

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' (FBOP) compliance with the Prison Rape Elimination Act (PREA). As the work product of independent auditors subcontracted by [Corrections Consulting Services LLC \(CCS\)](#), the FBOP 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 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

If no Interim Audit Report, select N/A

Date of Final Audit Report: 05/23/2025

Auditor Information

Name: Grace Franks	Email: grace@preaauditing.com
Company Name: Corrections Consulting Services	
Mailing Address: P.O. Box 596	City, State, Zip: Buchanan Dam, TX 78609
Telephone: 713-818-9098	Date of Facility Visit: April 8 – April 9, 2025

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: Vacant	
Email: BOP-RSD-PREACoordinator-S@bop.gov	Telephone: 202-307-3198

Agency-Wide PREA Coordinator

Name: Jessica Seaton, National PREA Coordinator	
Email: BOP-RSD-PREACoordinator-S@bop.gov	Telephone: 202-307-3198
PREA Coordinator Reports to: Assistant Director, Reentry Services Division	Number of Compliance Managers who report to the PREA Coordinator: 120

Facility Information			
Name of Facility: FCI Loretto			
Physical Address: 772 Saint Joseph Street		City, State, Zip: Loretto, PA 15940	
Mailing Address (if different from above): P.O. Box 1000		City, State, Zip: Cresson, PA 16630	
The Facility 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
Facility Type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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):			
<input checked="" type="checkbox"/> ACA <input type="checkbox"/> NCCHC <input type="checkbox"/> CALEA <input type="checkbox"/> Other (please name or describe: <input type="checkbox"/> 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: Michael Underwood			
Email: LOR-PREAComplianceMgr-S@bop.gov		Telephone: 814-472-4140	
Facility PREA Compliance Manager			
Name: Karl Chamberlain, Associate Warden			
Email: LOR-PREAComplianceMgr-S@bop.gov		Telephone: 814-472-4140	
Facility Health Service Administrator <input type="checkbox"/> N/A			
Name: Tara Grove			
Email: LOR-PREAComplianceMgr-S@bop.gov		Telephone: 814-472-4140	
Facility Characteristics			
Designated Facility Capacity:		792	
Current Population of Facility:		846	

Average daily population for the past 12 months:	813	
Has the facility been over capacity at any point in the past 12 months?	<input checked="" type="checkbox"/> Yes <input 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:	20-83 (Average Age 44)	
Average length of stay or time under supervision:	25-60 months	
Facility security levels/inmate custody levels:	Low/Minimum – In/Out/Community	
Number of inmates admitted to facility during the past 12 months:	598	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	598	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	592	
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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	227	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	27	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	6	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	22	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	89	

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.	24
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
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	8
Number of open bay/dorm housing units:	5
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	24
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 checked="" type="checkbox"/> Yes <input 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

Where are sexual assault forensic medical exams provided? Select all that apply.	<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)
Investigations	
Criminal Investigations	
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:	0
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.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<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
Administrative Investigations	
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?	253
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	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<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

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: 0

List of Standards Exceeded:

Standards Met

Number of Standards Met: 45

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:	4/8/2025
2. End date of the onsite portion of the audit:	4/9/2025
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:	Victim Services Inc.
Audited Facility Information	
4. Designated Facility Capacity:	792
5. Average daily population for the past 12 months:	813
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:	799
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:	3
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:	35
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:	3
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:	4
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:	89
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:	14
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:	4
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:	1
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>Special populations are not tracked by FCI Loretto. Numbers were provided based on a records review with unit team, medical and psychology.</p>
<p align="center"><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 align="center">222</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 align="center">8</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 align="center">88</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>FCI Loretto has two levels of volunteers. Level 1 are volunteers who frequently enter the facility, There are 85 total Level 1 volunteers. Level 2 volunteers can only access the facility 4 times a year. There are 3 total Level 2 volunteers.</p>
<p align="center">Interviews</p>	
<p align="center">Inmate/Resident/Detainee Interviews</p>	
<p align="center"><i>Random Inmate/Resident/Detainee Interviews</i></p>	
<p>28. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p align="center">15</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>I interviewed multiple inmates from each housing area. I identified inmates who were diverse ethnicity, race, age, and time served at FCI Loretto.</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>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><i>Targeted Inmate/Resident/Detainee Interviews</i></p>	
<p>33. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINÉES 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>18</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 discussions with staff and other inmates/residents/detainees).</p>	<p>FCI Loretto does not house youthful inmates.</p>

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:	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).	
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:	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).	
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).	
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:	1

<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>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>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>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</p>	

PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	
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:	0
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 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. <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).	There were no incidents of sexual abuse reported in the last twelve months. Several inmates who previously reported at other facilities were interviewed, but their experience was not applicable to FCI Loretto practices. As I interviewed all inmates I asked if they had previously reported sexual abuse and of the 33 inmates interviews, none reported that they reported sexual abuse while at FCI Loretto.
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:	6
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).	
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:	0
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 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. <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	Interviews conducted on-site indicate that inmates are not housed in segregated housing for risk of sexual victimization unless exigent

discussions with staff and other inmates/residents/detainees).	circumstances exist, or they voluntarily request to be segregated.
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.). <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>	33 total inmates were interviewed. Additional inmates who report sexual victimization during their risk screening were identified when the auditor asked the interviewees questions to determine if they were part of a specialized category.
Staff, Volunteer, and Contractor Interviews	
<i>Random Staff Interviews</i>	
46. Enter the total number of RANDOM STAFF who were interviewed:	13
47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):	<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)
48. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):	<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)
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:	
49. Provide any additional comments regarding selecting or interviewing random 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>	Staff were identified based on their shift, years of services, job function, and gender. All three shifts and program areas were represented in the sampling of staff interviewed.
Specialized Staff, Volunteers, and Contractor Interviews <i>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.</i>	
50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	19

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:	Agency Head Designee
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 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 checked="" type="checkbox"/> Other (describe) Training Coordinator and Volunteer Coordinator

56. Did you interview VOLUNTEERS 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 VOLUNTEERS who were interviewed:	0
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 type="checkbox"/> Other
57. Did you interview CONTRACTORS 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 CONTRACTORS who were interviewed:	1
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 checked="" 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>	No volunteers were available while on-site. This auditor did interview the volunteer coordinator (Reentry Affairs Coordinator).
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 toured the entire facility as well as the outside building where inmates work (warehouses and garage).</p>
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Documentation Sampling
<p>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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<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 reviewed documentation at the intake and reception area, with the unit team, investigator, PREA Compliance Manager, Human Resources, and Training Coordinator. All requested documentation was provided and reviewed with this auditor on-site.</p>

Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

<p>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.</p> <p><i>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.</i></p>

<p>67. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:</p> <p><i>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.</i></p>				
	# 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>	0	0	0	0
<u>Staff-on-inmate sexual abuse</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.

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>	1	0	1	0
<u>Staff-on-inmate sexual harassment</u>	0	0	0	0
Total	1	0	1	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	0	0	0
<u>Staff-on-inmate sexual abuse</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.	
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Sexual Harassment Investigation Outcomes
<i>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.</i>

71. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:					
<i>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.</i>					
	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	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:				
<i>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.</i>				
	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	1	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	1	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
<u>Sexual Abuse Investigation Files Selected for Review</u>

73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. If 0, explain why you were unable to review any sexual abuse investigation files:	There were no sexual abuse incidents reported in the last 12 months.
74. Did your selection of SEXUAL ABUSE 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 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:	0
76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE 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 abuse investigation files)

77. Did your sample of INMATE-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 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?	<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)
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)
<u>Sexual Harassment Investigation Files Selected for Review</u>	
81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	1
a. If 0, explain why you were unable to review any sexual harassment investigation files:	
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 checked="" type="checkbox"/> No <input 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:	1
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
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>	<p>There was one PREA related incident investigated in the last 12 months at FCI Loretto. It was an inmate-on-inmate sexual harassment which was unsubstantiated.</p>

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? <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>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:	
Non-certified Support Staff	
91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? <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>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:	
Auditing Arrangements and Compensation	
92. Who paid you to conduct this audit?	<input type="checkbox"/> The audited facility or its parent agency <input type="checkbox"/> My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option) <input checked="" type="checkbox"/> A third-party auditing entity (e.g., accreditation body, consulting firm) <input type="checkbox"/> Other

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 (P.S.) 5324.12, Sexually Abusive Behavior Prevention and Intervention Program. P.S. 5324.12 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. An Overview for Offenders was provided to this auditor which outlines offender rights to be free from sexual abusive behavior, how to prevent sexually abusive behavior, what to do if feel threatened or afraid, and what to do if sexually assaulted. The overview states that the BOP has a zero-tolerance policy against sexual abuse and sexual harassment and that while incarcerated no one has a right to pressure you to engage in sexual acts. This was provided to the auditor in both English and Spanish. The institutional supplement LOR 5324.12G was also provided to this auditor and further states that the institution has a zero-tolerance policy for sexual abuse and sexual harassment. FCI Loretto is compliant with this provision of the standard.

115.11 (b)

The PREA Coordinator has agency-wide oversight and reports to the Assistant Director of the Reentry Services Division as evidenced by the organizational chart provided to this auditor. The PREA Coordinator stated that the position is full-time, allowing enough time to manage all the PREA related responsibilities. As per the PREA Coordinator there are 122 PREA Compliance Managers (PCM) throughout the BOP, one per institution. The PREA Coordinator provides training to all new Associate Wardens, who typically serve as the PCM for the institutions. The PREA Coordinator also noted that there are quarterly training/meetings with the PCMs to address trends and provide refreshers on PREA policy. The PREA Coordinator will also send out guidance on best practices and respond to questions, concerns, or issues. FCI Loretto is compliant with this provision of the standard.

115.11 (c)

FCI Loretto has a designated PREA Compliance Manager (PCM). The Associate Warden who reports to the Warden is that designee. The PCM stated that he has enough time to manage all of his PREA related responsibilities. This auditor observed that the PCM was very organized and knowledgeable in the facility's PREA practices and policy. FCI Loretto is compliant with this provision of the standard.

FCI Loretto is compliant with all provisions of this standard.

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)

As per P.S. 5324.12, all contracts for the confinement of inmates shall include the entity's obligation to adopt and comply with the PREA Standards. There are no current open contracts to house inmates.

115.12 (b)

P.S. 5324.12 states that the BOP must ensure that its contracts with secure privatized facilities, jails, juvenile facilities, and Residential Reentry Centers include their obligation to adopt and comply with the PREA Standards. The Privatization Management Branch and Residential Reentry Management Branch field staff include PREA compliance monitoring within their scheduled contract monitoring activity.

