

Disclaimer: This report, as required per 28 CFR §115.403, details the findings of an audit that was conducted by an outside contractor to determine the Federal Bureau of Prisons' (BOP) compliance with the Prison Rape Elimination Act (PREA). As the work product of independent auditors subcontracted by [PREA Auditors of America \(PAOA\)](#), the BOP is **not** responsible for grammatical or typographical errors. Additionally, any questions or comments regarding the discrepancies or inaccuracies found within this report should be directed to PAOA at [\(713\) 818-9098](#), or to the subcontracted independent auditor (name and email address can be found on page one of the report), for explanation and resolution.

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Interim Audit Report: N/A

Date of Final Audit Report: January 20, 2023

Auditor Information

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Company Name: PREA Auditors of America, LLC	
Mailing Address: PO Box 596	City, State, Zip: Buchanan Dam, TX 78609
Telephone: 713-818-9098	Date of Facility Visit: 12/6/2022 – 12/8/2022

Agency Information

Name of Agency: Federal Bureau of Prisons			
Governing Authority or Parent Agency (If Applicable): U.S. Department of Justice			
Physical Address: 320 First Street, NW		City, State, Zip: Washington, DC 20534	
Mailing Address: 320 First Street, NW		City, State, Zip: Washington, DC 20534	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input checked="" type="checkbox"/> Federal
Agency Website with PREA Information: https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp			

Agency Chief Executive Officer

Name: Colette S. Peters, Director	
Email: BOP-RSD-PREACoordinator@bop.gov	Telephone: 202-616-2112

Agency-Wide PREA Coordinator

Name: Maegan Malespini, Acting National PREA Coordinator	
Email: BOP-RSD-PREACoordinator@bop.gov	Telephone: 202-616-2112
PREA Coordinator Reports to: Alison Leukefeld, Acting Assistant Director, Reentry Services Division	Number of Compliance Managers who report to the PREA Coordinator: 0

Facility Information

Name of Facility: USP Lewisburg

Physical Address: 2400 Robert F Miller Dr

City, State, Zip: Lewisburg, PA 17837

Mailing Address (if different from above):

City, State, Zip:

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: AAAHC)

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

Warden/Jail Administrator/Sheriff/Director

Name: Eric Rickard (Acting Warden)

Email: LEW-PREAComplianceMgr-s@bop.gov

Telephone: 570-523-1251

Facility PREA Compliance Manager

Name: Erik Rickard

Email: LEW-PREAComplianceMgr-s@bop.gov

Telephone: 570-523-1251

Facility Health Service Administrator N/A

Name: Arden Duttry

Email: LEW-PREAComplianceMgr-s@bop.gov

Telephone: 570-523-1251

Facility Characteristics

Designated Facility Capacity:

1295

Current Population of Facility:

1109

Average daily population for the past 12 months:	974
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	21-76
Average length of stay or time under supervision:	278 days
Facility security levels/inmate custody levels:	Minimum/Low/Medium/High; Community/Out/In/Max
Number of inmates admitted to facility during the past 12 months:	6127
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	4165
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1785
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	424
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	41
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	1
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	6
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	26

Physical Plant

Number of buildings: Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	44
Number of inmate housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	13 A-J = 10 Camp/RDAP = 3
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	10
Number of open bay/dorm housing units:	3
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	103
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<p><input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: _____)</p>
<p>Investigations</p>	
<p>Criminal Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</p>	<p>0</p>
<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>	<p><input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<p><input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input checked="" type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: _____) <input type="checkbox"/> N/A</p>
<p>Administrative Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p>	<p>253</p>
<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>	<p><input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<p><input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: _____) <input checked="" type="checkbox"/> N/A</p>

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: *No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.*

Standards Exceeded

Number of Standards Exceeded: 2
List of Standards Exceeded: 115.65; 115.82

Standards Met

Number of Standards Met: 43

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met:

Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	12/6/2022
2. End date of the onsite portion of the audit:	12/8/2022
Outreach	
3. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	Transitions Rape Crisis Center
Audited Facility Information	
4. Designated Facility Capacity:	1295
5. Average daily population for the past 12 months:	974
6. Number of inmate/resident/detainee housing units: DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	13
7. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees

8. Enter the total number of inmates/residents/detainees housed at the facility as of the first day of the onsite portion of the audit:	1051
9. Enter the total number of youthful inmates or youthful/juvenile detainees housed at the facility on the first day of the onsite portion of the audit:	0
10. Enter the total number of inmates/residents/detainees with a physical disability housed at the facility as of the first day of the onsite portion of the audit:	2
11. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:	3
12. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:	1
13. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	1
14. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:	48
15. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:	30
16. Enter the total number of inmates/residents/detainees who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:	10
17. Enter the total number of inmates/residents/detainees who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
18. Enter the total number of inmates/residents/detainees who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
19. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:	48
20. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents detained solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:	0

<p>23. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>USP Lewisburg’s population is diverse. Populations identified above and additional inmates to be interviewed in special populations were identified by psychology staff and by self-identification during interview.</p>
<p><i>Staff, Volunteers, and Contractors</i> <i>Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees</i></p>	
<p>24. Enter the total number of STAFF, including both full- and part-time staff employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>424</p>
<p>25. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>6</p>
<p>26. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>26</p>
<p>27. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit.</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	
<p>Interviews</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p><i>Random Inmate/Resident/Detainee Interviews</i></p>	
<p>28. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>31</p>
<p>29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:</p>	<p><input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other (describe) <input type="checkbox"/> None (explain)</p>
<p>30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?</p>	<p>In order to ensure I interviewed inmates from all areas of the facility, I chose inmates from each housing unit to interview.</p>
<p>31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:</p>	<p>n/a</p>

<p>32. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>USP Lewisburg has nine housing units in the main facility that are operational and three housing units outside the main facility. Inmates from each housing unit were chosen for interviews. Each housing unit houses a different population which provided a good cross sect of the diverse population. The facility does not have long-term inmates so the time frame for those interviewed being at the facility ranged from a few days to two years. This auditor made attempts to interview inmates of various ethnicities and races as well as a variety of age groups.</p>
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Targeted Inmate/Resident/Detainee Interviews

<p>33. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p> <p><i>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols.</i></p> <p><i>For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed.</i></p> <p><i>If a particular targeted population is not applicable in the audited facility, enter "0".</i></p>	<p>25</p>
<p>34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and</p>	<p>As per the facility PAQ, this auditor's observations and informal interviews while on site, and the review of the daily inmate roster</p>

discussions with staff and other inmates/residents/detainees).	while on-site, USP Lewisburg does not house youthful or juvenile inmates.
35. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the “Disabled and Limited English Proficient Inmates” protocol:	2

a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	
36. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the “Disabled and Limited English Proficient Inmates” protocol:	3
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	
37. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (visually impaired) using the “Disabled and Limited English Proficient Inmates” protocol:	1
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	

<p>38. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>1</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	
<p>39. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>3</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	
<p>40. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>2</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	
<p>41. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>6</p>

<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	
<p>42. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the “Inmates who Reported a Sexual Abuse” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>As per the Acting Warden there were currently no inmates on-site that had previously reported sexual abuse in the facility. In interviews with inmates, this auditor asked if any had reported sexual abuse in USP Lewisburg and no one reported that they reported in this facility.</p>
<p>43. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the “Inmates who Disclosed Sexual Victimization during Risk Screening” protocol:</p>	<p>7</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	
<p>44. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the “Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Alleged to have Suffered Sexual Abuse)” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>USP Lewisburg does not house inmates in segregated housing or isolation for risk of sexual victimization unless an assessment of all available alternatives has been made and there is no available alternative means of separation from likely abusers. As per the Acting Warden there have been no inmates housed in this manner in the twelve months preceding this audit. Staff who work within the segregated housing unit were asked if inmates were ever housed in the segregation or isolation due to their risk of victimization and all responses were no.</p>
<p>45. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>Inmates were selected from various housing units, age groups, races, and length of stays.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p><i>Random Staff Interviews</i></p>	
<p>46. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>15</p>
<p>47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (describe) gender <input type="checkbox"/> None (explain)</p>
<p>48. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews <input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). <input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. <input type="checkbox"/> Other (describe)</p>
<p>b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:</p>	
<p>49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).</p>	<p>Staff were selected based on work assignment, years of service, gender, shift, and rank.</p>

Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that interview would satisfy multiple specialized staff interview requirements.

50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	33
51. Were you able to interview the Agency Head?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Agency Head:	
52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:	
53. Were you able to interview the PREA Coordinator?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the PREA Coordinator:	
54. Were you able to interview the PREA Compliance Manager?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)
a. If no, explain why it was not possible to interview the PREA Compliance Manager:	
55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):	<input checked="" type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness

	<input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other (describe)
56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other
57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	0
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	Specialized staff needing to be interviewed were identified on the first day of the on-site audit. This auditor attempted to provide a cross-section of specialized staff from various program areas and shifts.
Site Review and Documentation Sampling	
Site Review	
<i>PREA Standard 115.401(h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.</i>	
59. Did you have access to all areas of the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain what areas of the facility you were unable to access and why.	

Was the site review an active, inquiring process that included the following:	
60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why the site review did not include reviewing/examining all areas of the facility.	
61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.	
62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
63. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>This auditor was able to tour the entirety of the facilities where inmates had access. This auditor reviewed documentation on-site, conducted informal interviews with staff and inmates throughout the facility, observed and tested various functions of the facility, and reviewed the facility surveillance camera system to ensure cameras were providing adequate coverage of certain areas observed throughout the facility tour. Staff were very knowledgeable about how to respond to PREA incidents and how inmates were to report. Staff often took out a reference card carried to ensure the appropriate response steps are taken. Inmates reported knowledge of how to report PREA incidents, stated they felt safe in the facility, and were aware of their right to be free of sexual abuse and sexual harassment. This auditor observed signage in all housing units stating that the facility has a zero tolerance for sexual abuse and sexual harassment and signage on how to report is on all the inmate kiosks.</p>
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Documentation Sampling

Where there is a collection of records to review—such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files—auditors must self-select for review a representative sample of each type of record.

<p>65. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>This auditor requested to review investigation files, inmate housing reports, background checks, training records for inmates and staff, and orientation and intake information for inmates. Staff were responsive in providing the requested documentation.</p>

Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted.

Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

67. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate sexual abuse</u>	2	0	2	0
<u>Staff-on-inmate sexual abuse</u>	0	0	0	0
Total	2	0	2	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

68. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate sexual harassment</u>	0	0	0	0
<u>Staff-on-inmate sexual harassment</u>	0	0	0	0
Total	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

69. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
<u>Inmate-on-inmate sexual abuse</u>	0	0	0	0	0
<u>Staff-on-inmate sexual abuse</u>	0	0	0	0	0
Total	0	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

70. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<u>Inmate-on-inmate sexual abuse</u>	0	2	0	0
<u>Staff-on-inmate sexual abuse</u>	0	0	0	0
Total	0	2	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

71. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
<u>Inmate-on-inmate sexual harassment</u>	0	0	0	0	0

Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

72. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled: 2

a. If 0, explain why you were unable to review any sexual abuse investigation files:

74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?
 Yes No
 N/A (N/A if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled: 2

76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?
 Yes No
 N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)

77. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?
 Yes No
 N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)

Staff-on-inmate sexual abuse investigation files

78. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled: 0

79. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?
 Yes No

	<input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
80. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
<i>Sexual Harassment Investigation Files Selected for Review</i>	
81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. If 0, explain why you were unable to review any sexual harassment investigation files:	There were no sexual harassment investigations within the audit reporting period.
82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
83. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
84. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)

85. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
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Staff-on-inmate sexual harassment investigation files

86. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
87. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
88. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	There were two inmate-on-inmate sexual abuse investigations conducted within the audit reporting period. The two investigation files were reviewed by this auditor on-site.

Support Staff Information

DOJ-certified PREA Auditors Support Staff

90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<p><i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i></p>	
<p>a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:</p>	
<p>Non-certified Support Staff</p>	
<p>91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit?</p> <p><i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:</p>	

<p>Auditing Arrangements and Compensation</p>	
<p>92. Who paid you to conduct this audit?</p>	<p><input type="checkbox"/> The audited facility or its parent agency</p> <p><input type="checkbox"/> My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="checkbox"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="checkbox"/> Other</p>

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
 Yes No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.11 a.

The Federal Bureau of Prisons (BOP) has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. This policy is stated in the Inmate Handbook and BOP Program Statement 5324.12 Sexually Abusive Behavior Prevention and Intervention Program. The policy is further reinforced in 5270.09 Inmate Discipline Program and 3420.11 Standards of Employee Conduct. P.S. 5324.12 Sexually Abusive Behavior Prevention and Intervention Program is an all-encompassing PREA Policy which outlines the Agency's approach to prevention, detection, and responding to sexual harassment and sexual abuse. P.S. 5324.12 provides definitions of prohibited behaviors regarding sexual abuse and sexual harassment, sanctions for perpetrators of sexual abuse and sexual harassment, and a description of the Agency strategies and responses to reduce and prevent sexual abuse and sexual harassment. This auditor reviewed the BOP P.S. 5324.12 Sexually Abusive Behavior Prevention and Intervention Program and finds that it meets the requirements of provision a. of this standard.

115.11 b.

BOP designates an upper-level, agency-wide PREA Coordinator. The PREA Coordinator is agency-wide and reports to the Assistant Director of the Reentry Services Division as evidenced by the organizational chart provided to this auditor. An MOU was provided to this auditor which outlines the responsibilities and duties of the PREA Coordinator. The PREA Coordinator oversees six Regional PREA Coordinators and one-hundred-fifteen (115) PREA Compliance Managers. An interview conducted with the Bureau of Prisons Acting PREA Coordinator was conducted. The Acting PREA Coordinator reports that the position is full-time, which provides adequate time to manage all PREA-related duties for the Bureau. As per the Acting PREA Coordinator there is an internal auditing process which consists of reviews of each institution's PREA compliance by staff from Central Office. If issues are identified with PREA standards the Warden and PREA Compliance Manager are informed and required to take corrective action. The Acting PREA Coordinator also reports that compliance with PREA is monitored and managed regularly through communication with Regional Coordinators, Institutional Compliance Managers, and Wardens. This auditor finds that USP Lewisburg meets the requirements of this provision of the standard.

115.11 c.

USP Lewisburg has a designated PREA Compliance Manager. The Associate Warden who reports to the Warden is that designee. As per the Bureau's Acting PREA Coordinator each facility under the Bureau has a designated PREA Compliance Manager. The PREA Coordinator provides training to all new Associate Wardens who are typically assigned as the Acting PREA Compliance Manager. An interview was conducted with the facility PREA Compliance Manager who reports having enough time to manage all PREA related responsibilities. The PREA Compliance Manager noted some of his duties regarding PREA such as providing training, staff follow-up, identifying blind spots, reviewing staffing levels, and acting as a point of contact for staff with concerns regarding PREA. If any PREA issues are identified the PREA Compliance Manager would develop a plan of action, implement the plan of action, and follow-up to ensure the identified issue was resolved. USP Lewisburg meets all requirements of provision c. of this standard.

This auditor finds USP Lewisburg to be in compliance with all the provisions of standard 115.11.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.12 a.

The Federal Bureau of Prisons (BOP) contracted with other entities for the confinement of inmates until November 30, 2022. The agency has contracted with five entities since the last PREA Audit in February 2020. All five contracts were reviewed and include a requirement to comply with PREA standards therefore USP Lewisburg is found to be compliant with provision a. of this standard.

115.12 b.

