

**PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS**

Date of report: October 18, 2016

Auditor Information			
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Telephone number: 301-468- 6535			
Date of facility visit: September 20-22,2016			
Facility Information			
Facility name: Federal Correctional Institution (FCI) - Loretto			
Facility physical address: 772 Saint Joseph Street, Loretto, Pennsylvania 15940			
Facility mailing address: <i>(if different from above)</i> Federal Correctional Institution, P.O. Box 1000, Loretto, PA 15940			
Facility telephone number: 814-472-4140			
The facility is:	<input checked="" type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: S. Million, Warden			
Number of staff assigned to the facility in the last 12 months: 236 Currently.			
Designed facility capacity: FCI + Satellite Prison Camp = 784 total			
Current population of facility: 939 Federal Correctional Institution, 106 Satellite Prison Camp = 1045 total			
Facility security levels/inmate custody levels: FCI – Low/In Custody, SPC – Minimum/Out/Community Custody			
Age range of the population: 20-86 Years Old			
Name of PREA Compliance Manager: Deborah Bradfield		Title: Associate Warden	
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: <i>(if applicable)</i> U.S. Department of Justice			
Physical address: 320 First Street, NW, Washington, DC, 20534			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 202-307-3198			
Agency Chief Executive Officer			
Name: Thomas Kane		Title: Acting Director	
Email address: BOP-CPD/PREA COORDINATOR@BOP.GOV		Telephone number: 202-616-2112	
Agency-Wide PREA Coordinator			
Name: Jill Roth		Title: National PREA Coordinator	
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AUDIT FINDINGS

NARRATIVE

The onsite PREA audit of the Federal Correctional Institution (FCI), Loretto, Pennsylvania, was conducted from September 20-22, 2016. Prior to the onsite audit, the facility submitted the Pre-Audit Questionnaire and provided a comprehensive set of supporting documents for the responses to the questionnaire. Much of the documentation was in the form of Program Statement (PS) and Institution Supplements (IS), memoranda, facility schematics, and training documentation. Program Statements are agency-wide governing policies provided by the Federal Bureau of Prisons and Institution Supplements stipulate institution specific policies when there is no agency-wide policy or when site specific policy is required to expand on agency Program Statements.

An entrance meeting was held the first day of the audit to discuss any concerns regarding the audit process and finalize the facility tour and interview schedules. The following persons were in attendance: the Warden, the Associate Warden/Institution PREA Compliance Manager (IPCM), the Executive Assistant/Satellite Camp Administrator, the Chief of Psychology, a management analyst from the FBOP Central Office, a surveyor from the American Correctional Association, the correctional services program review team and select department heads. A comprehensive tour of the facility and the minimum security satellite camp. The tour included the facility's intake area, all housing units, segregation housing units and the health care, recreation, food service, facilities areas, education and programming areas. During the tour, it was noted that there were multiple video cameras and staffing was sufficient to ensure a safe environment for inmates and staff. Signs were posted (in English and Spanish) that indicated that employees of the opposite gender were present on the unit. Inmates were able to shower, dress and use the toilet facilities without exposing themselves to employees of the opposite gender. Informal conversations with employees and inmates regarding the PREA standards were conducted. Postings regarding PREA reporting and the agency's zero tolerance policy for sexual abuse and harassment were prominently displayed in all housing units, common areas and throughout the facility. Audit notice postings with the PREA auditors' contact information were also located in the same areas. There were two letters to this auditor as a result of the audit postings in the housing units. Neither letter specifically expressed PREA matters. Both the FCI and the satellite camp were clean, orderly and very quiet.

A total of 20 correctional staff were interviewed and included employees from the FCI and satellite camp. Line officers and lieutenants from all shifts were included. All staff were aware of the agency's zero tolerance policy and knew their responsibilities to protect inmates from sexual abuse/harassment and their duties as first responders as part of a facility's coordinated response. Specialized staff were also interviewed and included the Warden, the IPCM/AW), the Chief Psychologist, the Health Services Administrator, the facility's chief investigator (SIS Lieutenant), the Human Resources Manager, medical and mental health care providers, volunteers and contractors. All interviewed staff, contractors and volunteers demonstrated an understanding of PREA and their responsibilities under the PREA program, relative to their position in the organization and employment status.

Twenty-two inmates were interviewed and were randomly selected from all housing units. Two limited English proficient inmates were included in the group of 22 inmates. All inmates interviewed demonstrated a good understanding of the PREA program and the prevention, protection and reporting mechanisms.

The agency and facility have had a sexual abuse and sexual harassment prevention and intervention program for many years. This is the facility's second PREA audit. The first audit was conducted on September 27, 2013.

There was one allegation of inmate on inmate sexual abusive behavior over the previous 12 months. The allegation was responded to appropriately by all involved personnel; investigated by institution staff; referred for further investigation by an outside agency; reviewed by the facility's incident review team; monitored for retaliation and follow up services were offered to the victim. Disciplinary sanctions were also placed on the perpetrator. There were no allegations of staff on inmate sexual abuse/assault/harassment.

DESCRIPTION OF FACILITY CHARACTERISTICS

FCI Loretto, Pennsylvania, is part of the Federal Bureau of Prisons, a division of the United States Department of Justice. The facility is located in western, Pennsylvania, approximately 90 miles east of Pittsburgh. The facility is part of the Federal Bureau of Prison's Northeast Region. The Federal Correctional Center (FCI) has three multiple occupancy housing units that accommodate male low/in custody inmates. The FCI also has an administrative and disciplinary special management unit that has 24 cells. The adjacent satellite prison camp (SPC) has a single dormitory style housing unit that accommodates minimum/out custody inmates. The facility occupies approximately 134 acres and has 27 acres within the secure perimeter. The average daily population for the last 12 months for the FCI was 963 inmates and for the SPC was 107 inmates. The facility does not house youthful offenders.