This standard is not applicable to FCI Loretto. FCI Loretto has no contracts with private agencies or other entities for the confinement of inmates. FCI Loretto is compliant with all provisions of the 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. This auditor was provided with the FCI Loretto Annual Work Force Purchase and Utilization Plan for fiscal year 2025. This outlines the staff projections for the facility. This auditor was provided with a memo dated November 14, 2024 from the PREA Compliance Manager (PCM) stating that FCI Loretto's staffing plan provides adequate staff resources to protect inmates from sexual abuse as required by PREA. The memo further states that this determination was made via an assessment conducted during a Quarterly Salary/Workforce Utilization Committee meeting held on August 23, 2024. The memo also indicates that video monitoring is reviewed and discussed during the Quarterly Salary/Workforce Utilization Committee meetings. The memo states that video monitoring capabilities at FCI Loretto were found to be adequate. The PAQ states that the average daily population since the last PREA Audit in May 2022, is 813, and the staffing plan is predicated on 813 inmates. As per the Warden and the PCM, FCI Loretto has a staffing plan which is reviewed regularly. The staffing plan was developed and is assessed to ensure adequate staffing levels to protect inmates from sexual abuse. A variety of things are considered regarding the staffing levels to include programming, population, video monitoring, and areas of concern. The Warden noted that he is able to direct his staffing if there should be an area of concern. The Warden also noted that staffing is not an issue at FCI Loretto. The Warden reviews his vacancies weekly, conducts weekly rounds to ensure there are no vulnerabilities, and has the Quarterly Salary/Workforce Utilization Committee meeting. FCI Loretto is compliant with this provision of the standard.

115.13 (b)

As per P.S. 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. As per the PAQ and a memo dated November 14, 2024, from the PCM, there were no deviations from the staffing plan in the last twelve months. As per the Warden, all deviations from the staffing plan would be documented, however there were none in the last twelve months. FCI Loretto is compliant with this provision of the standard.

115.13 (c)

P.S. 5312.12 outlines the requirement set forth in this standard regarding considerations for the staffing plan. The staffing plan is reviewed quarterly during the Work Force Utilization Committee meetings. The PREA Coordinator reported involvement with the annual review of the staffing plans for the institutions. FCI Loretto is compliant with this provision of the standard.

115.13 (d)

P.S. 5324.12 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. A memo from the PCM dated November 14, 2024 states that the Institutional Duty Officer conducts weekly rounds through each area of the institution, to incorporate all shifts. This auditor was provided with the Institutional Duty Officer annual training PowerPoint, which includes instruction on conducting PREA rounds. A memo from the PCM dated November 14, 2024 states that FCI Loretto requires documentation of unannounced rounds and rounds cover each shift. This auditor was provided with and reviewed fifty Institution Duty Officer Unannounced Institutional Rounds weekly logs which indicate that such rounds are conducted various times of day, throughout all areas of the institution, and are random. The Unit Manager was interviewed on-site as the Duty Officer for the week. The Duty Officer conducts unannounced PREA rounds as part of the assignment as Duty Officer. As per the Unit Manager the rounds are conducted, documented, and they are done sporadically and at random to ensure staff do not alert other staff that unannounced rounds are being conducted. This auditor observed executive staff and management staff making rounds throughout the day of the facility tour. The PCM reviewed the daily rounds also

conducted throughout the day by the Lieutenant. FCI Loretto is compliant with this provision of the standard.

FCI Loretto is compliant with all provisions of this standard.

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

FCI Loretto does not house youthful offenders. All inmates are 18 years of age or older as evidenced by inmate rosters, this auditor's observations, and interviews with staff and inmates while on-site. FCI Loretto is 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)

As per P.S. 5324.12 Sexually Abusive Behavior Prevention and Intervention Program 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 gender as the inmate, except where circumstances 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 the PAQ there were no cross-gender strip or visual body cavity searches in the last twelve months. FCI Loretto is compliant with this provision of the standard.

115.15 (b)(c)

As per P.S. 5324.12 the facility documents all cross-gender strip searches and cross gender visual body cavity searches as well as cross gender pat down searches of female inmates and maintains that documentation in the inmates' file. As per the PAQ there were no pat searches of female inmates by male staff. There are no female inmates at FCI Loretto. This auditor did not observe any female inmates during the on-site audit and a review of the inmate roster did not show any female inmates. FCI Loretto is compliant with this provision of the standard.

115.15 (d)

P.S. 5324.12 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 dated November 14, 2024 from the PREA Compliance Manager (PCM) states that FCI Loretto has had no exigent circumstances which required cross gender viewing of an inmate by a staff member in the last 12 months. All thirteen random staff report that female staff announce their presence when entering a housing unit that houses males. It was also noted during interviews with staff and inmates that announcements are made prior to the start of every shift notifying inmates that female staff work in the facility and there are also blue signs in English and Spanish notifying inmates that females work in the facility. This auditor observed the signs and witnessed the announcement of females being present on the unit. Twelve of the fifteen inmates interviewed report that female staff announce their presence when entering the housing unit. All fifteen random inmates interviewed, and all thirteen random staff stated that male inmates are never naked in full view of female staff. FCI Loretto is compliant with this provision of the standard.

115.15 (e)

P.S. 5324.12 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 PCM dated November 14, 2024 states that there have been no exigent circumstances reflected in the Lieutenant's logs regarding violations of the policy related to cross gender searches. All thirteen random staff interviewed noted that staff are not permitted to search or physically examine a transgender or intersex inmate solely to determine their genital status. Both transgender inmates interviewed stated that they do not believe they were ever strip searched for the sole purpose of determining their genital status. FCI Loretto is compliant with this provision of the standard.

115.15 (f)

As per the PAQ, 100 percent of security staff are trained on conducting cross-gender pat-downs searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. This auditor was provided with training records indicating that all staff completed the Search and Restraint Procedures for Special Populations. The Sexually Abusive Behavior Prevention (PREA) training PowerPoint was provided to this auditor as well which includes cross-gender viewing and searching topics. Signed acknowledgements of the training were also provided. This auditor reviewed the training process with the Training Coordinator. Cross-gender pat search is discussed during PREA Training and Search and Restraint Training for Special Populations. All thirteen staff interviewed reported that they received training in cross-gender pat searches. This training occurs at least once a year. At times there are updates or refreshers throughout the year. FCI Loretto is compliant with this provision of the standard.

FCI Loretto is compliant with all provisions of this standard.

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

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115.16 (a)

P.S. 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. A memo from the PREA Compliance Manager (PCM) dated November 14, 2024, states that upon identification of an inmate that needs the language line, the procedures are available in the LanguageLine memo. This auditor reviewed the memo, a list of languages available as well as the purchase order for LanguageLine. This auditor observed signage in both English and Spanish throughout the facility and in the intake area there was paperwork in both English and Spanish. The agency head designee stated that each institution's PCM reaches out to disabilities assistance offices in the local community as a resource for institution staff in providing effective communication accommodations when a need for such an accommodation exists. As per the agency head designee, the BOP also provides LanguageLine and that contract is renewed annually. All seven inmates interviewed with a cognitive disability, physical disability, hard of hearing, blind or low vision, or English is their second language reported that they receive information regarding PREA in a format they can understand. If they need help, they report that the staff or other inmates help them. FCI Loretto is compliant with this provision of the standard.

115.16 (b)

P.S. 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 (LEP) for complete access to its efforts of preventing, detecting, and responding to sexual abuse and sexual harassment. This auditor received and reviewed the purchase order for LanguageLine which is dated July 16, 2024 and effective until September 30, 2025. The three inmates who were interviewed whose first language was not English, reported that they received information in Spanish, their first language. FCI Loretto is compliant with this provision of the standard.

115.16 (c)

P.S. 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. As per the PAQ there were no instances where inmate interpreters, readers, or other types of inmate assistance have been used. All thirteen random staff interviewed report that the facility does not use inmate interpreters for investigations. The staff state that several BOP facility staff speak Spanish and are often used to assist with interpreting. FCI Loretto is compliant with this provision of the standard.

FCI Loretto 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)

P.S. 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. A review of files and interview with the Human Resource staff indicate that the BOP conducts a thorough background investigation of all employees and contractors who have contact with inmates. FCI Loretto is compliant with this provision of the standard.

115.17 (b)

As per the Human Resource staff interviewed, the BOP 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. FCI Loretto is compliant with this provision of the standard.

115.17 (c)

As per the PAQ, 27 people who have contact with inmates have been hired and had their criminal background check completed in the last twelve months. As per the HR staff interviewed, all new hires have a thorough criminal record background check completed by the Defense Counterintelligence and Security Agency. Once the investigation is completed, HR receives a notification memo indicating the individual is cleared. This auditor reviewed files with HR staff, identifying these memos were present. FCI Loretto is compliant with this provision of standard.

115.17 (d)

As per the PAQ there were 6 contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates in the last twelve months. As per the HR staff interviewed, all contractors undergo the same investigation as BOP staff. Files were reviewed on-site and the notifications of the completed background investigation was included in the files. FCI Loretto is compliant with this provision of the standard.

115.17 (e)

As per the HR staff interviewed and the PREA Compliance Manager (PCM) all staff and contractors have to undergo a full criminal background investigation to include fingerprints, every five years. This is notated in the employee files as being completed as well. FCI Loretto is compliant with this provision of the standard.

115.17 (f)

As per the HR staff interviewed, all applicants are required to answer questions regarding prior misconduct or allegations regarding PREA. Employees of the BOP have a continuing affirmative duty to disclose any previous misconduct related to PREA. As per HR, this is noted in the offer of employment letter and the Standards of Conduct that staff receive and sign. FCI Loretto is compliant with this provision of the standard.

115.17 (g)

Any omission of information or false information provided would be grounds for termination. 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. FCI Loretto is compliant with this provision of the standard.

115.17 (h)

As per the HR staff interviewed, when a former employee applies for work at another institution, and they receive a request for information on if there were any prior PREA related substantiated allegations, the Human Resource staff will forward to the investigators (SIS) and they will respond. FCI Loretto is compliant with this provision of the standard.

FCI Loretto 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.

115.18 (a)

As per the PAQ there has been no new facility, expansion, or modification of existing facility since the last PREA Audit in May 2022. FCI Loretto is compliant with this provision of the standard.

115.18 (b)

As per P.S. 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, all new facility designs and upgrades of technology will include consideration of how it could enhance the BOP's ability to protect against sexual abuse. The agency head designee noted that video monitoring technology is used to enhance the protection of inmates from sexual abuse. The agency head designee stated that technology serves as a deterrent but also allows for identification of unreported victims and perpetrators of sexually abusive behavior and is a beneficial tool in the criminal prosecution of perpetrators. As per the PAQ, FCI Loretto has installed or updated a video monitoring system. As per the Warden, PREA was taken into account and the PREA Compliance Manager (PCM) was involved in every meeting discussing the camera upgrades. This auditor met with the PCM, who shared meeting minutes indicating that he was present at all meetings and PREA was considered. The camera project is an upgrade of the camera system with additional cameras to enhance surveillance. The PCM stated that there is a monthly meeting on the camera upgrades and he attends all of them. FCI Loretto is compliant with this provision of the standard.

FCI Loretto is compliant with all provisions of this standard.