This auditor reviewed the five contracts, and all require the agency to monitor the contractor's compliance with PREA standards. There are no contracts for the confinement of USP Lewisburg inmates that do not require PREA compliance. As per the Agency contract administrator, each private contract with the Bureau of Prisons has contract language which states that the contractor shall

develop policy and procedures for the establishment of a sexual abuse and sexual assault program and comply with all of the standards of PREA. The BOP's subject matter experts review the policies and procedures established to ensure compliance. The contractor is also required to notify the BOP of any allegation that is PREA related and provide the BOP with a copy of the allegation, the investigation, and the findings. BOP oversight staff and the Privatization Management Branch (PMB) Health Systems Specialist review all allegations to ensure compliance with PREA requirements are met. As per the Agency contract administrator, at least once a year the BOP's Quality Assurance Program conducts a review of all of each contractor's PREA allegations to determine contract compliance. As per the Agency contract administrator all the BOP's private contract facilities have undergone at least an initial PREA certification, with subsequent re-certifications every three years. All compliance results were submitted to the BOP in a timely manner. USP Lewisburg is compliant with provision b. of this standard.

This auditor finds USP Lewisburg to be in compliance with all provisions of this standard.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the

staffing plan take into consideration: The number and placement of supervisory staff? Yes
 No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.13 a.

115.13 requires each facility to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides adequate levels of staffing, and where applicable video monitoring to protect inmates against abuse. The Human Resources Management Manual P3000.03 outlines how the agency develops its staffing plan. The staffing plan for each facility is developed by a Workforce Utilization Committee, which assesses the allocated positions, historical turnover data, known and anticipated vacancies, anticipated workload and/or mission changes. P3000.03 states that this staffing plan should be reviewed throughout the year as changes occur which will affect the institution's staffing situation. The committee considers the facility specific needs such as efficient utilization of positions, findings from program reviews, operational reviews, and other management indicators to identify workforce needs. The committee also looks at ways to enhance staffing by utilizing technology and similar activities. This auditor was provided with the USP Lewisburg Workforce Utilization Committee quarterly meeting minutes from the last year. The meeting minutes reflect that at each meeting PREA is discussed. This auditor was provided with a signed memo from the PREA Compliance Manager at USP Lewisburg stating that it was assessed and determined that USP Lewisburg's staffing plan protects inmates from sexual abuse. Since the last PREA Audit in February 2020, the average daily number of inmates is reported to be 974, the staffing plan was predicated on the average daily population being 1109. The Acting Warden and PREA Compliance Manager was interviewed and confirmed that the facility has a documented staffing plan which addresses all requirements of the standard. The Acting Warden and PREA Compliance Manager verified during the interview that Central Office provides the facility with guideline for staffing based off of the Workforce Utilization Committee, however the Warden can specify where resources are allocated, but staffing cannot go below the guideline. This auditor finds USP Lewisburg compliant with provision a. of this standard based on interview information, and documentation reviewed.

115.13 b.

As per the Pre-Audit Questionnaire there are no deviations from the staffing plan within the reporting period for this audit. The Acting Warden and Acting PREA Coordinator confirmed this and stated that if it were to occur it would be documented. As per Program Statement 5324.12 Sexually Abusive Behavior Prevention and Intervention Program all deviations are documented in the remarks section of the Salary/Workforce Utilization Committee Meeting Minutes. This auditor finds USP Lewisburg in compliance with provision b. of this standard.

115.13 c.

Annually USP Lewisburg's PREA Compliance Manager assesses and determines if the institution's staffing plan provides adequate staffing resources to protect inmates from sexual abuse. The assessment includes review of video monitoring technology, PREA SIS After Action Incident Reviews, and that the resources the facility has available are adequate to commit to adherence to the Agency PREA Policy, P.S. 5312.12, Sexually Abusive Behavior Prevention and Intervention Program. P.S. 5312.12 outlines the requirement set forth in this standard regarding considerations for the staffing plan. The auditor received a copy of the PREA Annual Assurance memo from the PREA Compliance Manager dated August 5, 2022. The Acting Warden and PREA Compliance Manager stated during the interview that compliance with the staffing plan is monitored through reviews from human resources to identify vacancies. If there is an understaffing issue an Action Plan would be developed and implemented by the Warden. USP Lewisburg is compliant with all requirements of this provision.

115.13 d.

The agency Program Statement 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states that unannounced rounds by supervisory staff are conducted with the intent of identifying and deterring sexual abuse and sexual harassment. The unannounced rounds are conducted at a minimum weekly to include all shifts and areas of the facility. The Institutional Duty Officer is tasked with conducting the unannounced rounds. The Institution Duty Officer Procedures were reviewed and outline the scheduling, responsibility, response to incidents, and reporting for the officer. This auditor was provided with copies of Institutional Duty Officer, Unannounced Institutional Rounds forms indicating rounds were conducted on all three shifts and in all areas of the institution. The statement at the top of the Institution Duty Officer Unannounced Rounds Institutional Rounds form it states that staff are prohibited from alerting other staff members unless the announcement is related to the legitimate operational functions of the facility. While on-site this auditor viewed additional logs indicating that unannounced rounds are done in all areas of the facility and on all shifts. This auditor interviewed two intermediate or higher-level facility staff who are charged with conducting unannounced rounds. Both individuals interviewed reported touring all areas of the facility for their unannounced rounds, conducting them at random to prevent staff from alerting other staff, and documenting the unannounced rounds on a form for unannounced rounds. Both interviewees were asked what things they would specifically look for during their rounds and responses were contraband, fighting, staff locations, sanitation, is anything odd or out of the ordinary, listen to conversations, and is everyone doing what they should be doing. This auditor finds USP Lewisburg to meet all requirements of provision d. of this standard.

USP Lewisburg is compliant with all provisions of this standard. This auditor does however recommend that the facility consider additional video monitoring in the outside Camp Administrative Building where inmates from various housing units congregate for programming, medical and mental health services, and meals. The main hallway has a bathroom which is open for inmates to enter. This auditor verified adequate staffing to cover this area, but additional video monitoring would provide additional coverage reducing the likelihood of any incidents.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other

common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.14 USP Lewisburg does not house youthful offenders. All inmates are 21 years of age or older as evidenced by inmate rosters, this auditor's observations, and interviews with staff and inmates while on-site.

This auditor finds USP Lewisburg to be compliant with this standard as it is not applicable.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
 Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No

- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.15 (a)

USP Lewisburg does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. As per the Agency Program Statement 5324.12 Sexually Abusive Behavior Prevention and Intervention Program and policy 5521.06 Searches of Housing Units, Inmates, and Inmate Work Areas the facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. Visual searches are to be conducted by staff of the same sex as the inmate, except where circumstances are such that a delay would mean the loss of contraband. In such a case, this exception would be documented in the inmate's file. As per 5521.06 only qualified health personnel, upon the approval of the Warden, can conduct body cavity searches. All body cavity searches are to be documented in the inmate's file. As per the PREA Audit Questionnaire there have been no cross-gender strip or cross gender visual body cavity searches of inmates in the twelve months preceding this audit. The Acting Warden and PREA Compliance Manager confirmed this during the on-site portion of the audit. This auditor finds USP Lewisburg to be in compliance with provision a. of the standard.

115.15 (b)

There are no female inmates housed at USP Lewisburg, therefore this provision of the standard does not apply. A review of the daily population report for the previous twelve months, interviews with staff and inmates on-site, and this auditor's observations during the facility tour indicated that there were no female inmates housed at this facility in the previous twelve months. USP Lewisburg is compliant with provision b. of this standard.

115.15 (c)

BOP P.S. 5521.06 Searches of Housing Units, Inmates, and Inmate Work Areas states that visual searches are to be conducted by staff of the same sex as the inmate, except where circumstance as such that a delay would mean the loss of contraband. In such a case, this exception would be documented in the inmate's file. As per 5521.06 only qualified health personnel, upon the approval of the Warden, can conduct body cavity searches. All body cavity searches are to be documented in the inmate's file. The facility does not house female inmates, therefore there has been no cross-gender pat searches of female inmates. Interviews with staff while on-site confirm that there are no females housed in the facility. USP Lewisburg is compliant with provision c. of this standard.

115.15 (d)

The agency Program Statement 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states that the facility shall implement policies and procedures that enable inmates to shower, perform bodily function, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. The program statement states that inmates are only to shower, perform bodily functions, and change clothing in designated areas of the housing unit. P.S. 5324.12 also outlines the requirements for announcing the presence of opposite-gender staff members. The policy provides four notifications to inmates. 1) Inmates are advised of the requirement to remain clothed, and the presence of cross-gender staff at intake and orientation. 2) Notices are posted on inmate bulletin boards and signs within housing units stating that both male and female staff routinely work and visit inmate housing areas. 3) For housing unit officers, an announcement is made at the beginning of the shift or at a designated time to notify that staff of the opposite gender will be working in that unit. 4) For staff that are assigned to work within the unit a schedule is available for inmates to view that indicates when staff of the opposite gender will be on the housing unit. Opposite gender staff who are not assigned to the housing unit area and must go into the individual cells, showers, or bathroom areas must announce themselves when entering the unit. A memo from the Warden of USP Lewisburg dated August 5, 2022 states that the facility adheres to the PREA National Policy, which enables inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. The memo also states that any exigent circumstances are to be documented in the Lieutenant's Daily Log. This auditor verified that bathroom and shower areas provided adequate privacy to inmates while also maintaining security. Housing units had individual showers with curtains that provided privacy for the genital area. Inmate bathrooms throughout the facility in program areas provided adequate privacy. All but one of the thirty-one random inmates interviewed reported that they are able to use the toilet, shower, and change clothing without being fully naked in front of staff of the opposite gender. Inmates reported that they felt their privacy was respected within the facility. Twenty-seven of the thirty-one inmates interviewed report that female staff announce their presence when entering the housing area, two inmates were newer and uncertain, and two inmates responded that female staff did not announce themselves. All fifteen random staff interviewed reported that female staff always announce their presence when entering a housing unit. This auditor observed this practice while on site. This auditor finds USP Lewisburg to be compliant with provision d. of this standard based on the documentation provided, observations while on site, and inmate and staff interviews.

115.15 (e)

The agency Program Statement 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states that the facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the genital status is unknown, it may be determined through conversation with the inmate, reviewing medical records, or if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. A memo from the Warden of USP Lewisburg was provided to this auditor, which states that USP Lewisburg will not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Genital status can be determined through conversation, medical record review, or through part of a broader medical examination conducted by a medical practitioner. As per the Pre-Audit Questionnaire, no searches of this nature were conducted in the last twelve months. All fifteen random staff interviewed report that inmates are never searched or physically examined to determine the inmate's genital status. The Medical Director explained during an interview on-site that if unsure of an inmate's genital status the medical department would determine the genital status during conversations with the inmate, a review of medical records available, or by conducting an overall medical exam if necessary. This auditor finds USP Lewisburg to be in compliance with provision e. of this standard.

115.15 (f)

As per the Pre-Audit Questionnaire all staff have received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. The Sexually Abusive Behavior Prevention and Intervention Program Annual Training indicated that staff are trained on conducting cross-gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner. This auditor was provided with the training curricula and found that it adequately addresses cross-gender pat searches and searches of transgender and intersex inmates. This auditor was provided with a sampling of training records for all staff and concludes that all staff receive this training. All fifteen random staff interviewed explained to this auditor the training for conducting cross-gender pat searches. As per the staff interviewed, this training is provided annually. USP Lewisburg is compliant with this provision of the standard.

USP Lewisburg is compliant with all provisions of 115.15.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure 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, including: inmates who are deaf or hard of hearing? Yes No

- Does the agency take appropriate steps to ensure 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, including: inmates who are blind or have low vision? Yes No

- Does the agency take appropriate steps to ensure 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, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure 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, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure 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, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure 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, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.16 (a)

Program Statement 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states that Institution PREA Compliance Managers are responsible for reaching out to the local disability assistance offices, as a resource to ensure the facility is providing effective communication accommodations when needed. P.S. 5324.12 states that staff are to take reasonable action to ensure that available methods of communication are provided to all inmates with disabilities for complete access to its efforts of preventing, detecting, and responding to sexual abuse and sexual harassment. The Agency Head Designee was interviewed and reiterated P.S. 5324.12. Seven inmates who had a disability were interviewed and all report receiving information on sexual abuse and sexual harassment that they are able to understand. All inmates interviewed stated that if they had difficulty, they would get help from other inmates or staff. This auditor finds USP Lewisburg to be compliant with provision a. of this standard.

115.16 (b)

Program Statement 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states that Institution PREA Compliance Managers are responsible for reaching out to available interpretation services to ensure the facility is providing effective communication accommodations when a need for such an accommodation is known. P.S. 5324.12 states that staff are to take reasonable action to ensure that available methods of communication are provided to all inmates who are limited English proficient for complete access to its efforts of preventing, detecting, and responding to sexual abuse and sexual harassment. The Agency Head Designee was interviewed and reiterated P.S. 5324.12 and stated that the agency has contracted with a language line for telephone interpretation services. This auditor received a copy of the blanket purchase agreement for the language line service. While on-site this auditor tested the language line and confirms that it is operational. Three LEP inmates were interviewed and all report receiving materials regarding sexual abuse and sexual harassment that they could understand. If they need assistance, they just ask a staff member or another inmate. There is a larger Spanish speaking population at USP Lewisburg, this auditor observed signage throughout the

facility in both English and Spanish. When in the Intake area this auditor observed forms and orientation information in both English and Spanish. This auditor finds USP Lewisburg to be compliant with this provision of the standard.

115.16 (c)

Program Statement 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states that the agency shall not rely on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay could compromise an inmate's safety, the performance of first responder duties, or the investigation. All fifteen random staff interviewed report that the facility would never use an inmate interpreter in any kind of investigation including a PREA related one. The staff report that they would use the language line or a staff interpreter. USP Lewisburg is compliant with this provision of the standard.

This auditor finds that USP Lewisburg is compliant with all provisions of this standard.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone 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 (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who 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? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of 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 (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who 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? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? Yes No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? Yes No
- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? Yes No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? Yes No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.17 (h)

- Does the agency provide 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? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.17 (a)

Program Statement 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states that the agency will not hire or promote anyone who may come in contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates if they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. The BOP Recruitment pamphlet was reviewed by this auditor and has a section stating that all individuals wanting to be employed by the Bureau will be subject to a background check. This auditor met with Human Resources staff and reviewed the hiring process and employee and contractor files. The Human Resources staff showed this auditor where the individuals being hired and promoted must answer questions regarding PREA on USAJobs, as per the Human Resources staff these questions are also asked at the pre-employment interview. As per the Human Resources staff prior to employment at the facility, if the individual was employed at another facility prior to, contact is made with that institution to ensure there were no PREA related incidents. Based off of the documentation reviewed and the interview with the Human Resources staff this auditor finds USP Lewisburg to be compliant with provision a. of this standard.

115.17 (b)

The Federal Bureau of Prisons considers incidents of sexual harassment in determining whether to hire or promote or enlist the services of any contractor who may have contact with inmates. The General Employment Considerations for Staff indicates that the applicant's character or past conduct might impose a statutory bar to employment or impede employment by adversely impacting on the Bureau's efficiency by jeopardizing the ability to accomplish its mission successfully. Human Resource staff interviewed indicated that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractors. USP Lewisburg is compliant with provision b. of this standard.