The facility offers a variety of programs that include Adult Basic Education (ABE); General Education Development (GED); English as a Second Language (ESL); Adult Continuing Education and a Parenting Program. The facility offers a non-residential drug abuse program. The Federal Prison Industries (UNICOR) program has been discontinued.

Inmates arrive to the facility from other facilities by the FBOP bus system, by air via the Justice Prison Alien Transport System (JPATS) and through self-commitments. New arrivals receive printed information regarding the facility's PREA program and watch a video that provides additional information about the program. The facility offers medical, dental, mental, health and social services. The design of the prison permits inmates to shower, change clothes and use toilet facilities with an adequate degree of privacy and avoid cross-gender viewing. Inmates requiring health care beyond the scope of services provided in the facility are transported to providers or a hospital in the community. Following allegations of sexual abuse/assault, examinations and forensic evidence collection are conducted by certified SANE/SAFE providers at the University of Pittsburgh Medical Center, in Altoona, Pennsylvania. Follow up medical and mental health care, testing and treatments are delivered by providers at FCI Loretto.

Mission Statements

Agency Mission: 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.

Facility Mission: It is our responsibility to protect the public by ensuring offenders designated to the Federal Correctional Institution and Federal Prison Camp, Loretto, Pennsylvania, remain within our control. It is also our desire to be a "good neighbor," keeping the community informed through the institution's Community Relations Board and by encouraging staff involvement in their respective communities. The security of the institution and safety of both staff and inmates will be enhanced through the enforcement of sound correctional practices. Additionally, we are committed to the principals of reentry, it is our desire to equip all inmates with the practical tools necessary to successfully transition back into the community. Lastly, in all things we are to be "united in purpose and committed to excellence."

SUMMARY OF AUDIT FINDINGS

Number of standards exceeded: 4

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 2

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, Sexually Abusive Behavior Prevention and Intervention Program and Federal Correctional Institution (FCI) Loretto (LOR) Institution Supplement (IS) 5324.12C, Sexually Abusive Behavior Prevention and Intervention address the requirements identified in the standard. The agency has appointed a psychologist assigned to the Correctional Programs Division as their National PREA coordinator. The warden has appointed the Associate Warden as the Institution PREA compliance manager (IPCM). The IPCM reports directly to the warden regarding all PREA related concerns. Interviews with the agency wide coordinator and IPCM confirmed that each has sufficient time and authority to coordinate efforts to comply with PREA standards. The agency and facility directives outline a zero tolerance policy for all forms of sexual abuse and sexual harassment. Offenders are informed orally about the zero-tolerance policy and the PREA program during in-processing procedures; by viewing a video and during admission and orientation procedures. The video is offered in English and in Spanish. Offenders are also informed about the program and zero-tolerance in the Admission and Orientation (A&O) Handbook, a pamphlet and through postings throughout the facility. All written documents are available in English and Spanish. Interpretive services are available for inmates who do not speak or read English or Spanish. All interviews with staff, volunteers, contractors and inmates confirmed that each was aware of the zero-tolerance policy towards all forms of sexual abuse/harassment.

Standard 115.12 Contracting with other entities for the confinement of inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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The agency meets the requirements of this standard. A review of the documentation submitted confirmed the agency requires other entities contracted for the confinement of inmates (privatized prisons and residential re-entry centers [half-way houses]) to adopt and comply with the PREA standards. All agency contractual agreements were modified to incorporate the language requiring all contractors to adopt and comply with PREA standards. The FCI and SPC does not contract for the confinement of inmates.

Standard 115.13 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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FBOP PS 3000.03, Human Resource Management Manual; FCI IS LOR 5324.12C, Sexually Abusive Behavior Prevention and Intervention Program; the facility staffing report and the Workforce Utilization Committee Meeting Minutes address the requirements of the standard. A review of the facility staffing plan and the quarterly Salary and Workforce Utilization Committee Meeting minutes for the previous 12 months were reviewed and confirmed that PREA issues were considered when filling positions. Interviews with the warden and human resource manager confirmed that the facility considers the items listed in the standard when developing the staffing plan. The facility and the agency review the staffing plan at least quarterly. An interview with the warden confirmed that he meets weekly with institution executive staff regarding staffing issues. The IPCM is a member of the Salary and Workforce Utilization Committee and may provide input as to whether adjustments to the staffing plan may be required to meet PREA requirements. There have been no judicial findings of inadequacy; findings of inadequacy from Federal investigative agencies or findings of inadequacy from internal or external oversight bodies. All essential posts are filled each shift and no essential posts are kept open for salary savings.

The review of Institution Duty Officer unannounced PREA rounds logs confirmed that intermediate-level or higher-level supervisors conduct and document unannounced rounds. Staff are prohibited from alerting other employees regarding unannounced rounds. Interviews with housing unit officers also confirmed that unannounced rounds are conducted by Institution Duty Officers.

Standard 115.14 Youthful inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Not applicable. The facility does not house youthful inmates.

Standard 115.15 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

FBOP PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program and FCI IS LOR 5324.12C, Sexually Abusive Behavior Prevention and Intervention Program and the annual training lesson plan with training acknowledgements address the requirements of the standard. The facility's rated capacity exceeds 50 inmates and neither the FCI nor the SPC house female inmates. Neither the FCI nor SPC permits cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when performed

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by medical practitioners. Exigent circumstances are defined during Escort Procedures training. There were no cross-gender visual body cavity searches conducted in either facility during the audit period. When conducted, officers are required to document all cross-gender strip searches and cross-gender visual body cavity searches. Interviews with staff confirmed that they were aware of the prohibition of strip searches of the inmates of the opposite sex except in exigent circumstances. Staff interviews also confirmed that that female officers had been trained to conduct cross-gender pat searches. Interviews with male inmates confirmed that none of them had been strip searched by female officers. Inmate interviews confirmed that inmates are not delayed or prohibited from attending regularly available programming or other out-of-cell opportunities in order to comply with the standard. As confirmed by observation during the tour of all housing units, inmates are permitted to shower, perform bodily functions, and change clothing without cross-gender viewing of their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Signs indicating that male or female staff are present posted inside and outside each housing unit. The signs are printed in English and Spanish. A facility wide announcement is made over a load speaker, at the beginning of each shift that tells inmates that male and female employees are on duty in their units. Female staff were heard announcing their presence when entering areas where inmates may be a state of undress.