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)

P.S. 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states that the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. A memo from the PREA Compliance Manager (PCM) dated November 14, 2024, states that when conducting a sexual abuse investigation, agency investigators follow a uniform evidence protocol. The Guide for First Responders/Operations Lieutenant when approached with an inmate allegation of sexual abuse or

harassment was provided to this auditor. A review of the guide indicates that the protocol is appropriate and meets this provision of the standard. All thirteen random staff interviewed stated that they were aware of the agency's protocol for obtaining usable physical evidence if an inmate alleges sexual abuse. The thirteen staff described this process as being to first ensure the safety of the inmates, notify the Operations Lieutenant or supervisor, and keep the scene secured including the victim and perpetrator. The thirteen random staff all noted that in doing this they would ensure the inmate did not destroy any evidence by not letting them use the bathroom, shower, change clothes, brush their teeth, or take any other action that could destroy any possible evidence. All thirteen random staff interviewed identified those staff responsible for conducting sexual abuse investigations. FCI Loretto is compliant with this provision of the standard.

115.21 (b)

P.S. 5324.12 states that the Bureau's response to sexual assault follows the 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. FCI Loretto is compliant with this provision of the standard.

115.21 (c)

P.S. 5324.12 states 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. P.S. 5324.12 and the institutional supplemental LOR 5324.12G 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 with the opportunity for a forensic examination as soon as possible and without financial cost regardless of whether the victim names the abuser or cooperates in any investigation arising out of the incident. A memo dated November 14, 2024, from the PCM, states that FCI Loretto utilizes UPMC Altoona to conduct forensic medical examinations in the event of a sexual assault. The memo further states that SANE trained nurses are always available in the hospital's Emergency Room for utilization in conducting forensic medical examinations. The memo notes that for extenuating circumstances when a SANE or SAFE is not available, a qualified medical practitioner performs a forensic medical examination. A memo dated November 14, 2024, from the PCM, states that forensic medical examinations are provided with no financial cost to the victim. As per the PAQ there have been no incidents in which a SANE examination was conducted during the last twelve months. As per the Health Services Administrator all inmates requiring a sexual assault forensic evaluation will be sent to the local hospital, UPMC Altoona, that has a SANE available. FCI Loretto is compliant with this provision of the standard.

115.21 (d)

P.S. 5324.12, states that the institution PREA Compliance Manager (PCM) 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. This auditor was provided with an agreement signed December 6, 2021 between FCI Loretto and Victim Services Inc. The agreement outlines the services Victim Services Inc. will provide FCI Loretto inmates with confidential emotional support services related to sexual violence as required by PREA regulations. This auditor was also provided with training records and licenses of ten staff who are identified as being victim advocates. All ten completed the course "Forensic Medical Exams: An Overview for Victim Advocates." There were no inmates who reported sexual abuse at FCI Loretto in the last twelve months at the time of the audit. The PREA Compliance Manager (PCM) referenced the MOU with Victim Services Inc. There was signage available in the housing units which were visible to the inmates. Following an incident of sexual abuse, the PCM stated that Victim Services Inc would be contacted, or a trained staff member would provide the services depending on the request of the inmate. The PCM also stated that Victim Services Inc is also part of

the facility's Community Relations Board. The working relationship with the organization is positive. The PCM noted that victim advocacy services are coordinated through the Psychology Department. FCI Loretto is compliant with this provision of the 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. A memo dated November 14, 2024, from the PCM reiterates the policy and notes that there have no instances within the last 12 months requiring utilization of a victim advocate, qualified staff member, or qualified community-based organization staff member. As indicated in provision d., this auditor was provided with records indicating ten staff are trained in victim advocacy and a copy of the agreement with Victim Services Inc. was reviewed and provided as well. The PCM stated that Victim Services Inc is a qualified victim advocacy service and that all the staff trained in victim advocacy are trained in compliance with this standard utilizing the recommended training. FCI Loretto is compliant with this provision of the standard.

115.21 (f)

A memo from the PCM dated November 14, 2024 states that the Federal Bureau of Investigation (FBI) and the Office of the Inspector General (OIG) are responsible for conducting criminal investigations for the Bureau of Prisons. Both investigating entities follow the requirements of this standard. Further the memo states that a referral to one of the investigating agencies could be made immediately, when evidence appears to support a criminal investigation or at any time, when evidence is discovered warranting a criminal investigation. This was reiterated on-site by the Warden, PCM, and the investigator interviewed. FCI Loretto is compliant with this provision of the standard.

115.21 (h)

P.S. 5324.12 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. Ten staff have been trained, and those records and licenses were provided to this auditor. FCI Loretto is compliant with this provision of the standard.

FCI Loretto 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)

P.S. 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. As per the PAQ there was one allegation of sexual abuse or sexual

harassment that was received over the last twelve months which resulted in an administrative investigation. As per the agency head designee, all allegations are investigated. The agency head designee notes that the investigative process is initiated immediately following the receipt of an allegation of sexual abuse or sexual harassment. The agency head designee describes the administrative and criminal investigative process as such; the Office of the 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. The institution investigative staff, the Special Investigative Services (SIS), investigates all of their cases. As per the agency head designee 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, review the allegations and predicated 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 reviewed the one investigation file on site. The file was very thorough, documenting the investigative process from start to finish. This auditor finds FCI Loretto to be compliant with this provision of the standard.

115.22 (b)

P.S. 5324.12 outlines the administrative and criminal investigative process. The investigation process is available on the BOP website under policies, "Sexual Abusive Behavior Prevention and Intervention Program." The investigative staff interviewed stated that all allegations of sexual abuse or sexual harassment are referred for investigation. If the investigator finds that the allegation may be criminal, it is referred to the FBI for criminal investigation. FCI Loretto is compliant with this provision of the standard.

115.22 (c)

P.S. 5324.12 outlines the administrative and criminal investigative process. The investigation process is available on the BOP website under policies, "Sexual Abusive Behavior Prevention and Intervention Program." FCI Loretto is compliant with this provision of the standard.

FCI Loretto 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)

P.S. 5324.12, Sexually Abusive Behavior Prevention and Intervention Program states that 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. P.S. 5324.12 outlines that the employee training shall include all requirements of this provision of the standard. This auditor was provided with the instructor notes for the annual training for Sexually Abusive Behavior Prevention and Intervention Program and finds that it meets all the requirements of this provision of the standard. A memo from the PREA Compliance Manager (PCM) dated November 14, 2024 further documents that the employee training at FCI Loretto contains all requirements of this provision. Institution Supplement LOR 5324.12G states that the PREA Points of Contact, Department Heads, RAC, and program managers, or their designees will provide training, relevant to their area of expertise to current, new employees, contractors, and volunteers during annual training and orientation. All thirteen random staff interviewed stated they received initial training in PREA and annual refresher training in PREA. The training is classroom based, instructor led, and reviews the zero-tolerance policy, how to respond to incidents of sexual abuse and sexual harassment, defines incidents of sexual abuse and sexual harassment so staff can detect and respond accordingly, how to report incidents, it also touches on transgender and intersex populations. Staff report that training is provided annually and refreshers or updates are provided quarterly at times. These refreshers are in-person or computer based. FCI Loretto is compliant with this provision of the standard.

115.31 (b)

P.S. 5324.12 states that the annual refresher training takes into consideration the gender of the inmate population at each facility. FCI Loretto is an all-male facility. FCI Loretto is compliant with this provision of the standard.

115.31 (c)

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. As per the PAQ, 227 staff were trained or retrained on PREA requirements as outlined in this standard in the last twelve months. That is 100 percent of all staff employed by the facility who have contact with inmates. This auditor was provided with training records indicating all staff have received the training. This auditor met with the training coordinator on-site and reviewed training records

indicating all staff have received PREA training. FCI Loretto is compliant with this provision of the 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. This auditor reviewed the training records with the training coordinator on-site to verify acknowledgements are made by staff. FCI Loretto is compliant with this provision of the standard.

FCI Loretto is compliant 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*)

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

115.32 (a)

P.S. 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. As per the PAQ there was 111 volunteers and contractors who have contact with inmates, who have been trained in the agency policies in procedures regarding sexual abuse and sexual harassment prevention, detection, and response. This auditor was provided with a copy of the PowerPoint presentation and the instructor's notes from the training provided to the volunteers and contractors. The training is compliant with all requirements of the standard. A memo dated November 14, 2024 from the PREA Compliance Manager (PCM) states that FCI Loretto trains all volunteers and contractors on their responsibilities under the agency's policies and procedures regarding sexual abuse and harassment prevention, detection, and response. This auditor interviewed one contractor on-site as well as the Reentry Affairs Coordinator who coordinates all volunteer training. The contractor interviewed states that training is provided annually regarding PREA. The Reentry Affairs Coordinator noted that all volunteers complete the same annual training as staff. All volunteers and contractors are to sign the PREA form acknowledging understanding of the facility's policy and the standards of employee conduct. FCI Loretto is compliant with this provision of the standard.

115.32 (b)

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 how to report such incidents. This auditor reviewed the trainings provided to contractors and volunteers and the trainings provided notify the volunteers and contractors of the zero-tolerance policy regarding sexual abuse and sexual harassment as well as how to report such incidents. The contractor interviewed reported that the training provided consisted of the policy, how to report, detect, and respond, and prevent sexual harassment and sexual abuse in the facility. The training was part of six hours of training videos which are required to be completed annually. The contractor reports that if she were to be alerted to an incident of sexual abuse or sexual harassment, she would report it immediately to her supervisor and the Lieutenant. FCI Loretto is compliant with this provision of the standard.

115.32 (c)

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. Further, a memo dated November 14, 2024 from the PCM states that FCI Loretto maintains documentation confirming volunteers and contractors understand the training they have received. This auditor was provided with training records to include signatures for all volunteers and contractors. FCI Loretto is compliant with this provision of the standard.

FCI Loretto 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

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115.33 (a)

P.S. 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 agency's 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. As per the PAQ, 598 inmates were admitted to the facility during the last twelve months and were given information on PREA at intake. As per a memo dated November 14, 2024, from the PREA Compliance Manager (PCM) inmates receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. A section of the inmate handbook which was provided to this auditor in both English and Spanish, titled "Sexually Abusive Behavior Prevention and Intervention, An Overview for Inmates," was provided to this auditor in both English and Spanish. The handbook states the facility's zero tolerance policy against sexual abuse and sexual harassment, how to prevent sexual abuse and sexual harassment, how to report incidents, the investigative process, and services for inmates who are victims of sexual abuse in prison. Intake staff reviewed the intake process with this auditor on-site. After processing into the facility through the security checks, the inmate is provided with the inmate handbook and PREA information. This auditor observed the materials provided in the intake area and all materials were available in both English and Spanish. As per the intake staff the information is provided and reviewed with them. The intake staff also report that following the intake, psychology, medical, and Unit Team come to intake and meet with the inmates. This is when risk screenings are completed, and housing assignments are finalized. The inmate then receives Admissions and Orientation within the first 30 days. At this time, they will be trained in PREA policies and practices in the facility. Thirteen of the fifteen random inmates interviewed report receiving information on the facility's rules against sexual

abuse and sexual harassment. Two of the inmates who came into the facility prior to the implementation of PREA, report receiving the information a few years after arriving when the facility implemented PREA. Inmates interviewed also had cards which outlined reporting methods and their right to be free from sexual abuse and sexual harassment. FCI Loretto is compliant with this provision of the standard.