115.17 (c)

As per the Human Resources staff interviewed, all new employees have a criminal records check performed as part of their pre-employment screening. All prior institutional employers are contacted for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The BOP Recruitment pamphlet indicates that employment is subject to satisfactory completion of a background investigation, which also includes law enforcement and criminal records checks, credit checks, inquiries with previous employers and personal references. USP Lewisburg reports that 100% of all individuals hired in the past twelve months that may have contact with inmates received a criminal background check and prior institutional employers were contacted. This auditor reviewed personnel files with the Human Resource Staff and identified criminal background checks were completed and if applicable former institutional employers were contacted. This auditor finds USP Lewisburg to be in compliance with provision c. of this standard.

115.17 (d)

Bureau of Prisons Policy 3000.03 Human Resource Management Manual, Indicates that the agency performs criminal background checks before enlisting the services of any contractor who may have contact with inmates via a check of the National Crime Information Center (NCIC). As per the Pre-Audit Questionnaire there has been one contract at the facility within the past twelve months where criminal background checks were conducted on all staff covered in the contract who might have contact with inmates. Human Resource staff interviewed, indicated that all contractors have a criminal background check completed prior to enlisting their services. This auditor reviewed contractor and volunteer files showing the criminal background check is completed prior to the start of services. This auditor finds USP Lewisburg to be compliant with provision d. of this standard.

115.17 (e)

As per the Human Resources staff interviewed, the agency requires criminal background checks be conducted at least every five years for current employees and contractors. The Bureau of Prisons utilizes the National Background Investigation Bureau (NBIB). All employees are fingerprinted, and all subsequent FBI criminal arrest information is forwarded through NBIB back to the agency. Additionally, Security and Background Investigation Section (SBIS) tracks the timeline of background investigations for the Bureau. Mass emails are sent to each staff member as well as the Human Resource staff at the facility that the staff works to initiate the re-investigation process for the five-year background check. Staff are required to take the appropriate steps to complete the process by a due date to ensure the background is completed on time. Human Resource staff interviewed report that the centralized unit initiates the staff background check and contractor background checks are initiated locally. This auditor reviewed personnel and contractor files with the Human Resources staff and each file contains background checks and files reviewed. This auditor finds USP Lewisburg to be compliant with provision e. of this standard.

115.17 (f)

Human Resources staff interviewed confirmed that the BOP will ask all applicants and employees who have contact with inmates directly about whether they have: engaged in sexual abuse in prison, jail, lockup or any other institution, been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion through a written application, during any interviews or through any written self-evaluations as part of a review of current employees. A review of the eligibility questions on the USAJobs Application indicated that the three questions are required to be answered electronically for all applicants. A review of personnel files for newly hired staff indicates that all had completed an application and were required to answer the eligibility questions. Additionally, all staff had a background complete which included their criminal history, credit history and other record inquiries. This auditor finds USP Lewisburg to meet all requirements of this provision of the standard.

115.17 (g)

The Questionnaire for Public Trust Positions indicates that falsifying or concealing facts is a felony which can result in fines and up to five years in prison. Human resource staff confirm that any false information or omissions would result in an employee or contractor being terminated. This auditor finds USP Lewisburg to meet the requirements of this provision.

115.17 (h)

Human Resources staff interviewed report that when a former employee applies for work at another institution, upon request from that institution, the facility provides information on substantiated allegations of sexual abuse or sexual harassment involving former employees. This auditor received a memo to review dated February 28, 2014, stating that these requests are to be sent to Internal Affairs for processing. As per the memo and an email regarding the requests from non-BOP employers from the Chief of Internal Affairs, a consent to release the information should accompany the request from the institutional employer. This auditor finds that USPL Lewisburg complies with all the requirements of this provision.

USP Lewisburg is compliant with all provisions of this standard.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

As per interviews with Agency Head Designee, Warden, and Acting PREA Coordinator there have been no upgrades to USP Lewisburg's facility or video monitoring system, electronic surveillance system, or other monitoring technology in since the last PREA audit. This is further evidenced by this auditor's observations while on-site and in-formal interviews with staff while on site.

USP Lewisburg is compliant with all provisions of 115.18.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness

to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.21 (a)

USP Lewisburg is responsible for conducting administrative sexual abuse investigations only. The Federal Bureau of Investigation (FBI) and the office of Inspector General (OIG) are responsible for conducting criminal sexual abuse investigations. This was corroborated by all fifteen random staff interviewed. The Prison Rape Elimination Act Investigation Policy Memorandum dated July 9, 2014, outlines the uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The policy outlines evidence preservation, medical examinations, forensic crime scene investigation with biological evidence, handling biological evidence and detecting and testing forensic evidence. All fifteen staff interviewed stated that they were aware of and understand the Agency's protocol for obtaining usable physical evidence if an inmate alleges sexual abuse. Staff interviewed state that they do not collect evidence, but they would secure the scene and ensure the inmates involved did not change clothing, take a shower, use the bathroom, or brush their teeth. USP Lewisburg meets the requirements for provision a. of this standard.

115.21 (b)

BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program and The Prison Rape Elimination Act Investigation Policy Memorandum dated July 9, 2014, state that medical forensic examinations are conducted in accordance with standards set forth in "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents, DOJ Office of Violence Against Women, second edition, April 2013. USP Lewisburg is compliant with this provision of the standard.

115.21 (c)

All victims of sexual abuse are offered access to forensic medical examinations are the local hospital. This auditor interviewed the Medical Director while on-site and discussed the process for sending inmates out for SANE/SAFE exams. As per the Medical Director the hospital has a SANE/SAFE on-call twenty-four hours a day, seven days a week. No inmates at USP Lewisburg were sent out for a SANE/SAFE exam in the last twelve months. Both the Medical Director and Paramedic interviewed stated that while in the last twelve months they have not sent an inmate out for a SANE/SAFE exam,

they have in the past. As per the interviews they assess the inmate initially to determine if there are any critical injuries which need to be addressed prior to transport and then the inmate is sent out if stable. P.S. 5324.12 states that when there is a report of a recent incident of sexual abuse, or there is a strong suspicion that a recent serious assault may have been sexual in nature, a physical examination of the alleged victim is conducted. As per P.S. 5324.12 the victim is provided the opportunity for a forensic examination as soon as possible. The Prison Rape Elimination Act Investigation Policy Memorandum dated July 9, 2014, indicates that all inmate victims of sexual abuse are offered a forensic medical examination, whether on-site or at an outside facility, without financial cost. LEW P5324.12D, USP Lewisburg Sexually Abusive Behavior Prevention and Intervention Program indicates that medical staff will determine if the alleged victim requires transfer to the local medical facility for collection of sexual assault evidence. This auditor finds USP Lewisburg to be compliant with this provision of the standard.

115.21 (d)

BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program states that the Institution PREA Compliance Manager is to attempt to enter into an agreement with a rape crisis center to make available a victim advocate for inmates being evaluated for the collection of forensic evidence. The Acting Warden/PREA Compliance Manager, medical and mental health staff interviewed all indicated that Transitions of PA provides these services or there are specially trained staff that do so. USP Lewisburg has an agreement with the local rape crisis center Transitions of PA. This auditor was provided with a copy of that agreement which details the scope of services to provide offenders with confidential emotional support services related to sexual violence as required by PREA regulations. The contact information for Transitions of PA is provided to the inmates in the USP Lewisburg Institution Admission and Orientation Handbook. Training records provided to this auditor indicate that twelve medical, mental health, and program staff have received specialized training as victim advocates. There were no sexual abuse incidents in the last twelve months which warranted a forensic medical exam. This auditor finds USP Lewisburg to be in compliance with provision d. of this standard.

115.21 (e)

BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program states that as requested by the victim, the victim advocate, qualified agency staff member or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews. This agreement with Transitions of PA outlines these services. The PREA Compliance Manager, Medical, and Mental Health staff interviewed all explained the process of responding to an allegation of sexual abuse and all stated that a victim advocate would be provided to accompany the inmate through the forensic medical exam and the investigation process. This auditor contacted Transitions of PA and verified that a general services agreement is in place that includes the ability for inmates to contact a 24-hour hotline, write via US Mail, and even provides the ability to go into the facility if necessary to provide victim advocacy services. The individual interviewed also verified that Transitions of PA provides victim advocates to the hospital for forensic investigations. This auditor finds USP Lewisburg to meet the requirements of this standard.

115.21 (f)

The Federal Bureau of Investigation (FBI) and the Office of Inspector General (OIG) are responsible for conducting criminal investigations for the Bureau of Prisons. Both investigating entities follow the requirements of this standard. This auditor was provided with training records for OIG staff indicating completion of PREA Training as well as the syllabus for the training. The FBI agents complete all required training in the New Agent Training Program. All the training required in this standard is met through their overall training program including legal training, interviewing techniques, and evidence collection. The FBI also provides annual refresher training on various topics. This auditor reviewed the MOU with the FBI and a memo dated April 2, 2014, from the FBI General Counsel indicating that the

FBI meets the requirements of this standard due to the aforementioned training requirements of agents. This auditor finds USP Lewisburg to be in compliance with provision f. of this standard.

115.21 (g)

The auditor is not required to audit this provision.

115.21 (h)

BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program states that a qualified agency staff member shall be an individual who has been screened for appropriateness to serve in the role of advocate and has received education concerning sexual assault and forensic examination issues in general. A qualified agency staff member meets the education requirement of this section by virtue of his or her degree or vocational training or through specialized training offered by the Bureau. This auditor reviewed training records indicating that twelve medical, mental health, and program staff completed specialized victim advocate training. A review of the Lesson Plan for Forensic Medical Examinations: An Overview for Victim Advocates was reviewed and meets the specialized training requirement for victim advocates. USP Lewisburg is compliant with provision h. of this standard.

USP Lewisburg is compliant with all provisions of this standard.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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115.22 (a)

BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program states that the agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The Agency Head indicated when interviewed that all allegations are investigated, further stating that the investigative process is initiated immediately following the receipt of an allegation of sexual abuse or sexual harassment. This auditor reviewed the two PREA investigation files which were unfounded and find that the investigation process begins immediately and concludes following a thorough investigation. This auditor finds USP Lewisburg to be in compliance with provision a. of this standard.

115.22 (b)

BOP P.S. 5324.12 outlines the administrative and criminal investigative process. The Agency Head described how criminal and administrative investigations are completed for allegation of sexual abuse and sexual harassment. As per the Agency Head, the Office of Inspector General (OIG) of the Department of Justice investigates potential criminal cases involving staff on inmate sexual abuse. The Office of Internal Affairs (OIA) of the Bureau of Prisons investigates administrative cases of staff on inmate sexual abuse or harassment. Institutional investigative staff (SIS) investigate all other cases. When an inmate-on-inmate allegation of sexual abuse is deemed possibly criminal in nature it is referred to the Federal Bureau of investigation (FBI) for investigation. OIG, OIA, SIS and FBI in general review the allegations and predicating information. Substantiated allegations for administrative investigations or criminal prosecutions are based on the corroboration of witnesses and victim

statements predicated information along with physical evidence. This auditor was provided with a Memorandum for Department of Justice Employees from the Office of Attorney General and Department of Just AG Order No. 2835-2006 regarding Reporting Violations to the Office of the Inspector General and the Office of Professional Responsibility, Delegation of Authority. The memo and the order indicate that the OIG has the authority to conduct criminal and administrative investigations throughout the Department. The Memorandum of Understanding (MOU) with the FBI was reviewed by this auditor. The MOU as well as Program Statement 5508.02, Hostage Situations or Criminal Actions Requiring FBI Presence, confirms that the FBI is responsible for conducting criminal investigations related to Title 18 and/or any criminal activities at Bureau facilities. P.S. 5508.02, which describes the FBI's authority to conduct criminal investigations, is available on the BOP website. Three investigative staff were interviewed while on-site. All three outlined the investigation process as being refer all criminal investigations to FBI and all investigations involving staff to OIG. This auditor finds USP Lewisburg to be compliant with all requirements of this provision.

115.22 (c)

BOP P.S. 5324.12 outlines the administrative and criminal investigative process. As per facility investigative staff, the Agency Head, and the PREA Compliance Manager, all allegations of sexual abuse and sexual harassment are investigated. The MOU with the FBI which was reviewed outlines the responsibilities of the FBI and the BOP for criminal investigations. The BOP website provides P.S. 5508.02 which describes the authority of the FBI to conduct criminal investigations. This auditor finds USP Lewisburg to meet the requirements of this provision.

USP Lewisburg is compliant with all provisions of this standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No

- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? Yes No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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115.31 (a)

BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program and the facility specific policy LEW 5324.12 D, all staff will receive the Sexually Abusive Behavior Prevention and Intervention Program training during institutional familiarization and yearly thereafter as part of the annual refresher training. A review of the Sexually Abusive Behavior Prevention and Intervention Program curriculum outline and PowerPoint slides confirmed that the training includes information on: the agency's zero tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the inmates right to be free from sexual abuse and sexual harassment, the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with inmates, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates and how to comply with relevant laws related to mandatory reporting. All fifteen random staff interviewed report receiving this training. All staff were able to provide examples of information covered in the annual PREA Training. These examples include reporting requirements, dynamics sexual abuse and harassment in confinement settings, responding to incidents of sexual abuse, and respectful interaction with lesbian, gay, bisexual, transgender and intersex inmates. A review of a sample of all staff training records indicated that 100% of those reviewed received PREA training. The PREA Compliance Manager keeps a binder of all training records pertaining to PREA. This binder was provided to this auditor to review. This auditor finds USP Lewisburg to be compliant with all requirements of this provision of the standard.

115.31 (b)

BOP P.S. 5324.12 states that the annual refresher training takes into consideration the gender of the inmate population at each facility. As per the PREA Compliance Manager and the Pre-Audit Questionnaire the training is tailored to the gender of inmate at the facility and that employees who are reassigned to facilities with opposite gender are given additional training. A review of the training curriculum confirmed that the annual training includes information on male and female inmates. The fifteen random staff interviewed stated that the training did include information on female inmates but focused on males because USP Lewisburg is all male. This auditor finds USP Lewisburg to be in compliance with the requirements of this provision.

115.31 (c)

As per the PREA Compliance Manager and further evidenced by review of staff training records and random staff interviews, all 424 staff employed by USP Lewisburg have been trained in PREA requirements and training is provided annually. P.S. 5324.12 states that new employees receive the Sexually Abusive Behavior Prevention and Intervention Program training and that current employees receive the training as part of their annual training. USP Lewisburg meets the requirements of this provision of this standard.

115.31 (d)

P.S. 5324.12 states that all staff are required to physically sign or electronically acknowledge that they received and understood the PREA training. A review of the training records indicate that all staff sign a training acknowledgement that states that they have received and understand the training conducted regarding the agency's sexual abuse and sexual harassment policies and procedures. This is evidenced by a review of training records. USP Lewisburg meets the requirements of this provision of the standard.

This auditor finds USP Lewisburg to be in compliance with all provisions of this standard.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? Yes No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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115.32 (a)

BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program states that all volunteers and contractors who have contact with inmates are to be trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Thirty-two volunteers and individual contractors who have contact with inmates have been trained in agency policies and procedures regarding sexual abuse and harassment prevention, detection, and response as per the Pre-Audit Questionnaire. One volunteer who was on-site during the on-site portion of the audit was interviewed. The individual provides supportive drug and alcohol services regularly and has been a volunteer for over two years. The volunteer interviewed reported that training was received on his responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response. If an incident of sexual abuse or sexual harassment were to be reported to the volunteer, the volunteer would immediately notify the first staff member available. The volunteer reported that training is received annually as a refresher. This auditor reviewed training records confirming all volunteers have received training and the training lesson plan was reviewed. The annual refresher training is two hours in duration and the initial training is four hours in duration. As per the training lesson plan, review of training records for volunteers and contractors and interview with the volunteer USP Lewisburg meets the requirements of this provision of the standard.