Staff do not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. At the time of the audit, the facility housed one self-identified transgender inmate. The inmate confirmed that no searches were conducted to determine genital status. Interviews with male inmates confirmed that most had been pat-searched by female officers but all inmates indicated that the search was always conducted in a professional and respectful manner, and in the least intrusive manner possible,

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

FBOP PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program; FCI IS LOR 5324.12C, Sexually Abusive Behavior Prevention and Intervention; the Sexually Abusive Behavior Prevention and Intervention Program annual training lesson plan and Admission and Orientation (A&O) handbook address the requirements of the standard. Through policy and practice, the facility ensures that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. All PREA related information, including postings, brochures and handouts are available in English and in Spanish. Telephonic/video translation services through Language Line Solutions for inmates who are not English proficient or inmates who use sign language. The facility also employs staff who are proficient in languages other than English. The facility does not rely on inmate interpreters, inmate readers, or other types of inmate assistants in the performance of first-responder duties or the investigation of an inmate's allegations. Interviews with first responders, medical, mental health and investigative staff confirmed their awareness of the prohibition for using inmate interpreters for PREA functions. Interviews with non-English proficient inmates using the telephonic interpretive services line confirmed its availability to staff and its use. The facility did not house any deaf or significantly hearing impaired inmates at the time of the audit.

Standard 115.17 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FBOP PS 3000.03, Human Resource Management Manual; PS 3420.11, Standards of Employee Conduct; the Pre-Employment Guide; SF85P, the Questionnaire for Public Trust Positions; and the BOP Recruitment Flyer, address the requirements of the standard. All employees who have contact with inmates have what is described as a full field background investigation in addition to finger printing and inquiry into the FBI's National Crime Information Center (NCIC). Employee backgrounds are re-checked every five years. Contractors and volunteers who have regular contact with inmates also have criminal background checks completed prior to having contact with inmates. The background checks include finger printing and inquiry into the FBI's NCIC database. Volunteer and contractor backgrounds are repeated yearly. The facility does not hire or promote anyone who may have contact with inmates, and does not enlist the services of any contractor who may have contact with inmates, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity. The facility considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. Employees have a duty to disclose such misconduct and material omissions regarding such misconduct, or the providing materially false information, is grounds for termination. Submission of false information by any applicant is grounds for not hiring the applicant. The Human Resources Manager confirmed that the agency attempts to contact prior employers for information on substantiated allegations of sexual abuse or resignations which occurred during a pending investigation of sexual abuse. The Human Resource manager also confirmed that the agency, not the FCI Human Resources Department, provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The agency, not the FCI Human Resources Department notifies appropriate licensing/certifying agencies when professional staff are terminated for substantiated allegations of sexual abuse or harassment.

Standard 115.18 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Not applicable. The facility has not had any substantial expansion or modification of existing facilities since the last PREA audit of September 2013. Additionally, there has been no installation or updating of video monitoring systems, electronic surveillance systems, or other monitoring technology since the previous PREA audit of September 2103.

Standard 115.21 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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corrective actions taken by the facility.

FBOP PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program; FCI IS LOR 5324.12C, Sexually Abusive Behavior Prevention and Intervention; Pocket cards for first responder/s and FCI Loretto's PREA checklist for Lieutenants; and PS 6031.04, Patient Care, address the requirements of the standard. Interviews with correctional and health services personnel confirmed that they were all knowledgeable of the required procedures for obtaining, preserving and securing physical evidence, when sexual abuse is alleged. Staff were aware the Special Investigative Services Team (SIS), Office of Internal Affairs (OIA), FBI or OIG conducted investigations relative to sexual abuse allegations. address the requirements of the standard. The agency follows a uniform evidence protocol as described in the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents".

Victims of sexual assault are referred to health services for initial examination and treatment. Such treatment would be for life preservation only and the victim would be transported to the University of Pittsburgh Medical Center (UPMC) in Altoona, Pennsylvania for examination, treatment and forensic evidence gathering by a certified SANE/SAFE nurse. All sexual abuse advocacy, examinations, treatment, testing and follow-up care is provided without cost to the victim. The facility has a memorandum of understanding (MOU) with Victim Services, Inc., in Johnstown, Pennsylvania for independent victim advocacy. Additionally, facility staff members, including medical and mental health providers have been trained as victim advocates. Follow up mental health services are provided by the FCI Psychology Services Department and post SANE/SAFE testing and treatment are provided by FCI health care personnel. There was one allegation of sexual abusive behavior over the prior 12 months. However, no SANE or SAFE examinations were required.

The Agency's OIA determines who conducts investigations within the facility. Routinely, administrative investigations are conducted by trained investigators who are full time employees of the facility. Inmate on inmate criminal investigations would routinely be referred to the Federal Bureau of Investigations (FBI) and staff on inmate criminal investigations would routinely be referred to the Office of the Inspector General (OIG). The Warden generates the referral to the outside agency. The review of training records confirmed that four SIS staff have received investigator training offered by the National Institute of Corrections on the investigation of sexual abuse and harassment in confinement settings.