115.33 (b)

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. As per the PAQ, of the 592 inmates who were admitted over the last twelve months whose stay was for thirty days or more, 100% received PREA comprehensive education within 30 days of intake. The intake staff interviewed report that they provide the inmate the PREA pamphlet and inmate handbook at intake when they first arrive. Intake staff and Unit Team staff interviewed report that inmates receive Admissions and Orientation within 30 days of their arrival where they are provided comprehensive education on the facility's PREA policies. All thirteen inmates who were interviewed, who came into the facility after PREA was implemented, report that they were informed of their right to be free from sexual abuse or sexual harassment, how to report sexual abuse or sexual harassment, their right not to be punished for reporting sexual abuse or sexual harassment, and all report that they received this information within the first day of arrival. The two inmates who reported arriving at the facility prior to the implementation of PREA, report that they were provided all of this information when the policy was implemented at the facility. This auditor reviewed random case files on the housing units and found all files to contain the Admission and Orientation checklist indicating that the PREA training was completed. FCI Loretto is compliant with this provision of the standard.

115.33 (c)

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. As per intake staff, all new inmates to the facility receive the same information at intake and all are required to complete Admissions and Orientation. This is further evidenced by the fact that all but one of the inmates interviewed were at other BOP prisons prior to arrival at FCI Loretto and all reported receiving this training and information. FCI Loretto is compliant with this provision of the standard.

115.33 (d)

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 (PCM) 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 LanguageLine for translation services for LEP inmates. This auditor was provided with a memo dated November 14, 2024 from the PCM stating that inmate PREA education is available in formats accessible to all inmates including those who are limited English proficient, deaf, visually impaired, otherwise disabled, and limited in their reading skills. This auditor observed all signage and information provided to inmates in both Spanish and English. All inmates with physical or cognitive disabilities, hearing impairments, visual impairments, and limited English proficient reported receiving information they can understand at intake and for orientation. FCI Loretto is compliant with this provision of the standard.

115.33 (e)

FCI Loretto maintains documentation of inmate participation in Admissions and Orientation via a checklist which is signed off on by the staff who conducted the training and at completion the signature of the inmate. This auditor was provided with a sampling of Institution Admission and Orientation Program Checklists from throughout the year. FCI Loretto is compliant with this provision of the standard.

115.33 (f)

P.S.5324.12 states that 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. This auditor observed information posted throughout the facility on the zero-tolerance policy and how to report such incidents. The postings are in both English and Spanish. FCI Loretto is compliant with this provision of the standard.

FCI Loretto is compliant 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)

P.S. 5324.12, Sexually Abusive Behavior Prevention and Intervention Program indicates that investigators are required to be trained in conducting sexual abuse investigations in a confinement setting. The investigative staff interviewed reported that training was received as part of SIS school and included investigation and intelligence training and PREA investigation specialized training. The training topics included evidence collection, interview techniques, writing reports, and taking photographs. Training records were also reviewed by this auditor indicating that the computer-based NIC training "Prison Rape Elimination Act Investigating Sexual Abuse in a Confinement Setting" was completed by all investigators. FCI Loretto is compliant with this provision of the standard.

115.34 (b)

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. The investigative staff interviewed indicated that the training consists of topics regarding 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. FCI Loretto is compliant with this provision of the standard.

115.34 (c)

As per P.S. 5324.12, documentation that investigators have completed the required specialized training in conducting sexual abuse investigations must be maintained. As per the PAQ, FCI Loretto has nine investigators currently who are trained to conduct investigations as per the standard. This auditor received training records indicating that twenty-one staff completed the NIC course "PREA Investigating Sexual Abuse in a Confinement Setting." As per the PREA Compliance Manager (PCM), additional management staff are trained as well as those who are designated to conduct the investigations. FCI Loretto is compliant with this provision of the standard.

This auditor finds that FCI Loretto is compliant 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)

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. As per the PAQ, 21 medical and mental health care practitioners work regularly at FCI Loretto and 100% have received the specialized training required by policy. Two medical and mental health staff interviewed report that they have received specialized training regarding sexual abuse and sexual harassment which reviewed how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how

to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. This training is conducted annually in the computer-based training system. The staff report receiving the annual PREA training as well as the specialized training for medical and mental health care practitioners. The psychology staff interviewed reported also receiving specialized training for victim advocacy. FCI Loretto is compliant with this provision of the standard.

115.35 (b)

FCI Loretto utilizes the local hospital for forensic medical examinations. The Health Care Administrator and PREA Compliance Manager (PCM) both noted that all forensic medical examinations would be done at the local hospital. This provision is not applicable to FCI Loretto as they do not employ a SAFE or SANE. FCI Loretto is compliant with this provision.

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 received records indicating that medical and mental health practitioners have completed specialized PREA training for medical and mental health care. FCI Loretto is compliant with this provision of the standard.

115.35 (d)

As per P.S. 5324.12, medical and mental health care practitioners employed by the BOP also must 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 was provided with training records indicating that staff, contractors, and volunteers received training on the facility's PREA policies. FCI Loretto is compliant with this provision of the standard.

FCI Loretto 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)

P.S. 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. This auditor was provided with a sample of 11 inmate intake screening forms. Screening staff and intake staff interviewed state that inmates are screened for risk of sexual abuse victimization or sexual abusiveness toward other inmates upon admission to the facility as part of the intake process. Seven of the fifteen random inmates interviewed came into the facility within the last twelve months, six report being asked questions indicating they received a risk screening, and one denies ever being screened at this facility during intake but reports being screened by the Unit Team after intake. This auditor reviewed random files on-site for inmates and found that all files contained an initial risk screening. FCI Loretto is compliant with this provision of the standard.

115.41 (b)

P.S. 5324.12 states that intake screening shall ordinarily take place within 72 hours of arrival at the facility. As per the PAQ, 598 inmates were screened for risk at intake within 72 hours of arrival. This auditor was provided with a sampling of 11 inmate intake screening forms and all were completed within 72 hours of arrival. The staff who perform risk screening note that screening is conducted as soon as the person comes into the facility at intake or within 24 hours of arrival. The six inmates who recall being asked questions indicating that they received a risk screening all remember this occurring at intake. The intake staff walked this auditor through the intake process for inmates coming in. This process included a screening by medical, psychology, and Unit Team, to include the PREA risk screening. FCI Loretto is compliant with this provision of the standard.

115.41 (c)

As per 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. As per a memo from the PREA Compliance Manager (PCM) dated November 14, 2024, the FCI Loretto conducts risk assessments using an objective screening instrument. FCI Loretto is compliant with this provision of the standard.

115.41 (d)

As per 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. The risk screening staff interviewed state that the initial risk screening considers all things required by the provision. The screening will indicate any reason an individual cannot go to general population such as sexual abuse history, self-perception of vulnerability, and criminal history. The risk screening staff reviewed the risk screening process with this auditor. The inmate is seen initially at intake where they are screen for risk of sexual victimization or risk of perpetuating sexual abuse. The paper screening is stamped, indicating if there is concern or no concern and sent to Psychology. If there is a concern, Psychology will follow up with the inmate to conduct further assessment as to the needs of the inmate. FCI Loretto is compliant with this provision of the standard.

115.41 (e)

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 initial intake screening and the follow up screening conducted by Psychology Services in which a sample of 13 Psychology Screenings were provided to this auditor, and both consider prior acts of sexual abuse, prior convictions for violent offenses, and a history of prior institutional violence or sexual abuse. The staff interviewed who are responsible for performing the risk screening indicate that all considerations of this provision are included in the screening tool. FCI Loretto is compliant with this provision of the standard.

115.41 (f)

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. As per the PAQ 592 inmates had a length of stay for 30 days or more and 100% were reassessed for risk of victimization or being sexually abusive within 30 days of their arrival at the facility. A reassessment was conducted by the Unit Team within 30 days of arrival. Five reassessments from the Unit Team were provided to this auditor for review. The PREA risk factors are reassessed as part of the Individualized Needs Plan which is reviewed with the inmate within 30 days of arrival at the facility. As per the risk screening staff interviewed, inmates are assessed initially within 24 hours of arrival by the Unit Team at intake. Within 28 days, the inmates are reassessed by the Unit Team. This is documented on the Individualized Needs Plan. This auditor reviewed random inmate files on-site and found that all files reviewed contained an Individualized Needs Plan completed within 30 days of the inmate's arrival at the facility and the inmate's risk was reassessed. Six of the seven random inmates interviewed who arrived at the facility within the last twelve months report the Unit Team met with them within 30 days for a follow up where additional questions were asked about their safety and adjustment. Only one inmate denied this ever occurring. Based on the documentation and majority of inmates indicating that the follow-up

assessment with the Unit Team did occur, this auditor finds FCI Loretto to be compliant with this provision of the standard.

115.41 (g)

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. The risk screening staff interviewed report that they would reassess an inmate's risk as needed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. FCI Loretto is compliant with this provision of the standard.

115.41 (h)

As per P.S. 5324.12 and the risk screening staff interviewed, 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. FCI Loretto is compliant with this provision of the standard.

115.41 (i)

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. Interviews with the PREA Coordinator, PCM, intake and screening staff indicate that the information obtained during the risk screening is limited to staff who have a need to know. These staff would include the Unit Team, psychology services, PCM, Health Services, Captain, and SIS. FCI Loretto is compliant with this provision of the standard.

FCI Loretto 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)

P.S. 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 a memo dated November 14, 2024 from the PREA Compliance Manager (PCM), upon an inmate's arrival, information from the PREA Intake Objective Screening Instrument is used in Receiving and Discharge to inform inmates of 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. The Institution Supplement LOR 5324.12G outlines the process when an inmate is identified as having a history of sexual victimization or sexual predation as well as inmates found through the risk screening to be "at risk." When the risk screening tool identifies an inmate as being at risk of being a victim of sexual abuse or

sexual harassment or identifies them as being at risk of perpetuating sexual abuse, the screening is sent to Psychology services and the captain. As per the screening staff interviewed on-site, the facility uses information from the risk screening during intake to determine housing, program assignments, and work assignments. The PCM noted during interview that if the risk screening indicates a concern, Psychology conducts a secondary assessment to further determine what safety measures should be taken into account or treatment services should be offered. The PCM stated that Psychology will flag the case in the system to ensure that housing, program assignment, and work assignment is made with consideration to the risks identified in the screening. Intake staff interviewed stated that housing is typically determined prior to the inmate's arrival. A review of the inmate's BOP file is conducted, and housing is determined based on that. The intake staff stated that it is finalized following all the screenings at intake. The Intake staff noted that sometimes the housing assignment will change based on the PREA Risk Screening or medical screening. FCI Loretto is compliant with this provision of the standard.

