staff-Michael Stone –BOP Accreditation Manager, Robert Cannon –BOP Accreditation Manager, Michela Bowman – PREA Resource Center, Earl Swartz – Budget and Accounting Officer, Anita D. McCuen – Business Administrator, Karen Million –Business Administrator, Beth Chestnut –Supervisory Contract Specialist, Richard Martin – Inventory Management Specialist, Earnest Downing – Trust Fund Supervisor, Mark A. Kirby – Warden, Jared Rardin – Executive Assistant/Camp Administrator Tim Kuhn-Associate Warden/PREA Manager, Linda Martinez – Superintendent of Industries .

Federal Correctional Institution Loretto comprises a male low security level FCI with an adjacent male minimum-security level satellite camp. The institution is located in southwest Pennsylvania between Altoona and Johnstown, 90 miles east of Pittsburgh. It is situated on approximately 134 acres with 27 acres inside the secure perimeter. There is approximately 249,778 square feet under roof within 42 buildings.

In May 1984, the Bureau of Prisons reached an agreement with Franciscan officials to purchase the core buildings and property, which were once home to St. Francis Seminary. The seminary, which was built in 1962, closed in the late 1970s. The first inmates began to arrive in October 1984; however, there was a lot of retrofitting to be completed and the facility was not officially dedicated until July 2, 1987. Construction for upgrading the institution security level from minimum to low began in August 1989 and was completed in June 1990. In 1994, a new general housing unit, an outside warehouse, and a forty-nine bed Special Housing Unit (SHU) were added. A later addition would incorporate space for visiting, staff offices, a conference room as well as additional programming and recreation areas.

There are three general housing units. Each housing unit has a series of rooms or open bays set up that ranges from 2 – 60 beds that provide basic furnishing, common shower facilities, and multi-purpose areas. There is one SHU for the Federal Correctional Institution Loretto.

The FPC was constructed and activated in 1995. The FPC is two buildings, an administrative building and the housing area. Offenders live in dorms. The dorms provide basic furnishings, and common shower facilities.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The auditor found the staff and inmates to be aware of PREA. The staff was very knowledgeable about their responsibilities to ensure a safe facility. They were aware of reporting responsibilities, preservation of evidence, as well as dealing with victims of sexual assault and/or sexual harassment. The Medical and Mental Health staff do an exceptional job providing additional educational training to all staff on how to identify signs of sexual assault/harassment and specialized staff on how to deal and treat victims of sexual assault and or sexual harassment.

SUMMARY OF AUDIT FINDINGS:

The Facility has had no accusations of staff sexual harassment or sexual abuse. Loretto did conduct 4 investigations of sexual abuse (inmate on inmate). All four of these accusations came to the attention of the institution in anonymous notes to the Administration. In each case the SIS Lieutenant conducted extensive interviews with

the alleged victim and the alleged perpetrator. The four cases were all found to be unsubstantiated. In each case the investigation followed the Agency policy/guidelines of handling sexual assault/abuse accusations. Well within the PREA standards. It should be noted that the SIS Lieutenant continued to monitor the alleged victims and alleged abusers long after the conclusion of the investigation(s) concluded.

Number of standards exceeded**:** 3

Number of standards met: 38

Number of standards not met 2

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

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

The Policy Statement 5324.09, in effect at the time of the site visit, did not make an affirmative statement on zero tolerance as required by the standard. A new policy (PS5324.11) was implemented dated January 6, 2014. The policy describes the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment and includes definitions of prohibited behaviors.

The National PREA Coordinator and PREA Manager during interviews, indicated they both have sufficient time and authority to implement and oversee efforts to comply with PREA standards.

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

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

The agency does contract with other entities for the confinement of inmates and has a contract monitor. PREA auditor David Haasenritter who shared the results of the interview, interviewed the Agency Contract Manager. The contracts were discussed and reviewed to ensure the private facilities adopted and complied with PREA standards, and provided for monitoring compliance with PREA standards.