Standard 115.22 Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

FBOP PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program addresses the requirements of the standard. Policy requires administrative and/or criminal investigations to be completed on all allegations of sexual abuse/harassment. Administrative investigations are routinely assigned for completion by the Special Investigative Services (SIS). If, during the course of an investigation, evidence surfaces indicating criminal misconduct, the case would be referred to the FBI for criminal investigation if the allegation was related to inmate on inmate conduct and to the OIG if the allegation involved staff on inmate conduct. The Special Investigative Supervisor was interviewed and was aware of his responsibilities in the investigative process. The Agency has 253 trained investigators and the facility provided documentation of four trained investigators employed within the institution.

There was one allegation of sexual abusive behavior over the prior 12 months and one referral to the FBI for possible investigation. Review of training documents confirmed that facility investigators received instruction in conducting sexual assault investigations in confined spaces/prisons.

Standard 115.31 Employee training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

FBOP PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program; and LOR IS 5324.12C, Sexually Abusive Behavior Prevention and Intervention address the requirements of the standard. All FBOP employees are considered correctional workers and all new employees attend training at the Federal Law Enforcement Training Center. The IPCM, Chief of Psychology and Human Resource Manager are responsible for employee PREA training. Training addresses all of the topics identified in the standard. Related education is provided annually during refresher training. The review of lesson plans, training logs, and PREA PowerPoint presentations confirmed that the provided training addressed all elements identified in the standard. Staff must acknowledge in writing their understanding of the PREA. The facility provided documentation in the form of signed affidavits acknowledging receipt and understanding of PREA training. As confirmed by observation, all staff are issued and carry first responders card detailing their duties and responsibilities related to the PREA. A more detailed pamphlet is also distributed to all employees. Staff training files were reviewed and contained documentation supporting compliance to this standard. All staff interviewed indicated that they received the required PREA training initially and annually. The facility houses only male offenders.

Standard 115.32 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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FBOP PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program and LOR IS 5324.12C, Sexually Abusive Behavior Prevention and Intervention address the requirements of the standard. The review of volunteer and contractor PREA training acknowledgements and individual certifications of receipt of training affidavits confirmed that all facility contractors and volunteers have received training related to their responsibilities concerning the PREA (zero-tolerance, detection, prevention, response, and reporting requirements) during the previous twelve months. All training is documented. Contractor and volunteer interviews confirmed that the training was provided and that they understood the agency’s zero-tolerance policy for sexual abuse and harassment and their responsibilities under the program. The review of the PREA contractor and volunteer PREA lesson plan confirmed that the level of training is appropriate for the services provided and emphasizes the facility’s zero-tolerance and reporting policies.

Standard 115.33 Inmate education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

FBOP PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program and LOR IS 5324.12C, Sexually Abusive Behavior Prevention and Intervention address the requirements of the standard. During in-processing procedures, each inmate receives a pamphlet describing the agency's Sexually Abusive Behavior Prevention and Intervention Program. The pamphlet identifies the key elements of the program; informs them of the zero-tolerance policy regarding sexual abuse and sexual assault and multiple ways to report sexual abuse/harassment. The pamphlet also informs the inmate that both male and female staff routinely work and visit the housing units. The pamphlet is available in English and Spanish. During their first 30 days in the facility, a mental health provider conducts an education program regarding PREA as part of the admission and orientation program. The program includes definitions of sexually abusive behavior and sexual harassment, prevention strategies and reporting methods. Inmates also view a comprehensive orientation video that explains the facility's zero-tolerance policy and explains the inmates right to be free from sexual abuse, sexual harassment, and retaliation. Inmates also have access to TRU LINC'S, a computer program which also provides with PREA information and an anonymous reporting outlet.

Staff and telephonic/video translation services are available to inmates who are not proficient in English or speak sign language. Inmate interviews confirmed that they received PREA information and they were aware of numerous reporting methods to include anonymous and third party reporting; the zero-tolerance policy; and their right to be free from retaliation. The tour of the facility confirmed that PREA education posters were prominently displayed in all housing units and common areas.

Standard 115.34 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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FBOP PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program; the SIS/SIA Training Lesson Plan; Sexual Violence PREA Training and DOJ/OIG PREA Training address the requirements of the standard. The SIS staff and FBI criminal investigators have received PREA specialized training at the National Institute of Corrections and through the Department of Justice. This auditor reviewed specialized training documentation, to include the SIS/SIA Training Instructor Guide, the FBOP Course Completion List for Investigating Sexual Abuse in a Confinement Setting training and Evidence Recovery Training. Administrative investigations are conducted by trained investigators who are full time employees of the facility. The facility provided documentation of eight investigators trained in conducting administrative PREA investigations employed within the facility. When criminal investigations are indicated, they are conducted by the Federal Bureau of Investigation or the Office of the Inspector General.

Standard 115.35 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

FBOP PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program; and LOR IS 5324.12C, Sexually Abusive Behavior Prevention and Intervention address the require. When not on site medical and mental health providers are available for immediate call back to the facility. The review of medical and mental health personnel training records confirmed that health care staff receive the same PREA training as officers and have a duty to report when they have knowledge of sexual abuse/assault, even when disclosed in the course of a health care encounter. The review of training records confirmed that all mental health and medical staff have received specialized training on victim identification, interviewing, reporting, and required clinical interventions. Training does not refer to certifications needed to conduct forensic examinations. All cases requiring the processing of sexual assault evidence collection kits are transported to UPMC in Altoona, Pennsylvania, where certified SANE and SAFE nurses are available at all times. Interviews with medical and mental health staff confirmed they are aware of their duty to report allegations and suspicions of sexual abuse/harassment.