115.42 (b)

P.S. 5324.12 states that the agency shall make individualized determinations about how to ensure the safety of each inmate. As per the risk screening staff, PCM, and the intake staff, determinations are made regarding inmates based on individualized assessment. FCI Loretto is compliant with this provision of the standard.

115.42 (c)

P.S. 5324.12 states that 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. A memo from the PCM dated November 14, 2024 states that considerations for transgender or intersex inmates will be made 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. The PCM further affirmed this on-site, stating that they meet as a team to discuss each individualized case and consider all things including the inmate's own perception of safety and vulnerability. Both transgender inmates interviewed report that staff asked them questions about their safety and that they were never put in a housing area solely for transgender or intersex inmates, nor were they ever strip searched solely to determine their genital status. FCI Loretto is compliant with this provision of the standard.

115.42 (d)

As per P.S. 5324.12, placement and programming assignments for each transgender and intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate. Memos indicating the weekly reviews were provided to this auditor. As per the PCM and the staff responsible for risk screening, placement and programming assignments for each transgender or intersex inmate or reassessed to review any threats to safety experienced by the inmate every quarter and every six months there is a Unit Team meeting except for the last year of incarceration where Unit Team meets monthly. FCI Loretto is compliant with this provision of the standard.

115.42 (e)

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 the risk screening staff interviewed and the PCM, transgender or intersex inmates' views of his or her safety are given serious consideration in placement and programming assignments. This is further affirmed by the two transgender inmates interviewed on site who report being asked about their own perception of safety. FCI Loretto is compliant with this provision of the standard.

115.42 (f)

P.S. 5324.12 states that transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. As per the risk screening staff interviewed and the PCM transgender and intersex inmates are given the opportunity to shower separately from other inmates. The PCM notes that this is not typically needed in this facility because the showers are all separate, however if it were to be an issue they would assess for risk and make a determination on how to accommodate. The two transgender inmates interviewed stated that they have the ability to shower separately as the showers are all separate. FCI Loretto is compliant with this provision of the standard.

115.42 (g)

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 PCM and the PREA Coordinator, there are no dedicated housing units for lesbian, gay, bisexual, transgender, and intersex inmates. Both transgender inmates and three gay and bisexual inmates interviewed stated that they have never been housed on a designated housing unit for LGBTQ. This auditor did not observe any housing unit of this type while on-site. All LGBTQ inmates were housed throughout the facility. FCI Loretto is compliant with this provision of the standard.

FCI Loretto 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)

P.S. 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. As per the PAQ, there were no inmates at risk of sexual victimization housed in involuntary segregation in the past twelve months for any period of time. As per the Warden and the SHU Lieutenant, the facility prohibits placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no available alternative means of separation from potential abusers. The Warden noted that the SHU is used only as a last resort, and he cannot remember ever having to use it for involuntary segregation of an inmate due to risk of victimization. The Warden and the SHU Lieutenant did note that inmates at times will voluntarily sign into segregated housing due to fear of safety. FCI Loretto is compliant with this provision of the standard.

115.43 (b)

P.S. 5324.12 states that when an inmate is placed in segregated 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. The SHU Lieutenant was interviewed on-site and stated that inmates are not typically held in SHU for protection from sexual abuse, there are usually other alternative housing placements. As per the Lieutenant, if an inmate were to be housed in segregated housing for protection from sexual abuse, no privileges, programs, education, or work opportunities would be restricted. If there were restrictions, there would be documentation. No inmates were housed in SHU for protection from sexual abuse in the last twelve months. FCI Loretto is compliant with this provision of the standard.

115.43 (c)

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. As per the PAQ, there were no inmates at risk of sexual victimization housed in involuntary segregation in the past twelve months for any period of time. As per the Warden and SHU Lieutenant, if an inmate were to be placed in segregated housing due to high risk for sexual victimization or who have alleged sexual abuse, they would only stay in segregated housing until an alternative means of separation from likely abusers could be arranged. The warden and SHU Lieutenant stated that there would be a brief stay if necessary and it would be no more than 30 days maximum and less exigent circumstances exist. Both the Warden and SHU Lieutenant explained the review process for inmates housed in segregated housing. The Lieutenant reviews each inmate in segregated housing for protective custody two days after intake into SHU, then every week there is a SHU meeting discussing all inmates in SHU. This auditor finds FCI Loretto to be compliant with this provision of the standard.

115.43 (d)

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. As per the PAQ there were no inmates at risk of sexual victimization housed in involuntary segregation in the past twelve months for any period of time. FCI Loretto is compliant with this provision of the standard.

115.43 (e)

P.S. 5324.12 states that the inmate's status is reviewed weekly during Special Housing Unit (SHU) Meetings. A memo from the PREA Compliance Manager (PCM) dated November 14, 2024, states that during the last 12 months there were no instances in which an inmate was placed in Segregated Housing following concern regarding safety related to a PREA matter. The memo further states that if this were to have occurred a review would be conducted at least every 30 days and would be documented via the Security Review Official log. The memo further elaborates that the inmate if housed in segregated housing for concerns of safety would receive mental health reviews at least once every 30 days by Psychology Services and the case would also be reviewed weekly at the Special Housing Unit meeting. The SHU Lieutenant described the review process to this auditor on-site. Two days after intake into segregated housing the SHU Lieutenant will do a review of the inmate, then weekly there will be a SHU meeting with executive staff which reviews all SHU inmates. Every 30 days is a more comprehensive review with Psychology and Medical Services. These reviews are to ensure that placement in the SHU is appropriate. FCI Loretto is compliant with this provision of the standard.

FCI Loretto is compliant 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)

P.S. 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. The inmate handbook has a section titled Sexually Abusive Behavior Prevention and Intervention: An Overview for Offenders. Within this section of the handbook is the reporting information. Inmates are able to tell staff, write directly to the Warden, Regional Director, or Director, file an administrative remedy, write to the Office of the Inspector General (OIG), email OIG, or anyone can report via the BOP public website. The

address for the OIG is provided in the handbook as well. This auditor was also provided with a sample of the postings in both English and Spanish, which this auditor observed hanging throughout the facility during the on-site portion of the audit, providing the various ways to report. The posting also states that the inmate can email the DOJ Sexual Abuse Reporting Mailbox using TRULINCS. All thirteen random staff interviewed were able to identify various ways for inmates to privately report sexual abuse and sexual harassment, retaliation, or staff neglect or violation of responsibilities leading to an incident of sexual abuse or sexual harassment. Some of those reporting methods identified were by telephone, through email, verbally telling staff, writing a "cop out." All fifteen random inmates interviewed reported various ways in which they could report sexual abuse or sexual harassment. Some of the reporting methods identified was through email, telephone, telling an officer, and writing a "cop out." This auditor observed signage throughout the facility identifying how to report in various ways. FCI Loretto is compliant with this provision of the standard.

115.51 (b)

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 the Inspector General to make reports. As per the PREA Compliance Manager (PCM) the inmates are able to write, call, or email OIG or the crisis center. If an inmate reports in this manner it is sent directly to the PCM immediately to address the allegation. The only investigation in the last twelve months was an inmate-on-inmate sexual harassment allegation reported through email to a third-party. All fifteen random inmates interviewed report being aware that they can make a report anonymously. FCI Loretto is compliant with this provision of the standard.

115.51 (c)

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 from the PREA Compliance Manager (PCM) dated November 14, 2024, states that FCI Loretto has a policy mandating that staff accept all reports of sexual assault and sexual harassment made verbally, in writing, anonymously, and from third parties. FCI Loretto supplemental policy LOR 5324.12G was provided to this auditor. The supplemental policy states that all employees must report to the Operations Lieutenant any behavior detected that could lead to sexually abusive behaviors and any reported incidents. A memo from the PCM dated November 12, 2024, states that during the last 12 months there have been one report in which staff was required to document verbal reports from inmates concerning possible sexual abuse. The memo further states that the documentation was immediate and appropriate, and the investigation led to an unsubstantiated finding. All thirteen random staff interviewed report that when an inmate alleges sexual abuse or sexual harassment they can do so verbally, in writing, anonymously, and from a third party. As per all thirteen random staff interviewed, all allegations received must be documented in a memo as soon as possible. All fifteen inmates report that they can make reports of sexual abuse or sexual harassment either in person or in writing, or they could contact a friend or relative that can make the report for them, and they do not need to be named. FCI Loretto is compliant with this provision of the standard.

115.51 (d)

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 the Inspector General. All thirteen random staff interviewed report that they can privately report sexual abuse and sexual harassment of inmates to a Lieutenant, Captain, human resources, SIS, PCM, or they could write to the OIG. Staff note that they have the same reporting methods as inmates have. FCI Loretto is compliant with this provision of the standard.

FCI Loretto is compliant 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 files 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)

P.S. 5324.12, Sexually Abusive Behavior Prevention and Intervention Program references P.S. 1330.18, Administrative Remedy Program for this standard. P.S. 1330.18 outlines the Administrative Remedy Program, indicating that FCI Loretto 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. FCI Loretto is compliant with this provision of the standard.

115.52 (c)

A memo dated November 14, 2024 from the PREA Compliance Manager (PCM) and P.S. 1330.18, Administrative Remedy Program states that an inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject to the complaint and such grievance is not referred to a staff member who is the subject of the complaint. The inmate Admission and Orientation Handbook has a section titled Sexually Abusive Behavior Prevention and Intervention: An Overview for Inmates. In this section of the handbook all methods of reporting sexual abuse or sexual harassment are outlined. One method noted is filing of an administrative remedy. FCI Loretto 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. 1330.18 states 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 provided with 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. As per the PAQ and a memo dated November 14, 2024 from the PCM, in the past twelve months there were no grievances filed that alleged sexual abuse, therefore there were no grievances which required an extension. There were no inmates at the facility who previously reported sexual abuse in the facility to interview. FCI Loretto is compliant with this provision of the standard.

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. As per the PAQ, there were no grievances filed in the last twelve months alleging sexual abuse. FCI Loretto is compliant with 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 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. As per the PAQ, there were no emergency grievances filed in the last 12 months. FCI Loretto is compliant with 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. As per the PAQ, there were no inmate grievances alleging sexual abuse that resulted in disciplinary action against the inmate for having filed the grievance in bad faith. As per the PAQ, there were no grievances in the last twelve months found to have been filed in bad faith alleging sexual abuse. FCI Loretto is compliant with this provision of the standard.

FCI Loretto is compliant 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)

P.S. 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. The inmate Admissions and Orientation Handbook details the support services and treatment options for sexual abuse survivors. The services detailed include facility provided services through psychology or the Chaplain and outside services with Victim Services Inc. The contact information for Victim Services Inc is provided to the inmates in the Admissions and Orientation Handbook. The Admissions and Orientation Handbook was provided to this auditor in both English and Spanish. Of the fifteen random inmates interviewed eight were aware of services available outside of the facility for dealing with sexual abuse if needed. Those services were described as counseling or victim advocacy services. All eight inmates were aware of the phone number and address being provided for these services and stated that they were available all the time. Four of the fifteen random inmates interviewed reported being unsure as to the specifics of the services but believed they were available. Only three of the fifteen random inmates stated that these services were not available. Based on the MOU reviewed by this auditor, interviews with both staff and inmates, and review of documentation, this auditor finds FCI Loretto to be in compliance with this provision of the standard.