115.32 (b)

BOP P.S. 5324.12 states that volunteers and contractors who have contact with inmates must be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed hot to report such incidents. This auditor interviewed a volunteer on-site who confirmed that training was provided on this. A review of the training lesson plan for volunteers and contractors indicates that this is covered within the training. This auditor finds USP Lewisburg to be in compliance with this provision of this standard.

115.32 (c)

BOP P.S. 5324.12 states that the BOP will maintain documentation confirming that volunteers and contractors understand the training received. P.S. 5324.12 further states that participation must be documented through volunteer and contractor signature or electronic verification and will indicate that the volunteer and contractor understood the training they have received. At the conclusion of the training, volunteers and contractors are asked to seek additional direction from Bureau staff, if necessary, to ensure understanding of the training. This auditor reviewed training records with signatures of completion and reviewed volunteer and contractor files which included background checks and signed understanding of the zero-tolerance policy. USP Lewisburg meets the requirement of this provision.

USP Lewisburg is compliant with all provisions of this standard.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No

- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? Yes No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.33 (a)

BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program outlines the requirement for inmates to receive PREA education, specifically stating that inmates receive information on the agencies zero tolerance policy and how to report incidents or suspicion of sexual abuse or sexual harassment via the Admissions and Orientation Pamphlet on Sexually Abusive Behavior Prevention and Intervention. USP Lewisburg's Institution Admission and Orientation Handbook also contains information on sexually abusive behavior prevention and intervention. This auditor was provided with a copy of this handbook when reviewing the intake process on-site and confirms the information is within the handbook. As per the Pre-Audit Questionnaire, 5,940 inmates were admitted to USP Lewisburg in the last twelve months who received information on PREA at intake, this information included the zero-tolerance policy and how to report PREA incidents. Thirty of the thirty-one random inmates interviewed report receiving information about the facility's rules against sexual abuse and sexual harassment. The remaining one inmate reported not recalling whether the information was provided. This auditor was provided with a sampling of inmate Acknowledgements of PREA Information which is signed at intake to acknowledge that the inmate received training and understands their responsibilities, the zero-tolerance policy, and how to report incidents of sexual abuse and sexual harassment. This auditor interviewed intake staff while on-site and had the staff interview walk through the intake process. As per the intake staff inmates receive the PREA related information at intake before being housed in the facility. This occurs as soon as possible after arrival. USP Lewisburg meets the requirements of this provision.

115.33 (b)

BOP P.S. 5324.12 outlines the requirement for inmates to receive PREA education, specifically the comprehensive education that is provided to the inmates. P.S. 5324.12 indicates that during the Admission & Orientation Program, a designated staff member will present the Sexually Abusive Behavior Prevention and Intervention Program Inmate Education. This auditor was provided with a checklist from the Admissions and Orientation Program indicating the sign-in for the staff providing the

training. As per the Pre-Audit Questionnaire, 4,165 inmates received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents. Thirty of the thirty-one random inmates interviewed while on-site report receiving comprehensive PREA training during orientation. Some report receiving this in person, others report receiving it via video due to COVID-19 issues. Interviews conducted with intake staff further confirm that inmates are provided the PREA information at intake and then provided a more comprehensive training during orientation. USP Lewisburg meets the requirements of this provision of the standard.

115.33 (c)

As per the Pre-Audit Questionnaire, all inmates have been educated or transferred within the thirty-day time period. P.S. 5324.12 states that the agency requires that all inmates who are transferred from one facility to another be educated regarding their rights under PREA to the extent that the policies and procedures of the new facility differ from those of the previous facility. Thirty of the thirty-one random inmates interviewed reported that they received training at their initial institution and again after being transferred to USP Lewisburg. USP Lewisburg is compliant with all requirements of this provision.

115.33 (d)

BOP P.S. 5324.12 establishes guidelines to providing disabled inmates and LEP inmates an equal opportunity to benefit from all the aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. As per P.S. 5324.12 the PREA Compliance Manager is responsible for reaching out to local disabilities assistance offices as well as available interpretation services to ensure the facility provides effective communication accommodation when needed. The BOP has a contract with Language Line for translation services for LEP inmates. This auditor was provided with a copy of that contract and tested the line for operability confirming it is operational. Information is provided in both English and Spanish throughout the facility. At intake this auditor was provided with both Spanish and English copies of intake paperwork including the Institution Admission and Orientation Handbook. The Warden provided a memorandum dated August 5, 2022, indicating that information is provided in English and Spanish, that inmates with hearing impairments read the information, while those who are blind, have limited reading capability or have a cognitive disability are read the information by a staff member. This auditor interviewed two inmates who reported having a physical disability, two inmates who reported being blind, deaf, or hard of hearing, three LEP inmates, and three inmates with a cognitive or mental health disability while on site. All inmates reported being provided information on PREA that they could understand at intake and orientation. This auditor finds USP Lewisburg to be in compliance with all requirements of provision d. of this standard.

115.33 (e)

Policy 5290.14, Admission and Orientation Program, indicates that inmates are required to sign a copy of the Admission & Orientation brochure at intake and that the original is placed in the inmates' central file. Additionally, the education is documented on the Institution Admission & Orientation Program Checklist. This auditor reviewed a copy of the Admission & Orientation Program Checklist and a sampling of inmate files which all included a copy of the signed Acknowledgement of PREA information. USP Lewisburg is compliant with the requirement of this provision of the standard.

115.33 (f)

As per BOP P.S.5324.12 the agency shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats. P.S. 5324.12 outlines what should be posted in each housing unit including the zero-tolerance policy poster and contact information for reporting sexual abuse allegations. All thirty-one inmates interviewed commented on the visibility of information regarding PREA throughout the facility. This auditor noted that PREA signage was displayed on each housing unit and in common inmate areas. Information displayed was in both English and Spanish. USP Lewisburg meets the requirements of this provision.

This auditor finds USP Lewisburg to be in compliance with all provisions of this standard.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.34 (a)

BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program indicates that requires that investigators are required to be trained in conducting sexual abuse investigations in a confinement setting. This training is completed through two curriculums: the DOJ/OIG PREA Training or the NIC: Investigating Sexual Abuse in a Confinement Setting. This auditor provided a lesson plan for these trainings. An email from the Office of Inspector General (OIG) was reviewed by this auditor which indicates that 108 of 109 OIG field agents have completed the DOJ/OIG PREA training. Training records were provided to this auditor which indicate that all twenty-nine investigators for the facility have received specialized investigator training. The training received is the NIC training. The MOU and letter from the FBI indicate that they are compliant with all PREA investigatory standards to include 115.34. The training they receive meets all the requirements of the specialized investigator training. This auditor interviewed three investigative staff and all three staff report receiving specialized training in investigating sexual abuse in confinement settings. As per the staff interviewed the training is computer based and includes topics such as how to work with victims, evidence preservation, and investigation protocols. USP Lewisburg meets the requirements of this provision.

115.34 (b)

BOP P.S. 5324.12 states that investigators are required to be trained in conducting sexual abuse investigations in a confinement setting. This training is completed through two curriculums: the DOJ/OIG PREA Training or the NIC: Investigating Sexual Abuse in a Confinement Setting. A review of the training curriculums confirmed they included the following, techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or criminal prosecution. Three investigative staff were interviewed and all report that the specialized training they received included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative or prosecution referral. USP Lewisburg meets the requirements of this provision of the standard.

115.34 (c)

As per BOP P.S. 5324.12 documentation that investigators have completed the required specialized training in conducting sexual abuse investigations must be maintained. The PREA Compliance Manager provided this auditor with a binder of all PREA training documentation while on-site. All twenty-nine investigative staff have received training. This auditor was also provided with an email from the Office of Inspector General indicating that 108 of 109 agents under their jurisdiction received

specialized training in sexual abuse investigations. The FBI provided a memo stating that all agents are provided with training required under the standard as part of their training. This auditor finds USP Lewisburg to be in compliance with this provision of the standard.

This auditor finds USP Lewisburg to be in compliance with all provisions of this standard.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) Yes No NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
 Yes No NA

- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.35 (a)

BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program states that all full-time and part-time medical and mental health care practitioners who work regularly in BOP facilities must be trained in 1) how to detect and assess signs of sexual abuse and sexual harassment. 2) How to preserve physical evidence of sexual abuse. 3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment and 4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. P.S. 5324.12 further states that the Health Services Division must ensure that medical staff are appropriately trained under the requirements of this standard and the Reentry Services Division is required to ensure that mental health staff are appropriately trained under this standard. Two medical and two mental health staff were interviewed on-site. All four staff report receiving training that addresses the requirements of this provision of the standard. This auditor was provided with training records indicating that all thirty-seven medical and mental health staff at USP Lewisburg completed their specialized training for medical and mental health care. USP Lewisburg meets the requirements of this provision.

115.35 (b)

USP Lewisburg does not have any staff on-site that conduct forensic examinations. As per medical staff interviewed, the PREA Compliance Manager and Acting Warden all inmates needing a forensic examination will be sent to the local emergency room where the exam will be conducted by a SANE or other trained professional medical provider. This provision of the standard is not applicable to USP Lewisburg.

115.35 (c)

As per P.S. 5324.12, the BOP maintains documentation that medical and mental health practitioners have received the training referenced in this standard. This auditor reviewed the facility training records for all medical and mental health staff which indicates that the specialized training was completed. The PREA Compliance Manager maintains a binder with all training records related to PREA to ensure compliance. USP Lewisburg meets the requirement of provision c. of this standard.

115.35 (d)

As per P.S. 5324.12, medical and mental health care practitioners employed by the BOP also have to complete the mandatory training for PREA that all other employees receive. Contracted and volunteer medical and mental health staff must also complete the volunteer and contractor training provided to all other volunteers and contractors. This auditor cross-referenced a sampling of medical and mental health staff with the training records for the standard PREA employee training. This auditor finds USP Lewisburg to meet the requirements of this standard.

USP Lewisburg is compliant with all provisions of this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? Yes No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse?
 Yes No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral?
Yes No
- Does the facility reassess an inmate's risk level when warranted due to a request?
Yes No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
 Yes No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.41 (a)

Bureau of Prison Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, states that all inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. P.S. 5324.12 further states that all inmates entering an institution are screened as directed by Health Services, Psychology Services and Unit Management policies. For inmates with a history of sexual victimization while in BOP custody a referral shall be sent to psychology services and if not previously documented on BOP records, staff must notify the Chief of Correctional Services of the inmate's report of victimization to ensure the appropriate steps have been taken. If inmates report a history of sexual victimization while in a non-BOP setting, staff must document the information and appropriate psychological treatment and monitoring will be provided if needed. Inmates with a history of sexual predation shall be referred to psychology services when identified. If incidents of sexual predation have not previously been documented on BOP records, staff must notify the Chief of Correctional Services of the inmate's history of predation to ensure that appropriate steps have been taken. The Chief of Correctional Services will also update the SENTRY STG assignments regarding predation and victimization. During the tour of the facility this auditor toured the intake area and met with intake and screening staff in the offices used to conduct intakes and screenings. The staff walked this auditor through the intake and screening process. All inmates interviewed who entered the facility in the last twelve months reported that they were provided a screening which asked questions regarding their history of sexual abuse and their sexual orientation and gender identity. Inmates and screening staff interviewed, all report that the screening occurred upon intake before being assigned housing at the facility. This auditor finds USP Lewisburg to meet the requirements of this provision.

115.41 (b)

P.S. 5324.12 states that intake screening shall ordinarily take place within 72 hours of arrival at the facility. The Pre-Audit Questionnaire indicated that inmates are screened within 72 hours of their arrival and that 4,165 inmates were screened within 72 hours over the previous twelve months. This indicates that 100% of those whose length of stay was for 72 hours or more received the risk screening within 72 hours. A review of eleven inmate records which includes the risk screening tool, indicates that all eleven were screened within 72 hours after arrival. Twenty-four of the twenty-six inmates asked when they were screened stated that it occurred as soon as they came into the facility. Interviews with the Intake and Screening staff further corroborate that the risk screening is completed within the first 72 hours of arrival at the facility. USP Lewisburg is compliant with this provision of the standard.

115.41 (c)

As per BOP P.S. 5324.12 the assessment shall be conducted using an objective screening instrument. This auditor reviewed the Intake Screening Form and found it to be objective. Inmates are asked yes or no questions which are then utilized on the PREA Intake Objective Screening Instrument which includes sections that are determined based on the inmate's history. This auditor finds USP Lewisburg to meet the requirement of this provision of the standard.

115.41 (d)

As per BOP P.S. 5324.12, the intake screening shall consider, at a minimum, the following criteria, 1) whether the inmate has a mental, physical, or developmental disability, 2) age, 3) physical build, 4) previous incarceration history, 5) criminal history, 6) prior convictions for sex offenses, 7) perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming, 8) previous sexual victimization, 9) inmate's own perception of vulnerability, and 10) whether the inmate is detained solely for civil immigration purposes. This auditor reviewed the PREA Intake Objective Screening Instrument

and the Intake Form which indicates that the intake screening and intake form considers all the criteria noted in P.S. 5324.12 and required by the standard. USP Lewisburg is compliant with all requirements of this provision of the standard.

115.41 (e)

BOP P.S. 5324.12 states that the initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse in assessing inmates for risk of being sexually abusive. This auditor reviewed the PREA Intake Objective Screening Instrument which confirms that the intake screening considers the following, prior acts of sexual abuse, prior convictions for violent offenses and prior institutional violence or sexual abuse known to the facility. The interviews conducted with intake and screening staff confirm that these criteria are considered and utilized to determine if the inmate is a potential predator and how to house accordingly. USP Lewisburg meets the requirements of provision e. of this standard.

115.41 (f)

BOP P.S.5324.12 states that inmates would be reassessed for the inmate's risk of victimization or abusiveness within 30 days from their arrival at the facility by Psychology Services staff. The Pre-Audit Questionnaire indicated that 1,785 inmates were reassessed within 30 days. This is 100% of inmates reported to have had a length of stay for 30 days or more. An interview with intake and screening staff indicates that inmates are reassessed within the first 30 days. 18 of the 26 inmates interviewed who came into the facility within the last twelve months report being reassessed around a month after arrival.

115.41 (g)

BOP P.S. 5324.12, states that inmates will be reassessed for their risk of victimization or abusiveness when warranted due to referral, request, incident of sexual abuse or receipt of additional information that bears on their risk of sexual victimization or abusiveness. This reassessment would be completed by Psychology Services staff. This auditor interviewed intake and screening staff who corroborated that this is the practice at the facility. There were no inmates who reported sexual abuse interviewed or at the facility. USP Lewisburg meets the requirements of this provision of the standard.

115.41 (h)

As per the intake and screening staff interviewed, and BOP P.S. 5324.12, inmates are not to be disciplined for refusing to answer the following questions during the risk screening: whether or not the inmate has a mental, physical or developmental disability; whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether or not the inmate previously experienced sexual victimization and the inmate's own perception of vulnerability. USP Lewisburg meets the requirements of this provision of the standard.

115.41 (i)

BOP P.S. 5324.12 states that the agency has implemented appropriate controls on the dissemination of the screening information to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. That information is disseminated on a need-to-know basis for staff. Interviews with the Acting PREA Coordinator, PREA Compliance Manager and intake and screening staff indicate that the information obtained during the risk screening is limited to staff who have a need to know. The Acting PREA Coordinator explained that limited staff would have access. Staff requiring access would depend on what is recommended within the risk assessment. This auditor finds USP Lewisburg meets the requirement of this provision of the standard.