§115.13 – Supervision and Monitoring

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

Staffing requirements for this standard are suppose to take in account the 11 items listed in the standard along with input from PREA coordinator when reviewing staffing requirements and appropriates numbers. This is not being done according to the phone interview with Deputy Assistant Director-Correctional Programs Division. The interview with PREA Coordinator did not demonstrate her involvement in the staffing determination as required. During the corrective action period a new policy (PS 5324.11) was issued (January 2014) it included a change that required the annual reviews are coordinated with the National PREA Coordinator. The PREA Coordinator established a system to conduct future reviews annually.

§115.14 – Youthful Inmates

Not Applicable- FCI-Loretto is an adult male institution. No one under 18 years of age is housed at this facility.

§115.15 – Limits to Cross-Gender Viewing and Searches

xx☐ Does Not Meet Standard

Section (d) of this standard requires staff of the opposite gender to announce their presence when entering the inmate-housing unit(s). Loretto makes one announcement in English only at he beginning of each shift and has a general announcement posted in each housing unit in Spanish and English indicating staff of the opposite gender may be assigned to the housing unit. This does not fulfill the standard requirement. Staff of the opposite gender may leave the housing unit and re-enter without notification. Section (e) of the standard requires a policy prohibiting staff from frisking transgender or intersex inmates to determine inmates' genital status. It was included not in the policy at the time of the site visit but was included in the revision policy in January 2014.

§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient

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

Facility met standard during the initial review. Interviews with inmates with disabilities as well as interviews with staff demonstrated that Loretto meets the standard requirements. The institution also maintains a contract with a company that provides interpretations in languages that the institution may not have staff employed that can provide this service.

§115.17 – Hiring and Promotion Decisions

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

Section (e) of the standard requires the facility to either conduct criminal background checks every 5 years or have a system for otherwise capturing such information. During interviews with Human Resource staff member and the Warden they indicated

that they were behind in the 5 year rechecks. The requirement ,under section (h) of this standard, of notification of substantiated allegations of sexual misconduct to any future employers was not being followed in all cases according to the interview with HR as well.

During the corrective action phase the issue of 5 year rechecks was verified by conversation with the Investigation Unit in Grand Prairee. The Investigator indicated all staff investigations at Loretto were complete and up to date. Also during this time BOP instituted new procedures for all Human Resource staff on how to process request from prospective employers. During the corrective action period the FBOP changed the guidance for release of information on former employees. David Haasenritter, PREA manager verified by conversation the new process. "Per interview with FBOP Office of Internal Affairs, the information would be released under routine use if requests is from a federal, state, local, or private correctional agency/facility in connection with a hiring action. The former employer will not have to sign a release form".

§115.18 – Upgrades to Facilities and Technology

xx☐ Exceeds Standard (substantially exceeds requirement of standard)

Loretto has done an exceptional job in securing monies to improve video technology in safeguarding inmates from potential sexual abuse. The Warden and facility Executive staff did a review of the facility and identified blind spots in all inmate access areas of the facility. The institution utilized the PREA Manager in the decision of location placement of these new cameras.

§115.21 – Evidence Protocol and Forensic Medical Examinations

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

Loretto conducts all administrative investigations When it is determined a criminal investigation is required it is handled by the FBI by policy. The facility Sis Lieutenant did not have the additional training as required by the standard. During the corrective action period the training was received and verified. Inmates that are victims of sexual assault are offered access to forensic exams at no cost through UPMC Altoona. The facility has not sent any inmate out for a forensic exam. Loretto has an MOU with Victims Services Inc.to provide victim advocate services to any inmate involved in a sexual assault.

§115.22 – Policies to Ensure Referrals of Allegations for Investigations

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

Agency Policy PS5324.11 requires a criminal investigation be conducted each time an allegation of sexual abuse or sexual harassment is made. The interview with the investigator demonstrated his understanding of the agency policy and his responsibilities. If the allegation involves potentially criminal conduct it is referred to the Office of the Inspector General and FBI. The investigative files were reviewed during the audit. The policy for investigations is located on the Agency web page.

§115.31 – Employee Training

XX☐ Exceeds Standard (substantially exceeds requirement of standard)

Training is a primary concern and focus at Loretto. The Executive staff focus is to provide a safe environment for both staff and inmates. The institution exceeds the basic training requirement by insuring all staff receives additional PREA training. The Warden also tries to provide additional information for inmates to insure they are aware of when, how and to whom to report any allegations of sexual abuse/harassment. The issue of employee signature confirming training was resolved during the visit.