115.53 (b)

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. The eight random inmates interviewed who reported being aware of these services all reported awareness of the services being confidential. FCI Loretto is compliant with this provision of the standard.

115.53 (c)

P.S. 5324.12 states that the agency shall maintain our attempt to enter into MOUs or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse. A copy of the MOU between FCI Loretto and Victim Services Inc was provided to and reviewed by this auditor. FCI Loretto is compliant with this provision of the standard.

FCI Loretto 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)

P.S. 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. The flyer posted throughout the facility including the visiting area provides an address to the Office of the Inspector General (OIG) and the DOJ Sexual Abuse Reporting Mailbox through TRULINCS where anonymous reports can be made. This auditor observed such postings during the on-site portion of this audit. FCI Loretto is 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)

P.S. 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 (PCM) will determine whether a full response protocol is needed. All thirteen random staff interviewed report that all staff are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the 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. All thirteen random staff interviewed noted that the procedure for reporting any information related to an inmate sexual abuse would be reporting the incident to the shift Lieutenant or their immediate supervisor and then writing a memo documenting what happened as soon as possible but no later than the end of their current shift. FCI Loretto is compliant with this provision of the standard.

115.61 (b)

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. The thirteen random staff interviewed noted that once they notify the Lieutenant and submit their memo, the investigative process takes over and information is confidential regarding the status, allegations, and parties involved. FCI Loretto is compliant 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. As per the two medical and mental health staff interviewed, inmates are aware of the limitations of confidentiality. The two medical and mental health staff interviewed also noted that if they were to become aware of an incident of sexual abuse or sexual harassment they would report it to the Operations Lieutenant or the PREA Compliance Manager (PCM). The medical and mental health staff interviewed referenced the coordinated response protocol which included medical and psychology services. Both staff interviewed reported becoming aware of such incidents in the past and stated they notified the Operations Lieutenant and ensured the PCM was aware. The mental health staff interviewed stated that they would respond by deescalating the situation, interviewing for information, and offer follow up services. FCI Loretto is compliant with this provision of the standard.

115.61 (d)

P.S. 5324.12 states that 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. As per the PREA Coordinator if an allegation of sexual abuse or sexual harassment is made 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 services agencies under the applicable mandatory reporting laws. The Warden noted during his interview that the facility does not house anyone under the age of 18. FCI Loretto is compliant with this provision of the standard.

115.61 (e)

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. As per the Warden, all allegations of sexual abuse and sexual harassment are investigated thoroughly by SIS or SIA regardless of how they are reported. FCI Loretto is compliant with this provision of the standard.

FCI Loretto is compliant 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)

P.S. 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 PAQ, there have been no instances where it was determined that an inmate was at substantial risk of imminent sexual abuse in the last twelve months. A memo from the PREA Compliance Manager (PCM) dated November 14, 2024, states that during the past 12 months, there have been no instance in which an incident of sexually abusive behavior has been referred for criminal investigation. The memo further states that any instance of sexual abuse or sexual harassment, which rises to the level of referral, will be generated through the Warden to OIG and/or the FBI. The memo further affirms that there have been no instances in which the facility has determined an inmate was subject to substantial risk of imminent sexual abuse during the past 12 months. As per the agency head designee, when it is learned that an inmate is subject to a substantial risk of imminent sexual abuse, staff are to immediately safeguard the alleged victim by separating from potential danger. As per the agency head designee, actions vary depending on the severity of the threat. The agency head designee further explains that if

the threat is by another inmate housing assignment, work assignment or possibly placing the inmate in a special housing unit could be utilized to safeguard the inmate. If the threat is from a staff member, other options exist in addition to those including a change in the staff member's work assignment or removal from the facility while the investigation is conducted. The Warden stated that if he were to learn that an inmate is subject to a substantial risk of imminent sexual abuse he would consider housing, placement in the housing unit for example placing the inmate closer to a post or camera, or transferring one of the inmates to another institution. All thirteen random staff interviewed report that they would immediately take action if they were to learn an inmate is at risk of imminent sexual abuse. Their actions would be to ensure the safety of that inmate and notify the Operations Lieutenant. FCI Loretto is compliant 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)

P.S. 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. As per the PAQ there were no allegations the facility received that an inmate was abused while confined at another facility. A memo from the PREA Compliance Manager (PCM) dated January 1, 2025, affirms that there has been no instances in which another institution was notified concerning an inmate allegation of sexual abuse. The memo further states that if a notification occurred it would be within the 72 hour time frame after being unable to verify previous documentation indicating the institution was aware of the allegation as per BOP policy. FCI Loretto is compliant with 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. FCI Loretto is compliant with this provision of the standard.

115.63 (c)

P.S. 5324.12 states that notifications provided to other institutions must be documented. This was affirmed when reviewing the process with the Warden and PCM on-site. FCI Loretto is compliant with 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. As per the facility, there were no notifications from other facilities in the last twelve months. As per the Agency Head designee, if another agency or a facility within another agency refers allegations of sexual abuse or sexual harassment that occurred within one of the BOP facilities, the referral is made directly to the institution, specifically to the Warden. As per the Agency Head designee on other occasions, the agencies contact the BOP's National PREA Coordinator if they are unsure how to contact the institution directly, in which case the PREA Coordinator will refer them to the facility Warden. The Agency Head designee states that the notification is received by the Warden and then referred to investigative staff for investigation. Further, the Agency Head designee notes that each institution tracks referrals made to them by other facilities and slash or agencies. The BOP would contact the other facility and work together to conduct the investigation to include interviews, statements, and evidence collection. All information and evidence would be provided to the facility responsible for completing the investigation. The Warden stated that when the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred at FCI Loretto, he would send it to SIS or SIA for investigation and the PCM. The Warden reported no such incidents in the last twelve months. FCI Loretto is compliant with the provision of the standard.

FCI Loretto 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)

P.S. 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. There were no allegations that an inmate was sexually abused in the last twelve months. Three first responders were interviewed on-site and all three indicate that when responding to an incident of sexual abuse the protocol is to safeguard the inmates involved, contact the Operations Lieutenant, and secure the scene. Staff interviewed stated that the Operations Lieutenant would contact all the required parties, refer to medical and psychology services, and start the investigation process. Almost all staff interviewed had cards indicating the steps that must be taken when responding to PREA incidents. FCI Loretto is compliant with this provision of the standard.

115.64 (b)

As per P.S. 5324.12, staff are responsible for preserving the crime scene only, SIS staff are responsible for collecting information and evidence. As per the PAQ, there were no instances where the first responder was not security staff. All three staff first responders and all thirteen random staff interviewed stated that the first thing they must do when arriving on scene is safeguard the alleged inmate victim. Once the inmate is safeguarded, notification is made to the Operations Lieutenant, and the crime scene is secured if applicable. All the staff noted that the facility has an Evidence Recovery Team which is trained in evidence collection and would be called upon by the investigators to assist with proper collection of evidence. First responders are to just ensure that nothing is tampered with until instruction is provided regarding evidence collection. FCI Loretto is compliant with this provision of the standard.

FCI Loretto 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)

P.S. 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 notifying all applicable parties including the investigative staff, the Warden, and the PREA Compliance Manager (PCM). If the PCM reviews the relevant factors and decides what level of response is required. The institution supplement LOR 5324.12G outlines the facility's protocol for responding to allegations of sexually abusive behavior. The institution supplement breaks it down to safeguarding the inmate, reporting to the Operations Lieutenant who will then make the notifications to Health Services and Psychology Services Departments for assessment. The PCM will then review the report and determine what action will be taken. The Guide for First Responders/Operations Lieutenant When Approached with an Inmate Allegation of Sexual Abuse or Sexual Harassment was provided to this auditor, and it shows in a flow chart the process by steps in how staff are to respond in a coordinated manner to sexual abuse allegations. A copy of the card provided to staff to list the steps for responding to an incident of sexual abuse and listing basic information on PREA and the Zero Tolerance Policy was reviewed by this auditor. The steps outlined on the card are to report the incident to the Operations Lieutenant, safeguard the inmates, refer inmates to Health and Psychology Services for assessment, notify SIS, PCM, Captain, and Warden. Psychology staff determine and document treatment needs, arrange for outside medical trip if needed, and staff involved prepare written reports. The Warden review the facility's plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. As per the Warden, after an incident is reported or discovered, the Lieutenant is to be notified, the Lieutenant will refer to psychology medical and the PCM. Medical and psychology will assess the inmate and the PCM will determine the protocol to be utilized. The PCM will refer to the investigative staff based on the incident, SIA for incidents involving staff, SIS for inmate-on-inmate incidents, and FBI for incidents which are criminal in nature. FCI Loretto is compliant with this standard.

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.

P.S. 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. A copy of the Federal Bureau of Prisons and Council of Prison Locals revised Master Agreement in effect until May 2026 was provided to this auditor and is in compliance with this provision of the standard. As per the Agency Head designee the BOP has entered into or renewed A collective bargaining agreement since August 20th 2012. As per the Agency Head designee Article 30(g) of the 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 employee may be removed from the institution setting pending an investigation and resolution of the matter, in accordance with applicable laws, rules, and regulations. FCI Loretto is compliant with 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)

P.S. 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 SIS staff are charged with retaliation monitoring at FCI Loretto and the PREA Compliance Manager (PCM) reviews the monitoring. FCI Loretto is compliant with this provision of the standard.

115.67 (b)

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. As per the Agency Head designee, the institution's PCM monitors inmates and staff to ensure there is no retaliation for alleging or reporting sexual abuse or behavior. The Agency Head designee and the Warden stated that for inmates, this monitoring includes housing and cell assignments, work assignments, programming changes, and disciplinary action. For staff, the monitoring includes reassignment of work, posts, performance evaluations, and shift changes. In addition, the person being monitored will be offered psychology services to ensure their mental and

emotional well-being is cared for. The SIS staff interviewed that is charged with monitoring for retaliation reviewed the documentation utilized indicating that a 30-, 60-, and 90-day review was completed to monitor retaliation. The SIS staff stated that they receive annual retaliation monitoring training to ensure they understand the things to look for when monitoring. The SIS staff stated that some measures he takes to protect inmates and staff are conducting random rounds, making phone calls and emails, and interviewing. The SIS reported that he makes contact with the inmates who reported sexual abuse randomly throughout the 90 days of monitoring. FCI Loretto is compliant with this provision of the standard.

115.67 (c)

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 PAQ, FCI Loretto monitor for retaliation for no less than 90 days. As per the PAQ, there were no instances of retaliation in the last 90 days. The Warden noted that some measures that can be taken when retaliation is suspected would be conducting an investigation or changing housing. The SIS staff who is responsible for retaliation monitoring uses disciplinary and incident reports, interviews with staff and inmates to detect possible retaliation. As per the SIS staff who conducts retaliation monitoring, monitoring is for at least 90 days but could be extended for as long as there is a concern that the inmate is at risk for retaliation. FCI Loretto is compliant with this provision of the standard.