Standard 115.41 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

FBOP PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program and FCI IS LOR 5324.12C, Sexually Abusive Behavior Prevention and Intervention Program address the requirements of the standard. All inmates are immediately assessed for a history of sexually abusiveness and risk of sexual victimization during in-processing procedures performed in the receiving and discharge (R&D) area. The review of SENTRY screening forms confirmed that during in-processing procedures, all inmates complete a self-disclosure questionnaire check sheet. Unit management staff also complete a PREA Objective Intake Screening form. Policy prohibits disciplining inmates for refusing to answer or for not disclosing complete information during the screening. A member of the inmate's unit team (case manager or counselor) screens all new arrivals within the first 72 hours of the inmate's arrival, but ordinarily within four hours of arrival. The review of documents confirmed that inmates identified as high risk for sexual victimization or at risk of sexually abusing other inmates were referred to a mental health professionals and all received further assessments. Staff also conduct screenings by reviewing records or other information from other facilities. The unit team member reviews all relevant information from other facilities and continues to reassess an inmate's risk level within 30 days of his arrival. Staff and inmate interviews, a review of documentation, and observations of the intake process confirmed this information. Observation of the area where interviews are conducted confirmed that all interviews are conducted in a setting that ensures privacy. Information received during the screening is only available to staff with a need-to-know and is never disclosed to other inmates.

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)

FBOP PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program and FCI IS LOR 5324.12C, Sexually Abusive Behavior Prevention and Intervention Program address the requirements of the standard. Risk screening information is used to determine

housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Determinations for these assignments are made on a case-by-case basis to ensure the safety of each inmate. The agency decides whether to assign a transgender or intersex inmate to a facility for male or female inmates. The facility determines other housing and programming assignments for transgender or intersex inmates on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. Placement and programming assignments for each transgender or intersex inmate are reassessed at least once every six months. Transgender or intersex inmate's own views with respect to his or her own safety is given serious consideration when making these assignments. Transgender and intersex inmates would be given the opportunity to shower, dress and use toilet facilities separately from other inmates. An interview with the only no self-identified transgender inmate housed within the facility and the Chief of Psychology confirmed reassessment at least every six months. The interview with the agency's national PREA coordinator confirmed that a transgender inmate's genital status is not the sole criteria for placement in a specific facility.

Standard 115.43 Protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

FBOP PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program addresses the requirements of the standard. The FCI's special housing unit (SHU) houses both administrative and disciplinary cases. Policy states inmates at high risk for sexual victimization shall not be placed in involuntary SHU unless an assessment of all available alternatives has been made and there's no available means of separating the inmate from the abuser. The inmates are reassessed every 7 days after entering the SHU. Over the previous 12 months there were no inmates alleging sexual abuse/harassment were considered for placement in the SHU for protective custody purposes. Interviews with SHU officers confirmed that to the extent possible, access to programs, privileges, education and work opportunities are not limited to inmates placed in a special housing unit for the purposes of protective custody, except when there are safety or security concerns. The facility would document the reasons for restricting access and the length of time the restriction would last. Mental health staff routinely meet with each inmate in segregation status at least once each week. A Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation form is completed when considering all appropriate alternatives for safeguarding alleged inmate victims.

Standard 115.51 Inmate reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

FBOP PS 5324/.2, Sexually Abusive Behavior Prevention and Intervention Program; **LOR IS 5324.12C**, Sexually Abusive Behavior Prevention and Intervention; the Admission and Orientation (A&O) Handbook; and PREA postings address the requirements of the standard. A review of documentation indicated that there are multiple ways (including verbally, in writing, privately, from a third party, and

anonymously) for inmates to report sexual abuse or harassment. Inmates are informed about the reporting methods through the A&O handbook, postings in the housing units and common areas and as part of the orientation video. Inmates also have access to TRU LINCS, a computer program which also provides with PREA information and a reporting outlet. Through TRU LINCS, the inmate can contact the Office of the Inspector General anonymously and the email is untraceable at the institution level. The tour of the facility confirmed that there were numerous posters and other documents on display, explaining the reporting procedures. The PREA poster supplies four methods of reporting allegations of sexual abuse/assault/harassment. Also during the tour of the facility, TRU LINCS computers were noted in each housing unit. Staff accept reports made verbally, in writing, anonymously and from third parties and promptly document any form of reporting. Staff are required to immediately document any allegation. Family and friends of inmates may report sexual abuse/harassment by using the FBOP website. All inmates interviewed confirmed that they were aware of at least three methods of reporting sexual abuse/assault allegations.

Although some Inmates at FCI Loretto may house inmates that have immigration detainees, no inmates are detained solely for civil immigration purposes.

Standard 115.52 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

FBOP PS 1330.17, Administrative Remedy Program and FCI IS LOR 5324.12C, Sexually Abusive Behavior Prevention and Intervention Program address the requirements of the standard. The Administrative Remedy process is the FBOP's grievance system. A BP 9 Administrative Remedy form is filed at the institution level; a BP 10 form is the regional level of addressing Administrative Remedies and a BP 11 form is filed with the FBOP Central Office when the inmate believes he/she has not received appropriate responses from the institution or regional levels. Policy states that there is no time frame for filing a grievance relating to sexual abuse or harassment and does not require an inmate to use any informal grievance process before filing an allegation involving sexual abuse/harassment. Inmates who allege sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. Policy states that matters in which specific staff involvement is alleged may not be investigated by either staff alleged to be involved or by staff under their supervision. Allegations of physical abuse by staff shall be referred to the Office of Internal Affairs (OIA) in accordance with procedures established for such referrals. Policy addresses the filing of emergency administrative remedy requests. If an inmate files the emergency grievance with the institution and believes he is under a substantial risk of imminent sexual abuse, an expedited BP-9 (BP229) response is required to be provided within 48 hours. Best efforts are made to provide regional (BP-10) and central office (BP-11) expedited appeal responses within five calendar days. If the inmate does not receive a response within the time allotted for reply, the inmate may consider the absence of a response to be a denial at that level. Inmates may also file "sensitive" administrative remedies regarding allegations of sexual abuse. If an inmate reasonably believes the issue is sensitive and the inmate's safety or well-being would be placed in danger if the remedy became known at the institution, the inmate may submit the remedy directly to the appropriate Regional Director. "Sensitive" grievances would be processed in accordance with the administrative remedies program statement.