USP Lewisburg is compliant with all provisions of this standard.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? Yes No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? Yes No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?
 Yes No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? Yes No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.42 (a)

Bureau of Prison Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, states that information from the risk screening will be utilized to inform 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. As per P.S. 5324.12 once an inmate has been identified as a victim or perpetrator, or as "at risk" for victimization or perpetration, unit management should review classification options. As per the Acting Warden and screening staff interviewed, the use of risk screening information is used to determine housing and facility placement. The PREA Compliance Manager and Acting Warden showed this auditor how inmates are designated in the SENTRY system to indicate risk levels. This auditor finds USP Lewisburg to be in compliance with provision a. of this standard.

115.42 (b)

As per BOP P.S. 5324.12 the agency shall make individualized determinations about how to ensure the safety of each inmate. As per screening staff interviewed, housing determinations are made by medical, and psychology based off the individual inmate. This auditor finds USP Lewisburg to meet the requirements of this provision of the standard.

115.42 (c)

As per BOP P.S. 5324.12, in deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the inmates health and safety, and whether the placement would present management or security problems. As per the PREA Compliance Manager this is accomplished at the Designations and Sentence Computation Center (DSCC) with the Transgender Executive Council (TEC). The initial designations and transfers of transgender inmates is reviewed by the TEC. This auditor was provided with copies of transfer reviews which indicate in remarks that TEC reviewed, is pending TEC review, or TEC cleared. The TEC, as per the PREA Compliance Manager, Psychologist, and Medical Director interviewed, reviews each transgender case individually to ensure appropriate placement. This auditor finds USP Lewisburg to meet the requirements of provision c. of this standard.

115.42 (d)

As per BOP P.S. 5324.12, placement and programming assignments for each transgender intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate. As per the screening staff interviewed, transgender or intersex inmate's housing assignments are reassessed at least twice a year. The Transgender Executive Committee reviews the housing. This auditor finds USP Lewisburg to be compliant with provision d. of the standard.

115.42 (e)

BOP P.S. 5324.12 states that a transgender or intersex inmates own views with respect to his or her own safety will be given serious consideration. As per screening staff interviewed transgender and intersex inmates' own self perception of safety is given serious consideration in placement and programming assignments. Of the six transgender and intersex inmates interviewed five reported that

they were asked questions about their safety in the facility. Five of the six reported feeling safe at the facility. USP Lewisburg meets the requirements of this provision.

115.42 (f)

BOP P.S. 5324.12 states that intersex inmates shall be given the opportunity to shower separately from other inmates. All six transgender and intersex inmates interviewed report having the ability to shower separately. The showers at USP Lewisburg are single occupancy showers as well. No transgender or intersex inmate interviewed felt uncomfortable showering at the facility. USP Lewisburg meets the requirements of this provision.

115.42 (g)

BOP P.S. 5324.12 states that lesbian, gay, bisexual, transgender, or intersex inmates shall not be placed in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. As per the Acting PREA Coordinator, the BOP does not have any facilities, units, or wings dedicated to lesbian, gay, transgender, or intersex inmates. All nine inmates interviewed who were lesbian, gay, bisexual, transgender, or intersex reported that they were never housed in an area only for lesbian, gay, bisexual, transgender, and intersex inmates. USP Lewisburg meets the requirements of this provision.

This auditor finds that USP Lewisburg is compliant with all provisions of this standard.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization 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? Yes No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? Yes No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? Yes No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.43 (a)

BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program states that inmates at high risk for sexual victimization shall 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 other available alternative means of separation from likely abusers. P. S. 5324.12, further states that if the facility cannot conduct such an assessment immediately it may not hold the inmate in involuntary segregated housing for more than 24 hours.

Three staff were interviewed who work in segregated housing. All three staff report that inmates are not held in segregated housing for protection from sexual abuse or after having alleged sexual abuse. The Acting Warden was interviewed and stated that inmates are only held in involuntary segregated housing for risk of victimization if no other means to keep them safe exists. It is only utilized as a last resort. USP Lewisburg meets all requirements of this provision of the standard.

115.43 (b)

BOP P.S. 5324.12 states that when an inmate is placed in special housing involuntarily, access to programs, privileges, education, or work should not be interrupted, to the extent possible. P. S. 5324.12, further states that if there are limitations documentation must reflect the limitation, duration, and rationale for the limitation. As per the three staff interviewed who supervise inmates in segregated housing there are no instances in the last twelve months where an inmate was housed in involuntary segregation for risk of sexual abuse victimization. USP Lewisburg meets all requirements of this provision of the standard.

115.43 (c)

BOP P.S. 5324.12 states that the facility shall assign inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged and such an assignment shall not ordinarily exceed a period of 30 days. The three staff who supervise inmates in segregated housing could not identify when an inmate was held in involuntary segregation for risk of victimization. USP Lewisburg meets all requirements of this provision of the standard.

115.43 (d)

BOP P.S. 5324.12 states that States that if an involuntary segregated housing assignment is made the facility shall clearly document the basis for the facilities concern for the inmate safety and the reason why no alternative means of separation can be arranged. P. S. 5324.12, states that when determining an appropriate method of safeguarding the inmate assigned at risk for victimization, the Warden ensures all options are considered by completing, signing, and dating form BP - A1002, Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation. USP Lewisburg is compliant with this provision of the standard.

115.43 (e)

BOP P.S. 5324.12 states that the inmate's status is reviewed weekly during Special Housing Unit Meetings. This auditor received a memo dated August 5, 2022, from the Warden stating that USP Lewisburg has not placed any inmates at high risk for sexual victimization in involuntary segregated housing. The three staff interviewed who supervisor inmates in segregated housing report that reviews are conducted weekly. USP Lewisburg meets all requirements of this provision.

This auditor finds USP Lewisburg to be in compliance with all provisions of this standard.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) Yes No NA

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.51 (a)

BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program reviews the various internal ways for inmates to privately report sexual abuse and harassment, retaliation by other inmates or staff for reporting sexual abuse or sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. P.S. 5324.12 states that Bureau inmates are encouraged to report allegations to staff at all levels and are also provided with avenues of internal reporting such as telephonically to specific departments or by mail to an outside entity. While on-site this auditor saw signage indicating various methods of reporting to include telling a staff member, filing an Administrative Remedy, electronic messaging to staff or the Department of Justice Sexual Abuse Reporting Mailbox, or in writing to the Office of Inspector General. As per the fifteen random staff interviewed, inmates can privately report sexual abuse and sexual harassment, retaliation by inmates or staff for reporting sexual abuse or sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment. As per the staff interviewed, inmates can write a cop-out, ask to speak to staff privately, email on TRULINCS any department or official. USP Lewisburg is compliant with the requirements of provision a. of this standard.

115.51 (b)

BOP P.S. 5324.12 states that at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials and allows the inmate to remain anonymous upon request shall be provided. P.S. 5324.12 indicates that inmates are provided contact information and access to the Office of Inspector General to make reports. The signage throughout the facility provides the address for the Office of Inspector General. A memo provided by the Warden, dated August 5, 2022, states that inmates can report sexual abuse or harassment to any BOP staff member, by filing an administrative remedy, writing an electronic message to staff through TRULINCS, or by writing to the Office of the Inspector General. As per the fifteen random staff interviewed, inmates can report incidents of sexual abuse or sexual harassment verbally, in writing, anonymously, and from third parties. As per the staff interviewed, all reports of sexual abuse and sexual harassment are investigated immediately upon receiving the allegation. All thirty-one inmates interviewed report that they are able to report incidents of sexual harassment and sexual abuse to a public or private entity or office that is not part of the agency through U.S. Mail, the phone, or through email. USP Lewisburg is compliant with the provision of this standard.

115.51 (c)

BOP P.S. 5324.12 states that staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. A memo provided by the Warden dated August 5, 2022 states that staff are to report all alleged reports to the Operations Lieutenant, the Operations Lieutenant would report to the PREA Compliance Manager and the PREA protocol would be activated. 3420.11, Standards of Employee Conduct states that employees must report any violation, appearance of violation, or attempted violation of any law, rule, or regulation as soon as possible but no later than 24 hours. 3420.11 indicates that a failure to report could result in disciplinary action up to and including removal. All thirty-one inmates interviewed reported that they are able to make reports of sexual abuse and sexual harassment in writing, verbally, or through a third party such as a family member or another inmate. Twenty-eight of the thirty-one inmates interviewed report being aware that they are able to report allegations of sexual abuse or sexual harassment anonymously. USP Lewisburg is compliant with the requirement of this provision.

115.51 (d)

BOP P.S. 5324.12 states that staff may contact any supervisory staff at the local institution, regional staff, or Central Office staff, including the Regional PREA Coordinators and the National PREA Coordinator. P.S. 5324.12 further states that allegations involving staff members may also be reported to the Office of Internal Affairs or the office of Inspector General. 3420.11, Standard of Employee Conduct states that staff must report and a failure to do so could result in disciplinary action up to and including removal. Fifteen random staff interviewed reported that they are able to privately report sexual abuse and sexual harassment of inmates. Some methods of reporting would be notifying SIS, Warden, their immediate supervisor. USP Lewisburg is compliant with the requirement of this provision.

This auditor finds USP Lewisburg to be in compliance with all provisions of this standard.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
 Yes No NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party file such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.52 (a)

BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program references P.S. 1330.18, Administrative Remedy Program for this standard. 1330.18 outlines the Administrative Remedy Program, indicating that USP Lewisburg is not exempt from this standard.

115.52 (b)

P.S. 1330.18 describes the grievance process for allegations of sexual abuse and sexual harassment. P.S. 1330.18 states that the agency does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse and that the agency does not require an inmate to use the informal grievance process or attempt to resolve with staff an alleged incident of sexual abuse. Based on the policy review USP Lewisburg is compliant with this requirement of the provision.

115.52 (c)

P.S.1330.18 states that the agency will ensure that an inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint. The Institution Admission and Orientation Handbook and the Sexually Abusive Behavior Prevention and Intervention handout for inmates was reviewed by this auditor. Both note that you can report an incident of sexual abuse through the Administrative Remedy process. Based on the policy review, USP Lewisburg is compliant with this provision of the standard.

115.52 (d)

P.S. 1330.18 outlines the grievance process for allegations of sexual abuse and sexual harassment. P.S. states that that the agency would issue a final decision on grievances related to sexual abuse within 90 days of the initial filing. The 90 days does not include the time used by the inmate to prepare any administrative appeal. The agency may claim an extension up to 70 days if the normal time period for response is insufficient to make an appropriate decision. The inmate must be notified in writing of the extension and provide a date by which the decision will be made. P.S. 1330.18 also indicates that if the inmate does not receive a response within the allotted timeframe, the inmate will consider the absence of a response to be a denial. This auditor received a memo from the Warden dated August 5, 2022, stating that USP Lewisburg, in the past twelve months, 3 has not had an allegation of sexual abuse in an Administrative Remedy which involved an extension because the final decision was not reached in 90 days. The Pre-Audit Questionnaire reports that there were no grievances filed that alleged sexual abuse. This auditor finds USP Lewisburg to meet the requirements of this provision.

115.52 (e)

P.S. 1330.18, outlines the grievance process for third party allegations of sexual abuse and sexual harassment. P.S. 1330.18 states that third parties are permitted to assist inmates in filing requests for administrative remedies for sexual abuse and are permitted to file such requests on behalf of the inmate. In addition, it states that if a third-party files a report on behalf of an inmate that the agency may require the alleged victim to agree with the request prior to filing and if the inmate declines the agency will require the inmate to complete a sworn affidavit stating he does not want the grievance to proceed. The Pre-Audit Questionnaire reports that there were no grievances alleging sexual abuse filed by inmates in the past twelve months. USP Lewisburg meets the requirements of this provision of the standard.

115.52 (f)

P.S. 1330.18 states that the agency provides inmates the opportunity to file an emergency grievance alleging substantial risk of imminent sexual abuse and the grievance will be addressed immediately. P.S. 1330.18 indicates that that an initial response will be provided within 48 hours and that a final decision will be made within five calendar days. The final decision will document the agency's determination whether the inmate is at substantial risk of imminent sexual abuse and the action taken in

response to the emergency grievance. The Pre-Audit Questionnaire states that there were no emergency grievances filed in the last twelve months alleging substantial risk of imminent sexual abuse. USP Lewisburg meets the requirement of this provision of the standard.

115.52 (g)

P.S. 1330.18 states that inmates may be disciplined for filing a grievance in bad faith. The Pre-Audit Questionnaire indicated that no inmates were disciplined in the last twelve months for filing a grievance in bad faith regarding sexual abuse. USP Lewisburg meets the requirements for this provision of the standard.

This auditor finds USP Lewisburg to be in compliance with all provisions of this standard.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.53 (a)

BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program states that inmates shall be provided with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers. P. S. 5324. 12 further states that the facility shall enable reasonable communication between the inmates and these organizations and agencies, and as confidential manner as possible. As per P. S. 5324. 12, the PREA Compliance Manager, with the assistance of psychology services staff, seeks to establish an agreement with community service providers who can provide confidential emotional support services as it relates to sexual abuse. If an agreement is not feasible the attempts to form such a relationship must be documented. USP Lewisburg has an MOU with Transitions of PA to provide victim advocacy services and emotional support as it relates to sexual abuse. this auditor contacted transitions of PA and confirmed that a General Services contract is in place. Of the thirty-one inmates interviewed, fourteen were aware of the outside victim advocate services for emotional support services, ten were not sure, and seven were not aware. This auditor reviewed the Institution Admission and Orientation Handbook provided to all inmates at intake and the information is in the handbook. This auditor also spoke with Transitions of PA who verified that they provide general services to inmates through the mail, telephone, or in person if necessary. The information is for Transitions of PA is in the Institution Admission and Orientation handbook provided to the inmates at intake This auditor also reviewed the MOU between Transitions of PA and the BOP and verify that the services required by this standard are included in the MOU. This auditor finds USP Lewisburg to be in compliance with all requirements of this provision.

115.53 (b)

BOP P.S. 5324.12 states that inmates shall be informed prior to giving them access, the extent of which such communications will be monitored and the extent in which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. USP Lewisburg meets the requirements of provision b. of this standard.

115.53 (c)

BOP P.S. 5324.12 states that the agency shall maintain our attempt to enter into MOU's or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse. The MOU between BOP USP Lewisburg and Transitions of PA was reviewed by this auditor. This auditor also contacted Transitions of PA and verified that a general services agreement is in place and current. This auditor finds that USP Lewisburg meets the requirements of provision c. of this standard.

USP Lewisburg is compliant with all provisions of this standard.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.54 (a)

BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program states that the agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of the inmate. The Bureau posts this publicly on their website under a "Contact Us" tab. Third parties can submit concerns in writing on behalf of an inmate. This auditor finds USP Lewisburg to be compliant with this standard.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.61 (a)

BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program states that all staff are required to report immediately and according to policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, retaliation against inmates or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. P.S. 5324.12 further outlines this process. As per P.S. 5324.12 all staff must report the information concerning incidents or possible incidents of sexual abuse or sexual harassment to the Operations Lieutenant. Staff will then provide a written follow-up memorandum to the Operations Lieutenant to document the report. The Operations Lieutenant will notify the PREA compliance manager. The PREA Compliance Manager will determine whether a full response protocol is needed. All fifteen random staff interviewed as well as staff interviewed informally throughout the tour of the facility report that they would immediately ensure the alleged victim is safe and notify the Operations Lieutenant. This auditor finds USP Lewisburg to meet the requirements of this provision of the standard.