115.67 (d)

As per P.S. 5324.12 monitoring of inmates shall also include periodic status checks. The SIS staff responsible for retaliation monitoring indicated that he uses random checks with the inmate, staff, and review of incident and disciplinary reports to monitor the inmates. FCI Loretto is compliant with this provision of the standard.

115.67 (e)

P.S. 5324.12 states that 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 designee and Warden, if an inmate or staff member who cooperated 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. As per the Agency Head designee and Warden, this protection can take the form of changing housing or work assignments, transfers, changing work supervisors, or other actions that prevent retaliation. The person being monitored will be offered psychology services to ensure their mental and emotional well-being is cared for. FCI Loretto is compliant with this provision of the standard.

FCI Loretto 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)

P.S. 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. As per the PAQ no inmates were housed in involuntary segregation for any length of time due to risk of sexual abuse. A memo from the PREA Compliance Manager (PCM) dated November 14, 2024, states that when an inmate has alleged to have suffered sexual abuse and is placed in involuntary segregated housing, the inmate is reviewed at least every 30 days. The memo further states that the reviews are documented via the Security Review Official Log. The inmate receives 30 day mental health reviews by psychology services and is also reviewed during the weekly Special Housing Unit Meeting. The memo from the PCM further affirms that there were no instances in which an inmate was placed in segregated housing for protection following a report of being the victim of sexual abuse in the last 12 months. As per the Warden, segregated housing is utilized as a last resort. The warden could not recall ever placing an inmate in segregated housing involuntarily due to high risk for sexual victimization or for having alleged sexual abuse. The Warden stated that if an inmate were to be placed in segregated housing due to high risk for sexual victimization or who have alleged sexual abuse their stay in segregated housing would be brief. The Warden Stated that all individuals in segregated housing are reviewed weekly to ensure that segregated housing is appropriate. The Warden Stated that if someone were to be placed in segregation involuntarily for high risk of sexual victimization or due to having alleged sexual abuse, their stay in segregated housing would be no more than 30 days and unless exigent circumstances exist. The Warden could not recall any time in the last 12 months where segregated housing was used to protect an inmate who was alleged to have suffered sexual abuse. The Warden did note that at times inmates will request segregated housing due to their own perceived fear of safety. The Special Housing Unit (SHU) Lieutenant further affirmed that inmates are not typically placed in segregated housing due to high risk of sexual abuse or after having alleged sexual abuse. If inmates were to be placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, as per the SHU Lieutenant they would still have access to programs, privileges, education, and work opportunities and if these were to be restricted in any way the facility would document what opportunities were limited, how long they would be limited, and the reason. The SHU Lieutenant stated that inmates are placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. A weekly review is conducted by executive staff, and the SHU Lieutenant conducts a review two to three days after arrival in segregated housing. More in-depth reviews are conducted every 30 days by all disciplines including psychology and medical services. The SHU Lieutenant reports that if someone were to be placed in involuntary segregated housing as a means of separation from likely

abusers, they would ordinarily stay no more than 30 days unless exigent circumstances exist. FCI Loretto is compliant with 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 (l)

- 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)

P.S. 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. This auditor reviewed the investigation file on-site for the one incident that was reported in the last twelve months. As per the investigative staff interviewed, all investigations, regardless of how they were reported, are conducted in a timely manner. The investigative staff interviewed stated he begins the investigation immediately. FCI Loretto is compliant with this provision of the standard.

115.71 (b)

P.S. 5324.12 states that the agency shall use investigators who have received specialized training in sexual abuse investigations. The investigative staff interviewed reported receiving specialized training in conducting sexual abuse and sexual harassment investigations. The investigator also reports that the PREA investigations are also covered as part of the training for SIS School, which is a comprehensive training program for all SIS where they receive Investigation and Intelligence Training. This auditor received the documentation indicating that all the facility's investigators and other management staff received the specialized investigator training. FCI Loretto is compliant with this provision of the standard.

115.71 (c)

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 investigative staff interviewed stated that the first steps to initiating an investigation are for the PREA Compliance Manager (PCM) to determine what protocol should be used and then immediately beginning to gather evidence by conducting interviews, video, photographs, and reviewing records. All investigations begin with the response protocol of separating the alleged abuser from the alleged victim and referring to psychology and medical services. The investigator reports that he uses interviews of staff and inmates, video, and photographs as evidence. FCI Loretto is compliant with this provision of the standard.

115.71 (d)

P.S. 5324.12 states that when the evidence appears to support criminal prosecution, the agency shall conduct compelled interviews after consulting with prosecutors. The investigator interviewed stated that when he discovers evidence that a prosecutable crime may have taken place the FBI is notified before any further interviews are conducted. FCI Loretto is compliant with this provision of the standard.

115.71 (e)

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 the investigative staff interviewed, the credibility of an alleged victim, suspect, or witness is not judged. All information and statements are taken seriously. The investigative staff also stated that under no circumstance would they utilize a polygraph or other truth telling device as a condition for proceeding with an investigation. FCI Loretto is compliant with this provision of the standard.

115.71 (f)

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 investigative staff interviewed reported that administrative investigations are documented in written reports which include biographical information on the alleged perpetrator and alleged victim, interviews, all reports, evidence, psychology reports, medical reports, and housing reports. This auditor reviewed the one investigation file and it was organized and thorough. The investigator interviewed reports that he reviews how the situation could have occurred which would include staff actions or failures to act. Any findings would be noted in the report and he would make the Associate Warden aware. The after-action review is typically where staff actions or failures to act is assessed. FCI Loretto is compliant with this provision of the standard.

115.71 (g)

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. Criminal investigations are conducted by the FBI. As per the investigative staff interviewed, cases that are referred to the FBI are submitted electronically, and the FBI would communicate acceptance or denial of the case electronically. The investigative staff interviewed reports having a great relationship with the FBI and having great communication regarding all criminal investigations. FCI Loretto is compliant with this provision of the standard.

115.71 (h)

P.S. 5324.12 states that substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. As per the PAQ there were no allegations of conduct referred for prosecution since the last PREA audit. The investigative staff interviewed stated that cases are referred for prosecution when they are found to be criminal. FCI Loretto is compliant with this provision of the standard.

115.71 (i)

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. All PREA related files are maintained by the PCM and staff related files are maintained by the Office of Internal Affairs (OIA). FCI Loretto is compliant with this provision of the standard.

115.71 (j)

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. Investigative staff interviewed noted that regardless of whether an alleged perpetrator or alleged victim has left the facility, the investigation must be completed. FCI Loretto is compliant with this provision of the standard.

115.71 (l)

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. As per the SIS, PREA Coordinator, Warden, and the PCM, when the FBI or OIG is conducting a criminal investigation, the facility investigators are to act as the liaison. They would provide and gather information as requested and stay in contact for regular updates on the progress of the investigation. FCI Loretto is compliant with this provision of the standard.

FCI Loretto is compliant 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)

P.S. 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. The investigative staff

interviewed reported that a preponderance of the evidence is the standard required to substantiate allegations of sexual abuse and sexual harassment. FCI Loretto is compliant with 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)

P.S. 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 Services Lieutenant provides the inmate with notification of the outcome of the investigation. A memo from the PREA Compliance Manager (PCM) dated November 14, 2024 states that there were no substantiated cases of sexually abusive behavior towards an inmate by another inmate or by a staff member against an inmate at FCI Loretto in the last twelve months. While on-site this auditor verified that there were no additional incidents occurring after the date of the memo. An additional memo dated November 14, 2024 from the PCM states that inmate victims of sexual abuse will be notified following the conclusion of the investigation and such notification will be presented to the inmate verbally, with a memo documenting this notification and signed by the inmate. As per the Warden and the investigative staff interviewed, at the conclusion of all investigations for allegations of sexual abuse, the inmate who made the allegation is informed in writing of the outcome of that investigation. The investigative staff interviewed stated that the inmates are notified and they sign the notification and that notification is uploaded in the electronic file. This auditor reviewed the one investigation file for an inmate-on-inmate sexual harassment allegation from the last 12 months and in that file was a notification in writing to the

inmate which was signed by the inmate who made the allegation informing them that the finding was unsubstantiated. This auditor finds FCI Loretto to be compliant with this provision of the standard.

115.73 (b)

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 PAQ, no investigations were completed by an outside agency in the last twelve months. FCI Loretto is compliant with this provision of the standard.

115.73 (c)

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. There were no inmates who reported sexual abuse in the facility in the last twelve months. FCI Loretto is compliant with this provision of the standard.

115.73 (d)

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. FCI Loretto has had no such notifications in the last twelve months, nor has the facility had any criminal sexual abuse investigation. FCI Loretto is compliant with this provision of the standard.

115.73 (e)

P.S. 5324.12 states that all notifications shall be documented and maintained in the investigation file. A memo from the PCM dated November 14, 2024 states that inmates who alleged sexual abuse against a staff member will be informed with the alleged abuser is indicted on a charge of sexual abuse within the facility, or the alleged abuser is convicted on a charge related to sexual abuse in the facility. FCI Loretto is compliant with this provision of the standard.

FCI Loretto is compliant with all 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)

P.S. 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. As per the PAQ there have been no such incidents of disciplinary sanctions on staff in the last twelve months. FCI Loretto is compliant with this provision of the standard.

115.76 (b)

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.

As per the PAQ and a memo dated November 14, 2024 from the PREA Compliance Manager (PCM), no staff have violated the agency's sexual abuse and sexual harassment policies in the last twelve months. FCI Loretto is compliant with this provision of the standard.

115.76 (c)

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. As per the PAQ and a memo dated November 14, 2024 from the PCM, in the past 12 months no staff have been disciplined for violation of the agency sexual abuse or sexual harassment policies. FCI Loretto is compliant with this provision of the standard.

115.76 (d)

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. As per the PAQ, 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 in the last 12 months. FCI Loretto is compliant with this provision of the standard.

FCI Loretto is compliant 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

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.

115.77 (a)

P.S. 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. As per the PAQ and a memo from the PREA Compliance Manager (PCM) dated November 14, 2024, no volunteers or contractors have been reported to law enforcement for engaging in sexual abuse of inmates. FCI Loretto is compliant with this provision of the standard.

115.77 (b)

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 PCM dated November 14, 2024, further states that FCI Loretto takes appropriate remedial measures and considers whether to prohibit further contact with inmates if there is an allegation of any violation of the agency's sexual abuse or sexual harassment policies by a contractor or volunteers. As per this memo over the last 12 months there have been no instances requiring these remedial measures. As per the Warden and the Reentry Affairs Coordinator who acts as the Volunteer Coordinator, if there is any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer their clearance to the facility would be immediately revoked. FCI Loretto is compliant with this provision of the standard.

FCI Loretto is compliant 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

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.