There is no prohibition that limits third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies (grievances) relating to allegations of sexual abuse, and are permitted to file such requests on behalf of inmates. Policy does not prohibit the agency from disciplining an inmate for filing a grievance related to alleged sexual abuse, where the agency demonstrates that the inmate filed the grievance in bad faith.

There were no allegations of sexual abuse/harassment made using the administrative remedy process over the previous 12 months. Also, during the previous 12 months, there were no instances in which a final decision regarding an inmates sexual assault/abuse/harassment allegation was not reached within 90 days.

Standard 115.53 Inmate access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

FBOP PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program addresses the requirements of the standard. Although the facility does house inmates who have immigration detainers, no inmates housed in this facility are detained solely for civil immigration purposes. The facility has an agreement with Victim Advocate Services Inc., located in Johnstown, Pennsylvania, to provide emotional support services related to sexual abuse. Additionally, facility staff members, including medical and mental health providers have been trained as victim advocates. Inmates are informed as part of their orientation process that all telephone calls are subject to monitoring and recording and that all mail, except for legal mail, is subject to monitoring as well. Inmates are informed that emails to the Office of the Inspector General through TRULINCS - Request to Staff tab and selecting the Department Mailbox titled, DOJ Sexual Abuse are not monitored by the facility or FBOP. Postings in the housing units and common areas; the PREA pamphlet issued upon the inmate's arrival; and the A&O handbook provide the address of the OIG and explain that inmates may confidentially submit written allegations of sexual abuse/harassment to this entity. The facility enables reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible.

Standard 115.54 Third-party reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

FBOP pamphlet "Sexually Abusive Behavior Prevention and Intervention"; the Admission and Orientation Handbook and PREA Posters throughout the facility; the posted Office of Inspector General Address and the FBOP website: http://www.bop.gov/inmate_programs/sa_prevention_reporting.jsp address the requirements of the standard. The website and posted notices assist third party reporters on how to report allegations of sexual abuse. Interviews with staff and inmates confirmed that they were aware that anonymous and third-party reporting procedures were available

Standard 115.61 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FBOP PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program; LOR IS 5324.12C, Sexually Abusive Behavior Prevention and PS 3420.11, Standards of Employee Conduct address the requirements of the standard. All staff, contractors and volunteers are required to report information or suspicion regarding sexual abuse or harassment or any staff neglect or violation that may contribute to an incident or retaliation. The reporting is ordinarily made to shift operations lieutenant. Policy requires the information concerning the identity of the alleged inmate victim and the specific facts of the case are limited to staff who need-to-know because of their involvement with the victim's welfare and the investigation of the incident. Interviews with employees, contractors and volunteers confirmed they were aware of their reporting duties. Additional compliance with all aspects of the standard was verified through document and policy review

The facility does not house inmates under the age of 18.

Standard 115.62 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

FBOP PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program; addresses the requirements of the standard. Staff interviews confirmed they were aware of their responsibilities when they become aware or suspect that an inmate is being sexually abused or sexually harassed. All staff indicated they would act immediately to protect the inmate by separating and protecting the victim from the abuser and calling for assistance. All staff are issued a pocket size PREA Standard/First Responder card that outlines their responsibilities. During the previous 12 months there were no inmates identified as possibly being sexually victimized or at substantial risk of imminent risk of sexual abuse.

Standard 115.63 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

FBOP PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program; addresses the requirements of the standard. Policy requires the reporting of any PREA related allegation by an inmate that occurred at another facility to the Warden of the facility where the incident is alleged to have occurred, by the Warden of the facility in which the inmate is currently housed. When the inmate reports sexual abuse/harassment from non-Bureau secure privatized facilities, jails, juvenile facilities, and Residential Reentry Centers (half-way houses), the Warden contacts the appropriate office of the facility, and notifies the Privatization Management or the Residential Reentry Management Branches, as appropriate. The notification is to occur as soon as possible, but always within 72 hours of receiving the allegation. Policy also

requires that an investigation be initiated. During the audit period, there was one inmate who alleged that they were sexually abused/harassed at another facility. The review of the notification memo confirmed that the Warden at this facility notified the facility where the sexual assault/abuse/harassment allegation took place. The notification was made within 24 hours of the inmate's arrival to this facility. The Warden maintains a log of such notifications. When notified by other Wardens that an inmate alleges they were sexually abused/harassed at FCI Loretto, the Warden initiates an investigation.

Standard 115.64 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

FBOP PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program and LOR IS 5324.12C, Sexually Abusive Behavior Prevention address the requirements of the standard. All staff interviewed were knowledgeable concerning their first responder responsibilities when learning of an allegation of sexual abuse/harassment. All staff indicated they would separate the inmates, secure the area as a crime scene, not allow inmates to destroy any evidence and contact the operations lieutenant and health care providers. All staff are issued and carry a pocket sized PREA first responder card for quick reference.

Standard 115.65 Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

FBOP PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, LOR IS 5324.12C, Sexually Abusive Behavior Prevention address the requirements of the standard. Additionally, a pamphlet titled "One Source First Responder Reference Guide -Sexual Assault Crisis Intervention" provides guidance to employees regarding the expected coordinated actions to take place in response to an incident of sexual abuse/harassment. Lieutenants use a PREA checklist to aid in their response to allegations of sexual abuse/harassment. The policies provide direction to security, medical and mental health practitioners, investigators, community providers/advocates and facility leadership. Staff interviews confirmed that they were knowledgeable regarding their responsibilities in the coordinated response..

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

The Master Agreement between the FBOP and the Council of Prison Locals was reviewed and does not limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted

Standard 115.67 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

FBOP PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program and LOR IS 5324.12C, Sexually Abusive Behavior Prevention address the requirements of the standard. The Warden has appointed the Chief of Psychology as the primary retaliation monitor. As confirmed by the review of documents, following an allegation of sexual assault/abuse/harassment, psychology personnel meet monthly with the involved inmates for at least 90 days, unless initial monitoring indicates a continuing need. Periodic monitoring included a review of job changes, housing/program changes, disciplinary reports, reassignments of staff and negative performance reviews.