115.61 (b)

BOP P.S. 5324.12 states that the information concerning the identity of the alleged inmate victim and the specific facts of the case are limited to the staff who need to know because of their involvement with the victim's welfare and the investigation of the incident. Staff interviewed indicated that they would only provide information regarding reported allegations of sexual abuse or harassment to the Operations Lieutenant or investigative staff. This auditor finds USP Lewisburg to be in compliance with this provision of the standard.

115.61 (c)

P.S. 5324.12 states that medical and mental health practitioners are required to report sexual abuse and are further required to inform inmates of their duty to report and the limitations of confidentiality at the initiation of services. All four medical and mental health staff interviewed report that they notify inmates of their duty to report and the limitations of confidentiality at the initiation of services. This auditor finds USP Lewisburg to be in compliance with this provision of the standard.

115.61 (d)

As per BOP P.S. 5324.12 if the alleged victim is under the age of 18 or considered a vulnerable adult under state or local vulnerable persons statute, the allegation shall be reported to the designated state or local Services Agency under applicable mandatory reporting laws. The Agency Acting PREA Coordinator and the Acting Warden did note during interview that if an allegation would occur by someone under the age of 18 or someone considered a vulnerable adult under state or local law, the institution staff would report the allegation to designated state or local service agencies under the applicable mandatory reporting laws. USP Lewisburg is compliant with the requirement of this provision of the standard.

115.61 (e)

BOP P.S. 5324.12 states that all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, shall be reported to the facilities designated investigators. P.S. 5324.12 further states that staff must report and respond to allegations of sexually abusive behavior regardless

of the source of the report. The PREA Compliance Manager refers the incident for investigation to the appropriate office and reviews the incident for any further response. The Acting Warden and PREA Compliance Manager was interviewed on-site and reported that all allegations of sexual abuse and sexual harassment are reported directly to the Special Investigative Supervisor (SIS) or Special Investigative Agent (SIA). This auditor finds that USP Lewisburg meets the requirement of this provision of the standard.

This auditor finds USP Lewisburg to be in compliance with all provisions of this standard.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.62 (a)

BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program states that when an inmate is subject to substantial risk of imminent sexual abuse, staff shall take immediate action to protect the inmate. P.S. 5324.12 further outlines the response as such, when inmate-on-inmate sexual abuse the Operations Lieutenant is notified immediately and safeguards the inmate, referrals are made to Psychology Services for assessment and the PREA Compliance Manager is notified. If it is a staff-on-inmate sexual abuse allegation, the inmate shall be safeguarded which could include a reassignment of staff. If it is an inmate-on-staff sexual abuse allegation with the staff member being the alleged victim, all options for safeguarding the staff member will be considered. As per the Agency Head, when it is learned that an inmate is subject to a substantial risk of imminent sexual abuse the staff immediately safeguards the alleged victim by separating him/her from the potential danger. The actions of staff vary depending on the severity of the threat. If the possible threat is by another inmate, the inmate's housing assignment, or work assignment could be changed, or the inmate can be placed on a Special Housing Unit. If the threat is from a staff member, other options exist in addition to these to include a change in the staff members work assignment or removal from the

facility while the investigation is conducted. All fifteen random staff interviewed reported that if an inmate were to report being at imminent risk of sexual abuse, they would immediately take action and ensure the safety of the inmate until the Lieutenant arrives. This auditor also received memos from the Warden dated August 5, 2022 stating the following, there were no instances in the last twelve months that an inmate was subject to substantial risk of imminent sexual abuse, action is taken immediately if any sexual harassment or abuse is alleged, and the longest amount of time elapsed before taking action is no longer than 48 hours, but the concern is addressed immediately. Another memo from the Warden dated August 5, 2022, stated that when staff become aware or suspect that an inmate is being sexually abused or sexually harassed the situation is addressed immediately without malice or blaming the victim. Staff are to protect the victim by separating the victim and the perpetrator, securing the scene for any possible evidence, and contacting the Operations Lieutenant, Health Services, and Psychology Services. This auditor finds USP Lewisburg to be in compliance with this standard.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.63 (c)

- Does the agency document that it has provided such notification? Yes No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.63 (a)

BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program states that upon receiving an allegation that an inmate was sexually abused while confined at another facility the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. P.S. 5324 .12 further states that in cases where there is an allegation that sexually abusive behavior occurred at another Bureau facility, the Warden of the victim's current facility reports the allegation to the Warden of the identified institution. In cases alleging sexual abuse by staff at another institution, the Warden of the inmate's current facility refers the matter directly to the Office of Internal Affairs (OIA). For non-Bureau secure privatized facilities, jails, juvenile facilities, and Residential Reentry Centers, the Warden will contact the appropriate office of the facility and notify the privatization management or the residential reentry management branches as appropriate. For non-Bureau facilities the Warden contacts the appropriate office of that correctional agency. The Acting Warden states that when the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred in the facility, it is referred to the SIS and they would initiate the investigation. The Acting Warden also confirmed that he is responsible for notifying other institutions when reports are made at USP Lewisburg regarding incidents in other institutions. USP Lewisburg meets the requirements of this provision of the standard.

115.63 (b)

P.S. 5324.12 states that notifications outlined in provision a. of this standard are to be made as soon as possible, no later than 72 hours after receiving the allegation. As per the Acting Warden there are no instances of inmates reporting sexual abuse within USP Lewisburg at other institutions, there was one instance of an inmate reporting sexual abuse at another institution. The PREA Compliance Manager provided the file on this allegation to the auditor for review, the review shows the other institution was notified within 72 hours of the incident. USP Lewisburg meets the requirements of provision b. of this standard.

115.63 (c)

P.S. 5324.12 states that notifications provided to other institutions must be documented. The PREA Compliance Manager and Acting Warden provided the auditor with the file of the one occurrence of an inmate alleging sexual abuse in another facility. The file contained documentation showing that the other facility was notified within 72 hours. This auditor finds that USP Lewisburg meets the requirements of this provision of the standard.

115.63 (d)

P.S. 5324.12 states that the facility head or agency office that receives notifications that an alleged sexual abuse occurred in the facility must ensure that the allegation is investigated appropriately. The Acting Warden confirmed that all allegations received from other institutions are sent immediately to SIS and investigations are conducted just as they would be for any other PREA related investigation. This auditor finds USP Lewisburg to meet the requirements of this provision of the standard.

USP Lewisburg is compliant with all provisions of this standard.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.64 (a)

BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program states that upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to: separate the alleged victim and abuser, preserve

and protect any crime scene, request that the alleged victim not take any actions that can destroy physical evidence and ensure that the alleged abuser does not take any actions that can destroy physical evidence. Six staff who act as first responders were interviewed by this auditor. All six stated that when learning of an allegation that an inmate was sexually abused the first thing they must do is separate the alleged victim and abuser. Following separation and ensuring that the victim is safe, staff are to preserve and protect the crime scene, notify their immediate supervisor, ensure that the victim and the alleged abuser do not take any actions that could destroy physical evidence such as eating, drinking, showering, going to the bathroom, changing clothes, brushing teeth, until they are seen by medical and it is determined whether or not the abuse occurred within a time period that still allows for the collection of physical evidence. Most staff interviewed on-site referenced a pocket guide which outlines the steps that must be taken when responding to an incident of sexual abuse. This auditor finds USP Lewisburg meets the requirements of this provision of the standard.

115.64 (b)

All staff at USP Lewisburg are considered security staff first and trained as such. All staff therefore have an obligation to respond as if they were security staff to any and all incidents in the institution as per the Acting Warden. The staff are responsible for preserving the crime scene only, SIS staff are responsible for collecting information and evidence as per P.S. 5324.12. This was further confirmed by staff interviews. All 15 random staff interviewed and six first responder staff reported that they must ensure the safety of the inmates, secure the scene, and contact their supervisor who will then contact SIS. As per staff interviews SIS typically responds within the hour. This auditor finds USP Lewisburg meets the requirements of this provision of the standard.

USP Lewisburg is compliant with all provisions of this standard.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.65 (a)

BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program states that the facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse to include medical, mental health, leadership, security and investigatory staff. P.S. 5324.12 outlines the plan as such, staff report incidents of sexual abuse to the Operations Lieutenant, who refers the victim to Health Services for a physical assessment, and Psychology Services for assessment of vulnerability and treatment needs as well as notifies all applicable parties including the investigative staff, the Warden, and the PREA Compliance Manager. If the PREA Compliance Manager reviews the relevant factors and makes a determination of what level of response is required. This auditor was also provided the Institution Supplement LEW 5324.12D which outline the local established procedures in place to detect, respond, and prevent sexual abuse and sexual harassment. The supplement defines the responsibilities of all staff when responding to an allegation of sexual abuse. The Acting Warden further described the coordinated response during interview, stating that all staff are taught how to safeguard the inmate, notify their supervisor, and then the referrals are made at that level to Psychology Services, Medical Services, and the investigators.

After interviews with inmates and staff while on-site, and review of the documented process for response to allegations of sexual abuse, this auditor finds that USP Lewisburg exceeds this standard. The interdisciplinary team in place after an alleged incident occurs excels at communicating, collaborating, and providing a high-quality service to inmates. Inmates reported that at high numbers that Psychology Services, Medical Services, and Security work in collaboration to ensure their needs are met. Staff reported in their interviews the interactions with the various disciplines within the facility. This auditor interviewed the SIA, Clinical Director and the Psychology Services Director who mirrored their responses regarding providing high quality services to inmates when they have been victims of sexual abuse. This auditor found through interviews and review of policy that even after hours and weekends, responses from the various disciplines are prompt and well-coordinated.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits 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? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.66 (a)

BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program states that neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits 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. The Agency Head confirmed that the current master agreement permits the agency to remove an employee from an institution when an allegation adversely affects the agency's confidence in the employee or the security of the institution. The Agency Head further stated that the employee may be removed from the institution pending an investigation and resolution of the matter in accordance with applicable laws, rules and regulations. This auditor reviewed the Local 148 Supplemental Agreement for USP Lewisburg and noted that there is nothing in the agreement that would limit the institutional leadership from removing a staff member from contact with inmates pending an investigation. The Master Agreement with the BOP was reviewed and clearly states that the employer may reassign or remove the employee from the institution pending investigation and resolution of the matter, in accordance with applicable laws, rules, and regulations. This auditor finds USP Lewisburg to be in compliance with all provisions of this standard.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
 Yes No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.67 (a)

BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program states that the agency shall establish a policy to protect all inmates and staff report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff and shall designate a staff member or department charged with monitoring retaliation. The staff member designated at USP Lewisburg is the PREA Compliance Manager. The Agency Head reported during an interview that the Institution's PREA Compliance Manager monitors inmates and staff to ensure there is no retaliation for alleging or reporting sexually abusive behavior. As per the agency head this monitoring for inmates would include housing and cell assignments, work assignments, programming changes, and disciplinary action. For staff the monitoring would include reassignment of work, posts, performance evaluations, and shift changes. In addition to the monitoring described, the person being monitored will be offered psychology services to ensure their mental and emotional well-being is cared for. The PREA Compliance Manager who is responsible for monitoring retaliation was interviewed and confirms that at the start of the allegation the monitoring begins and continues for at least 90 days following the allegation, unless the allegation is unfounded. USP Lewisburg meets the requirement of this provision of the standard.

115.67 (b)

BOP P.S. 5324.12 states that the agency shall employ multiple protection measures for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The PREA Compliance Manager and Acting Warden stated that reviews include checking for job changes, issues, housing changes and changes to programming. The PREA Compliance Manager and Acting Warden also noted that while he continues to monitor these

things Psychology Services meets with them regularly. USP Lewisburg meets the requirement of this provision of the standard.

115.67 (c)

BOP P.S. 5324.12 states that for at least 90 days following a reported incident of sexual abuse the agency shall monitor for any signs of retaliation. P.S. 5324.12 further indicates that the institution PREA Compliance Manager monitors staff and inmates who have reported sexual abuse allegations to protect them from retaliation for 90 days. If the initial monitoring indicates a continued need, periodic status checks will occur. As per the Pre-Audit Questionnaire and the PREA Compliance Manager, there were no instances of retaliation in the last twelve months. The PREA Compliance Manager confirmed that monitoring occurs for up to 90 days but will be extended as needed, there is no maximum time for monitoring retaliation. USP Lewisburg meets the requirement of this provision of the standard.

115.67 (d)

As per BOP P.S. 5324.12 monitoring of inmates shall also include periodic status checks. This was confirmed by the PREA Compliance Manager and Acting Warden. Psychology Services provides services to inmates who alleged or reported sexual abuse or sexual harassment at least every thirty days. This auditor finds USP Lewisburg to meet the requirements of provision d. of the standard.

115.67 (e)

As per BOP P.S. 5324.12 if any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures to protect that individual against retaliation will be taken. As per the Agency Head, if an inmate or staff member who cooperates with an investigation expresses a fear of retaliation, that individual will be monitored in the same manner as the individual who reported the allegation and will be protected against such retaliation. USP Lewisburg meets the requirements of provision e. of the standard.

This auditor finds that USP Lewisburg is compliant with all provisions of this standard.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.68 (a)

BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, states that any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements standard 115.43. A memo from the Warden dated August 5, 2022, states that USP Lewisburg has had no cases of utilizing involuntary segregated housing for inmates who have suffered sexual abuse. Three staff who supervise inmates in segregated housing confirmed that no inmates have been placed in involuntary segregation over the last twelve months for protection following an alleged sexual abuse. This auditor finds USP Lewisburg to be in compliance with all provisions of this standard.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (I)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.71 (a)

BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program states that when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third party and anonymous reports. P.S. 5324.12 further states that at the conclusion of an investigation the allegations must be indicated as either substantiated, unsubstantiated, or unfounded. P.S. 5324.12 outlines the full response protocol which includes what notifications must be made. All three investigative staff interviewed as well as the fifteen random staff interviewed report that investigations regarding sexual abuse and sexual harassment are initiated immediately. The investigative staff report that even in off duty hours, investigative staff typically respond within the hour for sexual abuse allegations. The three investigative staff report that once they are made aware of the allegation they ensure the safety of the inmate, ensure the scene is preserved, refer the inmates Medical Services and Psychology Services for evaluation, and make the required notifications. The three investigative staff interviewed, and the fifteen random staff interviewed, all report that third party reports and anonymous reports are all handled in the same manner as any other report. This auditor finds USP Lewisburg meets the requirements of this provision of the standard.

115.71 (b)

BOP P.S. 5324.12 states that the agency shall use investigators who have received specialized training in sexual abuse investigations. All three investigators indicate that they received specialized training for sexual abuse investigations and this auditor confirmed this during review of training records. USP Lewisburg meets the requirement of this provision of the standard.

115.71 (c)

BOP P.S. 5324.12 states that investigators shall gather and preserve direct and circumstantial evidence, shall interview alleged victims, suspected perpetrators and witnesses, and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. P.S. 5324.12 clarifies that evidence collection is not a staff first responder responsibility. That is conducted by the investigators. P.S. 5324.12 further clarifies that previous unsubstantiated or unfounded complaints and reports cannot be used as evidence. The three investigative staff interviewed report that evidence gathered includes photographs, interviews, witness statements, incident reports, clothing, bedding, video surveillance, and a forensic examination, if possible, would be collected at the local hospital by a SANE or SAFE and provided to investigators. USP Lewisburg meets the requirement of provision c. of this standard.