§115.32– Volunteer and Contractor Training

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

All contractors and volunteers receive PREA training prior to assuming their responsibilities. The auditor reviewed training records in which they signed acknowledging understanding the training. This was also substantiated during the contractor and volunteer interviews.

§115.33 – Inmate Education

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

All inmates receive PREA information upon arrival in the Receiving and Discharge (R&D) area. The information outlines how and who to report. Posters about being free from sexual abuse are prevalent throughout the institution with toll free numbers

they can call to report on each. Inmate interviews of those who have been there prior to PREA being implemented indicated they had received PREA training.

§115.34 – Specialized Training: Investigations

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

Sections (b) of this standard require additional training for staff conducting sexual abuse/harassment investigations. The SIS Lieutenant training record did not reflect the investigator had received training required by this standard. She did articulate Miranda, Garrity , evidence collection and interviewing sexual assault victim's processes. During the corrective action period the Investigator did receive the required training and provided the auditor with a copy of the training curriculum and completion certification.

§115.35 – Specialized training: Medical and mental health care

XX☐ Exceeds Standard (substantially exceeds requirement of standard)

The institution Psychologist, makes his primary responsibility and concern to provide as much training on victim identification, interviewing, reporting and interventions to all specialized staff. He does an outstanding job and the interviews conducted with the specialized staff reflect his commitment to PREA and the safety of inmates in general.

§115.41 – Screening for Risk of Victimization and Abusiveness

X Does Not Meet Standard

Bureau intake form BP1030 needs to be evaluated as DOJ has indicated that during the arrival screening inmates should be asked if whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming. Interviews with facility intake staff and Central Office staff indicated that intake staff do not and "will not ask" inmates.

The Agency did change the intake instrument (BP1030) in policy PS5324.11 dated January 6, 2014 but did not change, not asking inmates during the intake process.

§115.42 – Use of Screening Information

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

Discussions with Central Office staff indicated placement of transgender inmates are done based on genitalia. Transgender inmates do not receive a program reassessment every two years as required by section (d) of this standard, unless they ask for it. (e) When conducting interviews, staff indicated that input from inmates (transgender) would not be considered when making housing/program assignments. It was not specified either way in any supplied policy.

During the corrective action period, Dave Haasenritter, PREA Auditor had conversations with BOP Central Office staff who indicated all transgendered inmates received in the BOP are categorized as medical level 4 and are reviewed by clinical staff and custody staff in Central Office before being placed in any prison. Also all inmates receive a face-to-face interview by their Unit Team every six months for inmate on every aspect of their incarceration including safety, housing and program assignments

§115.43 – Protective Custody

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

Both the old policy PS5324.09 and new policy PS5324.11 prohibits the facility from placing inmates at high risk of victimization in involuntary segregation unless there is no alternative available. If placed there inmates must be provided programs, privileges, education and work or document why they weren't. Interviews with the Warden, Segregation Supervisor and Segregation line staff indicated that segregation has not been used during the last 12 months to house inmates at high risk for victimization.

§115.51 – Inmate Reporting

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

Policy Statement PS 5324.11 describes the means by which an inmate may report sexual victimization. Staff and inmate interviews indicated that inmates could report through various methods to staff and Inspector General through TRULINCS computer link directly. Inmates in the SHU are afforded access to TRULINCS link as well. All they need to do is state they have legal work and they are released to the computer

and can go to the link and file. This process is detailed in the Segregation Manual issued to all inmates.

§115.52 – Exhaustion of Administrative Remedies

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

(PS1330.18) details timelines and procedures for inmates wishing to file a grievance, including one alleging sexual abuse. The policy states no timeline for filing regardless when the alleged incident occurred.

§115.53 – Inmate Access to Outside Confidential Support Services

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

Phone numbers and mailing addresses for Victim Services Inc. And Behavioral Health Access Center are available to the inmates. The MOU describes all the services to be provided which includes confidential support and emotional services. Inmate interviews confirmed the inmates were informed and know of the confidential support services provided.