Standard 115.68 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

FBOP PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program and LOR IS 5324.12C, Sexually Abusive Behavior Prevention address the requirements of the standard. Policy requires staff to assess and consider all appropriate alternatives for safeguarding alleged inmate victims of sexual abuse/harassment. Staff must first consider other alternatives based on the circumstances of the allegation before considering placing an inmate in protective custody or transferring the inmate to another federal, state, or local correctional facility. To aid in that decision, policy requires the facility to complete the FBOP's Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation form. The form serves to document consideration of all options. Interviews with staff and the tour of the facility confirmed that there are usually viable alternatives to placing victims of sexual abuse/harassment in involuntary segregated housing (SHU). Inmates who allege to have suffered sexual abuse may not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. To the extent possible, access to programs, privileges, education and work opportunities are not limited to inmates placed in a special housing unit

or the facility infirmary for the purposes of protective custody. The facility would document the reasons for restricting access and the length of time the restriction would last.

Over the previous 12 months there were no instances when an inmate was placed in segregated housing as a result of allegations of sexual abuse/assault/harassment.

Standard 115.71 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

FBOP PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, addresses the requirements of the standard. The institution's Special Investigation Services (SIS) unit conducts administrative investigations within the facility. When an allegation appears to be criminal in nature, the SIS supervisor, in conjunction the FBOP's Office of Internal Affairs and the facility Warden will refer the incident to the FBI for a criminal investigation if the investigation involves an inmate on inmate allegation. Staff on inmate criminal investigations are conducted by the Office of the Inspector General. The FBI or OIG investigator consults with the local Assistant U. S. Attorney to determine if prosecution is to be pursued. If the FBI or OIG substantiates the allegation of criminal behavior, the case is referred to the United States Attorney for possible prosecution. The review of policy and specialized staff interviews indicated that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person's status as inmate or staff. The agency does not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Over the previous 12 months the facility referred one substantiated allegation of sexual abusive behavior to the FBI. The FBI declined to investigate the allegation.

Standard 115.72 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

FBOP PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program addresses the requirements of the standard. The evidence standard is "preponderance of the evidence" in determining whether allegations of sexual abuse or sexual harassment are substantiated. Interviews with investigative personnel confirmed they were aware of the evidence standard.

Standard 115.73 Reporting to inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

FBOP PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program addresses the requirements of the standard. The facility conducts administrative investigations. There was one allegation of inmate on inmate sexual abuse/harassment during the previous 12 months. The inmate was informed, in writing, the result of the investigation. There were no staff on inmate sexual abuse/harassment allegations over the previous 12 months. As a result, there was no documentation to confirm that inmates are informed in writing regarding the results of the investigation. Also, as there were no allegations of staff on inmate misconduct, there was no documentation that the inmate would be informed if the staff member is no longer posted within their housing unit; is no longer employed at this facility; the staff member was indicted on a charge related to sexual abuse within the facility or the agency learned that the staff member was convicted on a charge related to sexual abuse within the facility. Policy requires this notification and interviews with involved staff confirmed they were aware of the requirement should this occur.

Standard 115.76 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

FBOP PS 3420.11, Standards of Employee Conduct and FBOP PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program address the requirements of the standard. Staff are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. There have been no reported cases of staff on inmate sexual abuse/assault/harassment in the past 12 months. As a result, no staff members were disciplined or terminated for violation of agency policy. The Master Agreement between the FBOP and Council of Prison Locals American Federation of Government Employees allows for disciplinary sanctions against staff, including termination for sexual abuse or sexual harassment of an inmate. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation are reported to law enforcement agencies and to any relevant professional/certifying/licensing agencies by the agency, not the FCI, unless the activity was clearly not criminal.

Standard 115.77 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

corrective actions taken by the facility.

FBOP PS 3420.11, Standards of Employee Conduct and FBOP PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program address the requirements of the standard. Any contractor or volunteer who engages in sexual abuse would be prohibited from contact with inmates and would be reported to law enforcement agencies and relevant professional/licensing/certifying bodies unless the activity was clearly not criminal in nature. In cases that were not criminal in nature, the facility would take appropriate remedial measures, and consider whether to prohibit further contact with inmates. During the previous year there were no incidents where a contractor or volunteer was accused or found guilty of sexual abuse or sexual harassment at FCI Loretto.

Standard 115.78 Disciplinary sanctions for inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

FBOP PS, 5270.09, Inmate Discipline Program and FBOP PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program address the requirements of the standard. The Inmate Discipline Program defines sexual assault of any person, involving non-consensual touching by force or threat of force as the greatest severity level prohibited act. The program identifies engaging in sexual acts and making sexual proposals or threats to another as a high severity level prohibited act. Consensual sex of any nature is prohibited. Sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. Inmates are subject to disciplinary sanctions pursuant to the formal disciplinary process defined in the Inmate Discipline Program. The FBOP does not discipline inmates who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation. Interviews with investigators confirmed compliance to this standard. The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to the inmate's behavior when determining what type of sanction, if any, should be imposed. If mental disabilities or mental illness is a factor, the facility considers the offer of therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse. Consensual sex between inmates is prohibited by policy, but does not constitute sexual abuse. The one inmate found guilty of sexual abusive behavior during the previous 12 months receive appropriate disciplinary sanctions and was transferred to a more secure facility.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