115.71 (d)

BOP P.S. 5324.12 states that when the evidence appears to support criminal prosecution, the agency shall conduct compelled interviews after consulting with prosecutors. All three investigative staff interviewed state that referrals are made to the Federal Bureau of Investigation (FBI) when the evidence appears to support criminal prosecution. USP Lewisburg meets the requirement of provision d. of this standard.

115.71 (e)

BOP P.S. 5324.12 states that the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and should not be determined by the person's status as an inmate or staff. P.S. 5324.12 further states that a polygraph examination shall not be required. As per investigative staff interviewed, the credibility of an alleged victim, suspect, or witness is assessed based on the physical evidence and their statements. The investigative staff all reported that they would never require an inmate to submit to a polygraph or other truth telling device as a condition for proceeding with an investigation. USP Lewisburg meets the requirements of provision e. of this standard.

115.71 (f)

BOP P.S. 5324.12 states that administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse and shall be documented in written reports that included description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. P.S. 5324.12 states that administrative investigations should also consider whether other factors such as physical layouts, staffing patterns, institution operations, contributed to the abuse. The three investigative staff interviewed confirmed that during investigation staff actions or failures to act are reviewed. The investigative staff interviewed report that this is also reviewed during the Incident Reviews and when, during the course of investigation it is evident that staff failures contributed to the abuse, management is notified immediately. USP Lewisburg meets the requirement of this provision.

115.71 (g)

BOP P.S. 5324.12 states that criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence. The investigative staff interview confirmed that all investigations are documented in a written report to include the evidence collection throughout the investigation. USP Lewisburg meets the requirement of this provision of the standard.

115.71 (h)

BOP P.S. 5324.12 states that substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. The three investigative staff confirm that if the allegation of conduct appears to be criminal and is substantiated it is referred to the FBI. USP Lewisburg meets the requirement of provision h. of this standard.

115.71 (i)

BOP P.S. 5324.12 states that all written reports shall be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. As per the investigative staff, sexual abuse investigative reports are maintained in the investigations database indefinitely. This was further confirmed by the PREA Compliance Manager. USP Lewisburg meets the requirement of this provision.

115.71 (j)

BOP P.S. 5324.12 states that the departure of the alleged abuser or victim from employment or control of the facility or agency shall not provide a basis for terminating the investigation. The investigative staff interviewed stated that regardless of whether the victim or abuser is still working or being housed at the facility, the investigation is conducted until completion. USP Lewisburg meets the requirement of this provision of the standard.

115.71 (l)

BOP P.S. 5324.12 states that the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The Acting PREA Coordinator stated during interview that the facility investigative staff and or the Office of Internal Affairs (OIA) conduct the majority of investigations of allegations of sexual abuse. The Acting PREA Coordinator further stated that if the Office of Inspector General (OIG) is conducting the investigation they provide updates to the institution and at the conclusion of their investigation they inform OIA of the outcome. The Acting Warden was interviewed and stated that the facility Special Investigative Agent (SIA) or Special Investigative Supervisor (SIS) would work with the Federal Bureau of Investigation (FBI) or OIG regarding the progress of sexual abuse investigations. The SIA interviewed reports acting as the liaison between the BOP and the FBI. USP Lewisburg meets the requirement of this provision.

This auditor finds USP Lewisburg to be in compliance with all provisions of this standard.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.72 (a)

BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program states that the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Of the three investigative staff interviewed only one was a Special Investigative Agent (SIA). The SIA interviewed reports that the standard of evidence required to substantiate an allegation of sexual abuse or sexual harassment is 51% of the evidence. This is equivalent to a preponderance of the evidence. This auditor finds USP Lewisburg to be in compliance with the provision of this standard.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever:

The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.73 (a)

BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program states that following an investigation into an inmate's allegation of sexual abuse, the Special Investigative Lieutenant provides the inmate with notification of the outcome of the investigation. The

PREA Investigation Log includes a column to note when the inmate was notified of the outcome. This auditor reviewed the PREA Investigation Tracking Log on-site indicating that the two incidents investigated provided outcome notification to the inmate. This auditor also reviewed investigation files on-site and noted each investigation file contained notification of outcome letter to the inmate from the Special Investigative Lieutenant. The Acting Warden confirmed during the interview that inmates who allege sexual abuse are informed whether the investigation found the allegation to be substantiated, unsubstantiated, or unfounded. The three investigative staff interviewed confirmed that inmates are provided letters notifying them of the outcome of all sexual abuse investigations. USP Lewisburg meets the requirements of this provision of the standard.

115.73 (b)

BOP P.S. 5324.12 states that if the agency did not conduct the investigation, it shall request the information from the investigative agency in order to inform the inmate. As per the PREA Audit Questionnaire and a memo from the Warden dated August 5, 2022, there were no investigations in the past twelve months completed by an outside agency. USP Lewisburg meets the requirements of this provision of the standard.

115.73 (c)

BOP P.S. 5324.12 states that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the inmate shall be informed when the staff member is no longer posted within the inmate's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility, or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. As per a memo dated August 5, 2022, from the Warden, the facility has not been required to make any notifications of this manner within the last twelve months. USP Lewisburg meets the requirements of this provision.

115.73 (d)

BOP P.S. 5324.12 states that following an inmate allegation of sexual abuse by another inmate, the agency shall inform the alleged victim whenever the agency learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. As per a memo dated August 5, 2022, from the Warden, USP Lewisburg has not been required to make notifications of this kind in the last twelve months. USP Lewisburg meets the requirement of this provision.

115.73 (e)

BOP P.S. 5324.12 states that all notifications shall be documented and maintained in the investigation file. As per the Pre-Audit Questionnaire, in the past twelve months, there were two notifications made to inmates and both were documented. This auditor reviewed the two investigation files while on-site and confirmed that the notification letter was maintained in the file. USP Lewisburg meets the requirement of this provision.

This auditor finds USP Lewisburg to be in compliance with all the provisions of this standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.76 (d)

- Are 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, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are 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, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.76 (a)

BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program states that Bureau employees are subject to the Program Statement Standards of Employee Conduct, the Master Agreement, and employment-based laws rules and regulations. P.S. 5324.12 further states that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Program Statement 3420.11 Standards of Employee

Conduct states that an employee may not engage in, or allow another person to engage in, sexual behavior with an inmate. P.S. 3420.11 further states that all allegations of sexual abuse will be thoroughly investigated and when appropriate referred to the authorities for prosecution. USP Lewisburg meets the requirements of this provision of the standard.

115.76 (b)

BOP P.S. 5324.12 states that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. P.S. 5324.12 further states that if evidence supports that a staff member engaged in sexual abuse the matter will first be referred for criminal prosecution. Administrative discipline will be conducted using the Program Statement Standards of Employee Conduct, the Program Statement Human Resource Management Manual, and the collective bargaining agreement. This auditor was provided with a memo from the Warden dated August 5, 2022, stating that USP Lewisburg has not had any terminations, resignations, or other sanctions against staff for violating agency sexual abuse or sexual harassment policies within the past twelve months. P.S. 5320.11 states that employees are subject to administrative action up to and including removal for any inappropriate contact, sexual behavior, or relationship with inmates, regardless of whether such contact constitutes a prosecutable crime. USP Lewisburg reports that no staff from the facility have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies. USP Lewisburg meets the requirements of this provision of the standard.

115.76 (c)

BOP P.S. 5324.12 states that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts committed, the staff members disciplinary history, and the sanctions imposed for comparable offenses by other staff and similar histories. USP Lewisburg meets the requirements of this provision of the standard.

115.76 (d)

BOP P.S. 5324.12 states that 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, should be reported to law enforcement agencies, unless the activity was not criminal, and to any relevant licensing bodies. USP Lewisburg reports that No staff from the facility have been reported to law enforcement or licensing boards following their termination for violating agency sexual abuse or sexual harassment policies. USP Lewisburg meets the requirements of this provision of the standard.

This auditor finds USP Lewisburg to be in compliance with all provisions of this standard.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No

- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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115.77 (a)

BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program states that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies or other relevant licensing bodies, unless the activity was not criminal. The Pre-Audit Questionnaire and a memo from the Warden dated August 5, 2022, indicates that there were no contractors or volunteers reported to law enforcement for sexual abuse of inmates in the last twelve months. Policy 3420.11 Standard of Employee Conduct, further emphasizes that sexual relationships or sexual contact with inmates is not allowed and any occurrence of such would result in administrative action up to and including removal. This applies to contractors and volunteers as well. As per the Acting Warden, if a contractor or volunteer were to be in violation of any sexual abuse or sexual harassment policies, they would be referred for criminal prosecution if applicable and not allowed access to the facility. This auditor finds USP Lewisburg to meet the requirements of this provision of the standard.

115.77 (b)

BOP P.S. 5324.12 states that appropriate remedial measures shall be taken and shall consider whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. A memo from the Warden, dated August 5, 2022, states that USP Lewisburg did not have any reports of sexual abuse or harassment perpetrated by a contractor or volunteer during this review period, therefore no remedial measures have been taken. The Acting Warden confirmed that the facility would take appropriate action against contractors and volunteers who are in violation of the agency sexual abuse or sexual harassment policies. USP Lewisburg meets the requirements of the provision.

This auditor finds USP Lewisburg to be in compliance with all provisions of this standard.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.78 (b)

- Are sanctions 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? Yes No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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115.78 (a)

BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program states that inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding or criminal finding of guilt that the inmate engaged in inmate-on-inmate sexual abuse. As per the Pre-Audit Questionnaire, there have been no administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility in the last twelve months. The Pre-Audit Questionnaire also indicates that there were no criminal findings of guilt for inmate-on-inmate sexual abuse that occurred at the facility in the last twelve months. The Acting Warden reported during interview that the inmate would be subject to whatever sanction the Attorney General's Office deemed fit criminally and would go through the inmate disciplinary process administratively for substantiated occurrences of sexual abuse in the facility. USP Lewisburg meets the requirement of this provision.

115.78 (b)

BOP P.S. 5324.12 states that sanctions shall be 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. The Acting Warden confirmed during interview that sanctions for sexual abuse in the institution are in accordance with this provision of the standard. USP Lewisburg meets the requirement of provision b. of this standard.

115.78 (c)

BOP P.S. 5324.12 states that disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what sanctions should be imposed. As per the Acting Warden there are a wide variety of sanctions, and the hearing officer considers all factors that may have contributed to the disciplinary infraction. USP Lewisburg meets the requirement of this provision.

115.78 (d)

BOP P.S. 5324.12 states that the facility shall consider whether to require the offending inmate to participate in therapy, counseling, or other interventions as a condition of access to programming or other benefits. As per the medical, mental health, investigative, and first responder staff interviewed, Psychology Services meets with every perpetrator to evaluate for need of services. USP Lewisburg meets the requirement of this provision.

115.78 (e)

BOP P.S. 5324.12 states that an inmate can be disciplined for sexual contact with staff but only upon a finding that the staff member did not consent to such contact. P. S. 5324. 12 further clarifies that sexual abuse and sexual harassment of staff members should be addressed through other existing statutes, policies, and procedures such as using the inmate discipline system and referral to criminal prosecution. A memo from the Warden dated August 5, 2022 indicates that USP Lewisburg has not had any cases against inmates for sexual conduct with staff. USP Lewisburg meets the requirement of this provision.

115.78 (f)

BOP P.S. 5324.12 states that a report of sexual abuse made in good faith-based upon a reasonable belief that the alleged conduct occurred shall not constitute as a false report even if the investigation does not establish evidence sufficient to substantiate the allegation. P.S. 5324.12 clearly states that inmates will be held responsible for manipulative behavior and intentionally making false allegations. The Special Investigative Agent (SIA) explained this aspect to the auditor, stating that if an allegation is unfounded, it is reviewed to determine whether it was made in good faith. If it is found to not have been, the inmate is sanctioned through the disciplinary hearing process. USP Lewisburg meets the requirement of this provision.

115.78 (g)

BOP P.S. 5324.12 states that all sexual activity between inmates is prohibited and is subject to discipline. The Acting Warden and PREA Compliance Manager confirmed that all sexual activity is prohibited during interviews. USP Lewisburg meets the requirement of this provision.

USP Lewisburg is compliant with all provisions of this standard.

MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
 Yes No NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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115.81 (a)

BOP Program Statement 5324.12, Sexually Abusive Behavior and Intervention Program states that if the inmates risk screening indicates they have experienced prior sexual victimization, whether it occurred in an institution or in the community, the inmate is offered a follow up meeting with Psychology Services within 14 days of the intake screening. The staff who provide risk screening who were interviewed report that they immediately send a referral to Psychology Services for all inmates who report prior victimization. The four medical and mental health staff who were interviewed all confirm that referrals for all inmates who report prior victimization at screening are sent to Psychology Services and Psychology Services meets with the inmate as soon as possible to determine if referrals are needed for continued services and provide support information. Seven inmates who disclose sexual victimization during risk screening were interviewed and six reported that they were offered services.

The inmates interviewed reported being offered Trauma Group, continued psychology services, and other support services were offered. This auditor finds USP Lewisburg to be in compliance with this provision of the standard.

115.81 (b)

BOP P.S. 5324.12 states that if the risk screening indicates that the inmate previously perpetrated sexual abuse, whether in an institution or the community, staff shall ensure that the inmate is offered a follow up meeting with the mental health practitioner within 14 days of the intake screening. The four medical and mental health staff interviewed, and the screening staff interviewed confirmed that they all individuals who reported prior perpetration of sexual abuse are referred to Psychology Services and seen immediately to determine if additional services are needed. As per P.S. 5324.12 inmates may be referred to specialty treatment or management programs, individual or group counseling, or managed through standard correctional techniques. P.S. 5324.12 also states that if an inmate perpetrator is determined in need of treatment services and refuses treatment, the refusal is documented and placed in their file. This auditor finds USP Lewisburg to meet the requirements of this provision of the standard.

115.81 (c)

BOP P.S. 5324.12 states that if a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow up meeting with medical or mental health practitioners within 14 days of screening. All inmates who report prior victimization at screening are referred to Psychology Services and seen as soon as possible, within fourteen days as per the screening staff interviewed and the medical and mental health care staff. This auditor finds USP Lewisburg meets the requirement of this provision of the standard.

115.81 (d)

BOP P.S. 5324.12 states that information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions. As per a memo from the Warden dated August 5, 2022, at USP Lewisburg, information related to sexual victimization or abusiveness which may have occurred in an institutional setting, is not strictly limited to medical and mental health practitioners. Such information may be reviewed by other personnel on site. This may occur in reference to the review of any housing, work, education, or programming recommendations. As per the Warden the information is stored securely in the Bureau Electronic Medical Record and the secure area of the inmates Central File. USP Lewisburg meets the requirement of this provision of the standard.

115.81 (e)

BOP P.S. 5324.12 states that medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless inmate is under the age of 18. All four medical and mental health staff report that they receive informed consent from inmates prior to disclosing prior victimization reported to them that did not occur in an institutional setting. This auditor finds USP Lewisburg meets the requirement of this provision of the standard.