§115.54 – Third-Party Reporting

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

Third party reporting of sexual abuse or sexual harassment is available through the BOP Agency web site. It is not easily accessible for making a report. You have to navigate through different pages to get to it but it is available. They also have third party reporting through the Office of Inspector General link on the TRULINCS system. Most of the inmates that were interviewed were aware of both options of reporting when questioned.

§115.61 – Staff and Agency Reporting Duties

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

Agency policy PS5324.11 requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and for staff not to reveal any information related to a sexual abuse report to anyone other than the extent necessary to staff investigating the allegation. The auditor reviewed the 4 investigative files and random interviews of staff and inmates verified staff immediately report to the investigator any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment. Random staff interviews also confirmed not disclosing any information of the allegation except in the conduct of the investigation. Interviews with inmates and staff did not reveal any incident of sexual abuse or harassment not reported to the facility's designated investigator.

§115.62 – Agency Protection Duties

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

Interviews were conducted on random staff and specialized staff at Loretto. Each went into detail what he or she would do when receiving an indication of an inmate in imminent danger of victimization

§115.63 – Reporting to Other Confinement Facilities

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

Agency policy PS5324.09 requires when an allegation that sexual abuse of an inmate occurred while confined at another facility, the Warden that received the allegation shall notify the Warden where the alleged abuse occurred within 72 hours after receiving the allegation. Interviews with the Warden and Tim Kuhn, Associate Warden and PREA Compliance Manager demonstrated they knew the procedures to follow.

§115.64 – Staff First Responder Duties

XX☐ Exceeds Standard (substantially exceeds requirement of standard)

Agency policy PS5324.09 outlines the procedures for security and non-security staff to follow regarding any allegation of sexual abuse. All BOP staff is trained as first responders. Random interviews with custody and non-custody staff demonstrated that regardless of their position staff knew the policy and practice. Staff was well

aware about ensuring the safety and well being of the alleged victim while preserving and not destroying any potential physical evidence. Review of investigative files further demonstrated security and non-security staff knew what to do as the first responder to a sexual assault.

§115.65 – Coordinated Response

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

FCI Loretto has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Interviews with specialized staff confirmed they were knowledgeable about the PREA Plan and the coordinated duties and collaborative responsibilities..

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

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

Per FBOP, they have not entered into or renewed any collective bargaining agreements or other agreements since August 20, 2012. The Master Agreement is with FBOP and Council of Prison Locals – American Federation of Government Employees. IAW Article 30 – Discipline and Adverse Actions, Section g, "The employer may elect to reassign the employee to another job within the institution or remove the employee from the institution pending investigation and resolution of the matter, in accordance with applicable laws, rules and regulations. PREA auditor David Haasenritter received this information.

§115.67 – Agency protection against retaliation

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

Agency policy PS5324.11 describes the policy and practice to be followed to ensure that there is no retaliation against and inmate or staff member who reported sexual abuse or sexually harassed. The Associate Warden is the staff member charged to insure compliance to this policy. His documentation demonstrated retaliation was monitored through periodic checks with inmates, review of inmate disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff for up to 90 days.

§115.68 – Post-Allegation Protective Custody

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

Use of Protective Custody to protect alleged victims is only as a last resort for a very short time. Interviews with the Warden, Segregation Supervisor and Segregation line staff that segregation has not been used during the last 12 months to protect an alleged victim

§115.71 – Criminal and Administrative Agency Investigations

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

The institution investigator conducts the investigation immediately on being notified of an allegation. Her training record and interview demonstrated the special training she received. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as inmate or staff. Once his investigation supports criminal prosecution the case is referred to the Office of the Inspector General and/or FBI. The facility investigator does not proceed with any further part of the investigation unless directed by either of these Agencies.

§115.72 – Evidentiary Standard for Administrative Investigations

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

Based on interviews with the SIS Investigator, and review of the 4 cases and policies, the all concurred that the facility imposes no higher standard than preponderance of the evidence in all cases.