FBOP PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program and LOR IS 5324.12C, Sexually Abusive Behavior Prevention address the requirements of the standard. Interviews with medical, mental health and specialized staff confirm the facility has a comprehensive system for collecting medical and mental health information and has the capacity to provide continued re-assessment and follow-up services. The review of completed psychology's "Risk of Sexual Victimization" and "Risk of Sexual Abusiveness" forms

confirmed that inmates who disclosed prior victimization during screening were offered a follow up meeting with medical or mental health staff. Treatment services are offered without financial cost to the inmate. As confirmed by observation and review of intake screening documents, screening for prior sexual victimization in any setting is conducted by unit team staff and professionals during in-processing procedures. If the screening indicates the inmate experienced prior sexual victimization, staff ensures that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days. The meeting is usually completed on the same day, but always within three days. In-processing procedures also screen for previous sexual assaultive behavior in an institutional setting or in the community. Staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Information related to sexual victimization or abusiveness is limited to medical and mental health practitioners and other staff with a need-to-know for treatment plans, security, housing, work, program assignments and management decisions. Signed and dated informed consents are obtained from inmates before reporting about prior sexual victimization that did not occur in an institutional setting. The facility does not house inmates under the age of 18.

Standard 115.82 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

FBOP PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, LOR IS 5324.12C, Sexually Abusive Behavior Prevention and FBOP PS, Patient Care address the requirements of the standard. FCI Loretto’s medical and mental health staff provide services to both the main facility and the minimum security satellite camp. Medical and mental health providers are subject to emergency call back to the facility when they are not on site. Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical/mental health treatment and crisis intervention services within the facility or are transported to a health care facility in the community when health care needs exceed the level of care available within the facility. Victim advocacy is offered by Victim Services Inc., located in Johnstown, Pennsylvania and by appropriately trained staff members. There is no financial cost to the inmate for any sexual abuse/harassment related incident related medical or mental health care or advocacy service, regardless of whether the victim names the abuser or cooperates with the incident investigation. Inmate victims of sexual abuse while incarcerated are offered information about and timely access to information on sexually transmitted infection prophylaxis in accordance with professionally accepted standards of care, where medically appropriate. Follow up mental health services and follow up testing and treatment for sexually transmitted diseases are provided within the FCI. An interview with the one inmate involved in a sexual abusive behavior allegation confirmed that he was not charged for any services related to the allegation.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Prevention address the requirements of the standard. As confirmed by the review of policy and health records, the facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such victims includes appropriate evaluation, treatment and follow-up services. The facility would arrange for referrals for continued care following their transfer to, or placement in, other facilities, or after their release from custody. The facility has a fully staffed medical and mental health department and offers sexual abuse/harassment victims with medical and mental health services consistent with the standard of care available in the community. Offenders, while incarcerated, would be offered testing for sexually transmitted infections as medically appropriate. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Mental health evaluations are conducted of all known inmate-on-inmate abusers within 30 days of learning of such abuse history. When appropriate, treatment is offered by mental health practitioners. The one inmate involved in a substantiated sexual abusive behavior allegation declined post incident psychological services. The facility does not house female inmates.

Standard 115.86 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

FBOP PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program address the requirements of the standard. Administrative and/or criminal investigations are completed on all allegations of sexual abuse/sexual harassment. The SIS and/or the FBI/OIG conduct all investigations. Interviews with the Special Investigative Supervisor confirmed that she was knowledgeable concerning the requirements of the program. FCI Loretto has conducted a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was determined to be unfounded. The incident review team consists of the Warden, the IPCM (Associate Warden – Operations), the Chief Psychologist, the Chief of Security (captain) the Health Services Administrator, a union representative and SIS investigative staff. Policy requires the review to be conducted within 30 days of the conclusion of the investigation and consideration would be given as to whether the incident was motivated by race, ethnicity, gender identity, status or gang affiliation. The team also makes a determination as to whether additional monitoring technology should be added to enhance staff supervision. The facility would implement the recommendations for improvement, or documents its reasons for not doing so. Over the previous 12 months there was one allegation of inmate on inmate sexual abuse/assault/harassment and no allegations of staff on inmate sexual abuse/assault/harassment.

Standard 115.87 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

FBOP PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program addresses the requirements of the standard. The review of documentation confirmed that the facility collects accurate, uniform data for every allegation of sexual abuse/sexual harassment by using a standardized instrument. Policy requires such collection when allegations are made. The agency tracks information concerning sexual

abuse using data from facility's special investigative supervisor, (SIS), using TRU INTEL; the agency's office of internal affairs; and SENTRY, the FBOP's computerized data management program. The data collected includes the information necessary to answer all questions from the most recent version of the Survey of Sexual Violence, conducted by the Department of Justice. The agency aggregates and reviews all data annually. Upon request, the agency would provide all such data from the previous calendar year to the Department of Justice no later than June 30. The most recent publication of agency aggregate PREA data was signed by the acting director on June 29, 2016

Standard 115.88 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The Bureau of Prisons and FCI Loretto reviews and assesses all sexual abuse/sexual harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection and response policies, to identify any trends, issues or problematic areas and to take corrective action if needed. The IPCM forwards data to the respective FBOP Northeast Regional PREA Coordinator. An annual report is prepared and placed on the BOP website. The Annual Report was reviewed by the auditor. The most recent publication of agency aggregate PREA data was signed by the acting director on June 29, 2016. The report can be found at the following website address: https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp

Standard 115.89 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

FBOP PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program addresses the requirements of the standard. The National PREA Coordinator reviews data compiled by each FBOP facility, each Regional PREA Coordinator, from the Information, Policy, and Public Affairs Division of the FBOP, from the Office of Internal Affairs (FBOP), and issues a report to the Director of the FBOP on an annual basis. Facility data is maintained in locked files or on computer data bases that are user ID and password protected. Agency PREA data is securely retained and is published on the BOP website after removing all personal identifying information. The required reports cover all data noted in this standard, and is retained in a file. The most recent publication of agency aggregate PREA data was signed by the acting director on June 29, 2016

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

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Howard Sweeney

October 17, 2016

Auditor Signature

Date