USP Lewisburg is compliant with all provisions of this standard.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.82 (d)

- Are treatment services 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?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.82 (a)

BOP Program Statement, 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states that inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. P.S 5324.12 further

details the procedures for inmate victims. Medical staff are responsible for examination, documentation, and treatment of inmate injuries arising from sexually abusive behaviors. When an inmate self-reports, or is referred to health services, medical staff will notify Psychology Services and Correctional Services prior to conducting an injury assessment. Health services staff are to perform the injury assessment without compromising forensic evidence. The forensic examination is performed by a qualified sexual assault examiner at the local hospital. The forensic examination should occur as soon as practicable, but within 72 hours of staff becoming aware that an inmate reported involvement in a sexually abusive assault. P.S. 5324.12 also outlines the procedures for alleged inmate perpetrators. Health services clinicians will perform a physical injury assessment on any alleged inmate perpetrator without compromising forensic evidence. All four medical staff interviewed stated that inmates who report sexual abuse are provided timely, unimpeded access to emergency medical treatment and crisis intervention. The medical staff explained conducting their injury assessment and determining if a forensic examination is feasible. The mental health staff explained their initial steps as interviewing to determine what took place and the current emotional state of the inmate. All random staff interviewed while on-site, all inmates interviewed on-site, all reported that Medical and Psychology Services are available and arrive on-site during off-duty hours within the hour to assess the inmate. This auditor finds USP Lewisburg meets the requirements of this provision of the standard.

115.82 (b)

BOP P.S. 5324.12 states that if no qualified medical or mental health practitioners are on duty at the time of the report of a recent abuse is made, security staff first responders will take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners. As per a memo from the Warden dated August 5, 2022, both Health Services and Psychology Services utilize an on-call schedule to ensure continuity of care for services required in the aftermath of sexual abuse/assault. The medical and mental health staff interviewed report that they respond within the hour during after-hours. Other random staff interviewed corroborate the availability of Psychology Services and Medical Services. This auditor finds USP Lewisburg to be in compliance with this provision of the standard.

115.82 (c)

BOP P.S. 5324.12 states that Inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis. A memo from the Warden dated August 5, 2022, indicates that a log is kept ensuring that timely information and services concerning contraception and sexually transmitted infection prophylaxis is provided. The medical staff interviewed reported that they offer victims of sexual abuse sexually transmitted infection prophylaxis. USP Lewisburg meets the requirement of provision c. of this standard.

115.82 (d)

BOP P.S. 5324.12 states that Treatment services shall be 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. All four medical and mental health staff interviewed report that they do not charge inmates who alleged sexual abuse co-pays or require their cooperation in assessments in order to receive medical or mental health services. This auditor finds USP Lewisburg to meet the requirements of this provision of the standard.

This auditor finds USP Lewisburg to exceed this standard. The immediacy in the response of medical and mental health staff for all incidents of sexual abuse exceeds the requirement to provide timely care. The coordination and level of care exceeds the standard. Psychology Services and Medical Services work collaboratively to ensure victims of sexual abuse are provided with the highest level of care possible in the timeliest manner possible.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer 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? Yes No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.83 (g)

- Are treatment services 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?
 Yes No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.83 (a)

BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program states that 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 shall be offered. The USP Lewisburg Institution Admission and Orientation Handbook describes to inmates how they can receive services for recent or past victimization of sexually abusive behavior. As per the handbook inmates may seek counseling and/or advice from a psychologist or Chaplain. The handbook also notes that crisis counseling, coping skills, suicide prevention, mental health counseling, and spiritual counseling are all available at the facility. The contact information for outside sexual abuse emotional support services is also provided in this handbook. This auditor finds USP Lewisburg to be in compliance with all the requirements of this provision.

115.83 (b)

BOP P.S. 5324,12 states that the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Two medical and two mental health staff were interviewed while on-site. The two mental health staff explained what the evaluation and treatment of inmates victimized entails as such, first an interview or conversation occurs to build rapport and find out what happened. Once the provider has an understanding of what happened a treatment plan can be developed that can include individual and group sessions. USP Lewisburg has a trauma group which they have found to be a successful approach when working with victims of sexual abuse. The two medical staff interviewed report that the medical evaluation and

treatment entails an interview to determine what took place, basic medical examination to collect vitals, a total body review is completed to ensure there are no injuries that require immediate medical attention. If the individual has been sexually abused and they are within the required time frame for a forensic examination the inmate will be sent to the local emergency room. This auditor finds that USP Lewisburg is compliant with all requirements of this provision.

115.83 (c)

BOP P.S. 5324.12 states that victims will be provided with medical and mental health services consistent with the community level of care. All four medical and mental health staff interviewed believe that the services provided are consistent, if not better than the community level of care being they are provided immediately and in a multidisciplinary coordinated manner. USP Lewisburg meets the requirements of this provision.

115.83 (d)(e)

USP Lewisburg is an all-male facility. Provisions d. and e. are not applicable.

115.83 (f)

BOP P.S. 5324.12 states that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. All four medical and mental health staff interviewed confirmed that this was the practice at USP Lewisburg. This auditor finds USP Lewisburg to meet the requirements of provision f. of this standard.

115.83 (g)

As per BOP P.S. 5324.12, all treatment services are to be 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. All four medical and mental health staff interviewed stated that all services are provided to the victim regardless of cooperation in the investigation process, without any financial cost. USP Lewisburg meets the requirement of this provision.

115.83 (h)

As per BOP P.S. 5324.12, a mental health evaluation of all known inmate-on-inmate abusers will be conducted within sixty days of learning of such abuse history and treatment will be offered when deemed appropriate by mental health practitioners. As per the four medical and mental health staff interviewed all known inmate-on-inmate abusers are evaluated when referred and treated as deemed appropriate. USP Lewisburg is compliant with this provision of the standard.

This auditor finds USP Lewisburg to be compliant with all provisions of this standard.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.86 (b)

- Does such a review ordinarily occur within 30 days of the conclusion of the investigation?
 Yes No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
 Yes No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.86 (a)

USP Lewisburg conducts sexual abuse incident reviews at the conclusion of every sexual abuse investigation unless the allegation has been determined to be unfounded as per the Federal Bureau of Prisons (BOP) Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program. As per the Pre-Audit Questionnaire and a memo from the Warden of USP Lewisburg dated August 5, 2022, there have been two closed investigative cases, both were found to be unfounded, however a 30-day review was completed for one case. The Acting Warden was interviewed and confirmed that USP Lewisburg has an Incident Review Team which consists of the PREA Compliance Manager, Unit Managers, Psychology, Clinical Director or Doctor, Captain, Security Intelligence Supervisor (SIS) and the Associate Warden or Warden and any other relevant party. This auditor finds USP Lewisburg to be in compliance with this provision of the standard.

115.86 (b)

As per the BOP Program Statement 5324.12, the memo from the Warden of USP Lewisburg, and interviews with the four members of the Incident Review Team including the Acting Warden, this review occurs within 30 days of the conclusion of the investigation. This auditor finds USP Lewisburg meets the requirement of this provision.

115.86 (c)

As per the BOP Program Statement 5324.12, the review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. As per the BOP P.S. 5324.12, the review team also includes input from the local Union President or his/her designee. The PREA Compliance Manager and Acting Warden confirmed that the review team consists of upper-level management, investigators, line supervisors, and medical and mental health practitioners. USP Lewisburg meets the requirements of provision c. of this standard.

115.86 (d)

As per BOP Program Statement 5324.12, the review team shall consider and do the following: 1) Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. 2) Whether the incident or allegation was motivated by race; ethnicity; gender identity; or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics of the facility. 3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. 4) Assess the adequacy of staffing levels in that area during different shifts. 5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. 6) Prepare a report of its findings, including but not necessarily limited to determinations made and any recommendations for improvement and submit such a report to the facility head and PREA Compliance Manager. The Acting Warden, PREA Compliance Manager and all four Incident Review Team members interviewed stated that all of the considerations outlined in this provision are considered as part of the review, areas where the incident occurred are examined, staffing levels are reviewed, and monitoring technology options are considered. The PREA Compliance Manager and Acting Warden stated that if there are recommendations from the Incident Review Team a plan of action is developed and the plan is implemented. USP Lewisburg is compliant with all requirements of this provision.

115.86 (e)

As per BOP Program Statement 5324.12, the facility shall implement the recommendations for improvement or shall document its reasons for not doing so. A memo dated August 5, 2022, from the USP Lewisburg Warden indicates that there were two investigations, resulting in no substantiated or unsubstantiated findings, however one incident review was conducted and the Warden reports that there were no recommendations made to adjust current procedures in place. The PREA Compliance Manager confirmed that all sexual abuse incident reviews are documented and reviewed by the PREA Compliance Manager. USP Lewisburg meets all requirements of this provision.

This auditor finds USP Lewisburg to be compliant with all provisions of this standard.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) Yes No NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.87 (a)

Federal Bureau of Prisons (BOP) Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, outlines how PREA data is collected. P.S. 5324.12 specifically states that the agency will collect accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the data will include at a minimum, data to answer questions on the Survey of Sexual Victimization (SSV). The collected data comes from various data tracking sources, Special Investigative Supervisor (SIS) Data, Inmate Data, Office of Internal Affairs (OIA) Data, SENTRY Data. The data to be collected is outlined in policy with definition.

115.87 (b)

BOP Program Statement 5324.12, states that the agency aggregates the incident based sexual abuse data at least annually. P.S. 5324.12 states that the PREA Coordinator and Regional PREA Coordinators are responsible for the annual aggregation.

115.87 (c)

BOP Program Statement 5324.12 outlines how PREA data is collected and states that the data will include at a minimum, data to answer questions on the Survey of Sexual Victimization (SSV).

115.87 (d)

BOP Program Statement 5324.12 states that the agency maintains, reviews and collects data as needed from available incident-based documents, including reports, investigative files, and sexual abuse incident reviews. Data is collected from numerous sources including SIS, OIA, SENTRY and the Information, Policy and Public Affairs Division (IPPA).

115.87 (e)

BOP Program Statement 5324.12, states that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmate. A review of the annual report, which includes the aggregated data, shows that data was reported for all contracted facilities.

115.87 (f)

BOP Program Statement 5324.12 states that the agency provides data from the previous calendar year to the Department of Justice no later than June 30th.

This auditor finds USP Lewisburg to be in compliance with all provisions of this standard.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? Yes No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.88 (a)

Bureau of Prisons (BOP) Program Statement 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states that the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. The review includes identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and any corrective action. BOP P.S. 5324.12 states that the National PREA Coordinator reviews the data completed by the Regional PREA Coordinators, Information, Policy, and Public Affairs (IPPA) and the Office of Internal Affairs (OIA) and reports to the Director annually. A review of annual reports indicates that reports include allegation data for all facilities. The data is broken down by incident type and includes investigative outcomes. The report also includes general information related to each substantiated incident. The report compares the data from the current year with the previous year. Additionally, the report includes problem areas and corrective action. The Acting PREA Coordinator confirmed that corrective action is taken on an ongoing basis as issues are identified. The Agency Head stated during interview that the BOP tracks and tabulates data from PREA substantiated and unsubstantiated PREA allegations. If applicable, individual substantiated and unsubstantiated PREA allegations may result in changes to local procedure to improve safety from sexual abuse/harassment. If the incident-based sexual abuse data shows patterns, then our agency policies, procedures, or training may be modified. This auditor finds USP Lewisburg to be in compliance with provision a. of this standard.

115.88 (b)

BOP Program Statement 5324.12 states that the agency's annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress in addressing sexual abuse. A review of annual reports indicates that reports include allegation data for all facilities. The data is broken down by incident type and includes investigative outcomes. The report also includes general information related to each substantiated incident. The report compares the data from the current year with the previous year. Additionally, the report includes problem areas and corrective action. The Agency Acting PREA Coordinator confirms that an annual report containing the aforementioned information is prepared annually and is made available to the public. This auditor finds that USP Lewisburg is compliant with this provision of the standard.

115.88 (c)

BOP Program Statement 5324.12 states that the agency's annual report is approved by the Agency Head and made available to the public through its website. This auditor reviewed the annual report on the agency website, verifying that it is available to the public. The Agency Head verified during interview that the annual report is approved by them prior to posting. This auditor finds USP Lewisburg to be in compliance with this provision of the standard.

115.88 (d)

BOP Program Statement 5324.12 states that the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but

must indicate the nature of the material redacted. P.S. 5324.12 states that the agency complies with the Federal Privacy Act and the Freedom of Information Act. A review of the annual report confirmed that no personal identifying information was included in the report nor any security related information, and no redacted information as present in the report. The Acting PREA Coordinator confirmed during interview that the BOP complies with FOIA and all other applicable laws, rules, and regulations. No information that identifies victims or perpetrators is included in the report, nor is any information that could potentially threaten the security of an institution. If information needs to be redacted, the nature of the redacted material would be indicated. This auditor finds USP Lewisburg to be in compliance with this provision of the standard.

This auditor finds USP Lewisburg to be in compliance with this provision of the standard.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.89 (a)

The Federal Bureau of Prisons (BOP) ensures that data collected pursuant to PREA Standard 115.87 is securely retained. The agency Program Statement 5324.12 Sexually Abusive Behavior Prevention and Intervention Program outlines the data storage, publication, and destruction information related to sexual abuse and sexual harassment allegations. It explicitly states that the agency shall ensure that all data is securely retained. The Acting PREA Coordinator stated that the agency complies with FOIA and all other applicable laws, rules, and regulations. The Acting PREA Coordinator also stated that investigative, psychological, and medical data are securely maintained and confirmed that the annual report does not contain identifying information. USP Lewisburg meets the requirements of this provision.

115.89 (b)

P.S. 5324.12 states that aggregated sexual abuse data from all facilities under the BOP direction, including private facilities which are contracted with, be made available to the public at least annually through its website. This auditor reviewed the annual report which included aggregated data on the public website for the BOP. This auditor finds USP Lewisburg to be in compliance with this provision of the standard. USP Lewisburg meets the requirements of this provision.

115.89 (c)

The BOP removes all personal identifiers prior to making aggregated sexual abuse data publicly available as per P.S. 5324.12. A review of the annual report on the public website found no personal identifiers in the report. This auditor finds USP Lewisburg to be in compliance with this provision of the standard. USP Lewisburg meets the requirements of this provision.

115.89 (d)

P.S. 5324.12 states that the agency maintains sexual abuse data at least ten years after the initial collection. This auditor was provided with Annual Reports from 2013 until calendar year 2021. USP Lewisburg meets the requirements of this provision.

This auditor finds USP Lewisburg to be in compliance with all provisions of this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? Yes No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.401 (a)

USP Lewisburg is part of the Federal Bureau of Prisons (BOP). All BOP facilities were audited in the previous three-year audit cycle.

115.401 (b)

USP Lewisburg is part of the Federal Bureau of Prisons (BOP). The BOP has a schedule for all their facilities to be audited within the three-year audit cycle, with one third being audited each year. USP Lewisburg is being audited in the second year of the three-year cycle.

115.401 (h)

This auditor had access to and the ability to observe all areas of the facility while on-site.

115.401 (i)

This auditor was permitted to request and receive copies of any relevant documents including electronically stored information.

115.401 (m)

This auditor was able to conduct private interviews with inmates while on-site.

115.401 (n)

Inmates were permitted to send confidential information and/or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No such letters were received by this auditor. This auditor observed the facility postings while on site and was sent copies of them 6 weeks prior to the on-site portion of the audit indicating how to send correspondence to the auditor. Inmates and staff acknowledged seeing the signage throughout the facility during interviews while on-site.

This auditor finds USP Lewisburg to be in compliance with all provisions of this standard.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.403 (f) USP Lewisburg was audited in February 2020 and the final report dated March 5, 2020, is publicly available on the agency's website.

This auditor finds USP Lewisburg to be compliant with this standard.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.


Grace A Franks

1/20/2023

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.