§115.73 – Reporting to Inmate

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

During the site visit, interviews indicated that whenever sexual abuse by staff is substantiated the inmate is only told that his complaint is substantiated inmate is notified only that the allegations were substantiated**.**

§115.76 – Disciplinary sanctions for staff

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

During the initial visit the Agency policy did not indicate the presumptive sanction (termination) for a violation of the Agency zero tolerance. The Bureau of Prisons did update their policy in January 2014 to include this requirement.

§115.77 – Corrective action for contractors and volunteers

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

Agency policy PS3420.11, is the employee code of conduct policy but applies to contractors and volunteers. It requires contractors or volunteers who engaged in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Interviews with contractors and volunteers confirmed they knew the punishment for engaging in sexual abuse or sexual harassment of inmates or staff.

§115.78 – Disciplinary sanctions for inmates

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

Agency policy PS5324.09 stipulates that inmate-on-inmate sexual activity (not forced) will result in an incident report be written for violation of Code 205. This report results in a disciplinary hearing being held on the inmate within the facility. Interview with the Warden indicated affirmed the policy and practice.

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

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

Agency policy PS5324.11 makes the requirement that any inmate reporting any prior victimization or indicating sexual abuse is seen no longer than 14 days after arrival. Medical and Mental Health staff get consent before reporting prior sex victimization,

which took place not in an institutional setting. Interviews with Medical staff and Mental Health practitioners confirmed the practice.

§115.82 – Access to emergency medical and mental health services

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

Agency policy PS5324.11 mandates immediate access to medical and mental health services to any inmate subject to sexual abuse. Altoona Regional Health Care System and Loretto medical staff provides this care. Inmates receive immediate access to sexually transmitted infection prophylaxis. There is no cost to the inmate. There have been no cases to date.

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

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

Bureau of Prisons PS5324.11 requires all inmates be offered medical and mental health evaluations to those who were sexually abused including follow up services. Interviews with Medical and Mental Health staff, during the site visit, confirmed their knowledge of the policy.

§115.86 – Sexual abuse incident reviews

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

Policy PS5324.11 requires that a post incident review be completed within 30 days of the conclusion of every investigation except where the allegation was unfounded. The review team is comprised of the SIS Lieutenant, Associate Warden, Health Services Administrator, Captain and Chief Psychologist. The Institution PREA Compliance Manager documents the review in a report, including recommendations for improvements, if any to the Warden.

§115.87 – Data Collection

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

The agency provided documents demonstrating data was being collected, aggregated and maintained. Data is collected from a number of sources, but main source is TRUINTEL system. This collects data on inmate on inmate sexual assault and harassment cases. Office of Internal Affairs (OIA) has a separate system on staff on inmate sexual cases, and the privatization office has a system for collecting data on these incidents. PREA Coordinator has access to info in TRUINTEL and gets other information upon requests from OIA and privatization staff. The information is aggregated for all to be placed in DOJ BJS Report. The report was completed and provided to DOJ November 2013. During a visit to the Central Office, the auditor observed the data systems, and had investigator staff walk through TRUINTEL system and privatization office through their system. Both systems collect a lot of good data to include info from the reports. The private facilities provide same data, just different system. David Haasenritter, PREA auditor, verified this.

§115.88 – Data Review □ for Corrective Action

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

The Annual report only covered the period from August 2012 to December 2012. IT staff stated they had the info for the whole year, but decision by the PREA Coordinator was to just do the initial time period the standards came into affect. They did not do a comparison because "this was the first year". FBOP Director signed the report. It is posted on the FBOP website. David Haasenritter, PREA auditor, verified this.

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

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

Data is strictly controlled throughout the system. Only SIS staff has access and full rights as applicable. Additionally, at the FBOP Central Office only the research office, PREA Coordinator, and other limited staff have view rights; at the FBOP regional offices the Deputy Director, correctional services, and PREA compliance manager has view rights; and at facility Warden, Associate Warden, Security Captain, Psychology, and PREA Compliance Manger has view rights. Access to the privatization office system is limited to members in their office. Data provided in annual report and posted for public to see. Data is retained for at least 10 years. David Haasenritter, PREA auditor, verified this.

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.

Thomas Eisenschmidt	July 16, 2014
Auditor Signature	Date