115.78 (a)

P.S. 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 PAQ, there were no administrative or criminal findings of inmate-on-inmate sexual abuse that occurred at FCI Loretto in the last twelve months. FCI Loretto is compliant with this provision of the standard.

115.78 (b)

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. As per the Warden, there is a disciplinary hearing officer and an inmate discipline guideline which is followed when sanctioning inmates. The sanctions are proportionate to the nature and circumstances of the abuses committed, the inmates disciplinary history, and the sanctions imposed for similar offenses by other inmates with similar histories. FCI Loretto is compliant with this provision of the standard.

115.78 (c)

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 Warden, mental health and mental disability is considered in the sanctioning process. FCI Loretto is compliant with his provision of the standard.

115.78 (d)

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 and mental health staff interviewed, services are provided to any alleged offender. As per the mental health staff these services would include an interview and an offer of services individually. As per the medical and mental health staff interviewed, these services are not mandatory or required for an inmate to participate as a condition of access to programming or other benefits. FCI Loretto is compliant with this provision of the standard.

115.78 (e)

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. As per a memo from the PREA Compliance Manager (PCM) dated November 14, 2024, there have been no instances, in the last twelve months, requiring disciplinary actions against inmates for sexual conduct with a staff member. FCI Loretto is compliant with this provision of the standard.

115.78 (f)

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. FCI Loretto is compliant with this provision of the standard.

115.78 (g)

P.S. 5324.12 states that all sexual activity between inmates is prohibited and is subject to discipline. FCI Loretto is compliant with this provision of the standard.

FCI Loretto 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 ☒ NA

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

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.

115.81 (a)(c)

P.S. 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. As per the PAQ and a memo from the PREA Compliance Manager (PCM) dated November 14, 2024, 100% of all inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner. An additional memo from the PCM dated November 14, 2024 states that FCI Loretto Psychology and Health Services departments are responsible for completing follow up on inmates who are identified as victims of sexual abuse. Of the six inmates interviewed that disclosed victimization during the risk screening, four stated that they saw psychology as a follow up, one could not recall but was currently active with psychology, and the other reported never seeing psychology. As per the counselor who conducts risk screening, when a screening indicates that an inmate has experienced prior sexual victimization regardless of the setting a follow up meeting with medical or mental health occurs as soon as possible. All risk screenings are sent to Psychology Services regardless for review as well. Psychology staff report that all individuals who reported prior victimization are seen by psychology. This auditor finds FCI Loretto to be in compliance with this provision of the standard.

115.81 (b)

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. As per the PAQ and a memo from the PCM dated November 14, 2024, 100% of all inmates who previously perpetrated sexual abuse as indicated during screening were offered a follow-up meeting with a medical or mental health practitioner. As per the risk screening staff interviewed, if the screening indicates that an inmate previously perpetrated sexual abuse a follow up meeting with a mental health practitioner is offered as soon as possible. The mental health staff interviewed further affirm that services are provided to all individuals who previously perpetrated sexual abuse. FCI Loretto is compliant with this provision of the standard.

115.81 (d)

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. A memo from the PCM dated November 14, 2024 states that documentation of follow up contacts are maintained in an electronic database accessible only by medical and psychology staff. An additional memo from the

PCM dated November 14, 2024 states that information related to sexual victimization or abusiveness is shared with other staff strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, local, or state law. The medical and psychology staff interviewed stated that all their records are strictly limited to medical or psychology staff due to HIPPA. The PCM stated that risk screening information is available only to staff who need to know such as medical and psychology. FCI Loretto is compliant with this provision of the standard.

115.81 (e)

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 the inmate is under the age of 18. A memo from the PCM dated November 14, 2024 states that 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 that inmate is under the age of 18. As per the memo there have been no instances of medical or mental health practitioners reporting information about prior sexual victimization that did not occur in an institutional setting. The memo further states that if an instance should occur that involves the need to report such information, informed consent would be obtained prior to disclosure of that information. As per the two medical and mental health staff interviewed, informed consent is obtained from inmates before reporting about prior sexual victimization that did not occur in an institutional setting. At FCI Loretto There is no process in place for inmates under the age of 18 due to the facility never housing anyone under the age of 18. FCI Loretto is compliant with this provision of the standard.

FCI Loretto 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)

P.S. 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. A memo from the PREA Compliance Manager (PCM) dated November 14, 2024, states that health services and psychology employees document emergency medical treatment, crisis interventions, screenings, the prescribing and dosing of medications within the Bureau Electronic Medical Record (BEMR). The memo further states that after medical interventions occur, the decision is made to offer prophylaxis medication which is documented in BEMR. The memo states that there have been no instances in the past 12 months requiring the administration of prophylaxis medication. Two medical and mental health staff were interviewed, and all report that inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Both medical and mental health staff interviewed state that the services provided are determined according to their professional judgement. There were no inmates at FCI Loretto who reported sexual abuse in the facility to interview. FCI Loretto is compliant with this provision of the standard.

115.82 (b)

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. Three security and non-security staff who have acted as first responders report that their first step is always to separate the alleged victim from the alleged perpetrator and ensure safety. Once the victim, perpetrator, and scene are secured the staff reported they would notify the Lieutenant who would then respond and begin the notifications and referrals to medical, psychology, and the PCM. As per the PCM and the Health Services Administrator, there is always someone on call, if medical emergency they will be transported to the hospital and if non-emergent they will be seen as soon as possible by health services and psychology staff. FCI Loretto is compliant with this provision of the standard.

115.82 (c)

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. The medical staff interviewed reported that victims of sexual abuse are offered timely information about access to sexually transmitted infection prophylaxis. The medical staff interviewed reported that there is a protocol in place in which the individual is tested, offered prophylaxis, and follow up lab work. FCI Loretto is compliant with this provision of the standard.

115.82 (d)

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. FCI Loretto is compliant with this provision of the standard.

FCI Loretto is compliant with all provisions of this standard.

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)

P.S. 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. Interviews with medical, mental health, custody, and executive staff as well as documentation reviewed pre-audit, post-audit and while on-site, this auditor finds that FCI Loretto provides medical and mental health treatment as appropriate to inmates who have been sexually abused. FCI Loretto is compliant with this provision of the standard.

115.83 (b)

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. The medical staff interviewed report that the evaluation and treatment of inmates who have been victimized entails separation from alleged perpetrator, a questionnaire, a medical review, and transfer to the local hospital for a medical forensic examination if needed. The mental health staff interviewed report that evaluation and treatment of inmates who have been victimized entails a records review, risk factor screening, a review of their history of suicide, history of mental health, medication compliance, interview with the inmate, treating immediate symptoms/concerns, and if the individual wants to continue treatment a treatment plan with follow-ups will be put into action. FCI Loretto is compliant with this provision of the standard.

115.83 (c)

P.S. 5324.12 states that victims will be provided with medical and mental health services consistent with the community level of care. All medical and mental health staff interviewed stated that the medical and mental health services provided at FCI Loretto are consistent with the community level of care. FCI Loretto is compliant with this provision of the standard.

115.83 (d)

FCI Loretto is an all-male facility, therefore this provision is not applicable.

115.83 (e)

FCI Loretto is an all-male facility, therefore this provision is not applicable.

115.83 (f)

P.S. 5324.12 states that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. The medical staff interviewed report testing for sexually transmitted infections as medically appropriate are provided to inmates who are alleged victims of sexual abuse. FCI Loretto is compliant with this provision of the standard.

115.83 (g)

As per 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 medical and mental health staff interviewed noted that services are provided free of charge. FCI Loretto is compliant with his provision of the standard.

115.83 (h)

As per 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. All mental health staff interviewed report that inmate abusers are evaluated by psychology services and offered treatment if the inmate is agreeable. FCI Loretto is compliant with this provision of the standard.

FCI Loretto is 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 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)

As per the PAQ and a memo dated November 14, 2024 from the PREA Compliance Manager (PCM) there was one administrative investigation of alleged inmate on inmate sexual harassment completed in the last 12 months. The PCM, Warden, and Investigative Staff interviewed stated that After Action Reviews are completed for all completed PREA investigations. FCI Loretto is compliant with this provision of the standard.

115.86 (b)

As per the P.S. 5324.12, Sexually Abusive Behavior Prevention and Intervention Program a review is to occur within 30 days of the conclusion of the investigation. As per the PAQ there was one review in the last 12 months. As per a memo from the PCM dated November 14, 2024, during the past 12 months, there has been one completed investigation of alleged sexual harassment. The allegation was found to be unsubstantiated at the conclusion of the investigation. As per the memo an incident review was conducted within 30 days of the completed investigation. This auditor reviewed this file, and the review documentation was included. FCI Loretto is compliant with this provision of the standard.

115.86 (c)

As per P.S. 5324.12, the review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners, as well as input from the local Union President or his/her designee. The Warden stated that the sexual abuse incident review team consists of the facility Warden, both Associate Wardens (one is the PCM), chief correctional officer, psychology, and medical staff. FCI Loretto is compliant with his provision of the standard.

115.86 (d)

As per P.S. 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; 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 PCM. As per the Warden, and PCM, all of the considerations required of this standard are reviewed during the incident review. The Wardens stated that the PCM has the latitude to implement any recommendations that come from those incident reviews. The PCM stated that the facility conducts sexual abuse incident reviews and prepares a report of its findings from the reviews, including any determinations and recommendations for improvements. The PCM Stated that those reports are reviewed by him and if any actions are recommended, they are addressed immediately. The PCM stated that security reviews every incident as well to determine if any physical barriers in the area may have enabled the abuse, if staffing levels are adequate in the area during different shifts, and if monitoring technology should be deployed or augmented to supplement supervision by staff. FCI Loretto is compliant with this provision of the standard.

115.86 (e)

As per P.S. 5324.12, the facility shall implement the recommendations for improvement or shall document its reasons for not doing so. As per a memo from the PCM dated November 14, 2024, for the one incident review which was conducted in the last 12 months, the recommendations related to the prepared report of the incident were reviewed by the incident review team within 30 days of the completed investigation. The memo further states that rationale for the recommendations and implementation is noted on the incident review report. FCI Loretto is compliant with this provision of the standard.

FCI Loretto is 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)

P.S. 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 Services (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)

P.S. 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)

P.S. 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)

P.S. 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 Technology and Data Division.

115.87 (e)

P.S. 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 that the Bureau of Prisons contracts with; however, FCI Loretto does not contract with any facilities directly. All contracts are at the agency level.

115.87 (f)

P.S. 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 FCI Loretto 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: 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)

P.S. 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. P.S. 5324.12 states that the National PREA Coordinator reviews the data completed by the Regional PREA Coordinators, Information Technology and Data Division 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. As per the agency head designee, the BOP tracks and tabulates data from PREA substantiated and unsubstantiated PREA allegations. The agency head designee further states that if applicable, individual substantiated and unsubstantiated PREA allegations may result in changes to local procedure to improve safety from sexual abuse and sexual harassment. The agency head designee states that if the incident-based sexual abuse data shows patterns, then the agency policies, procedures, or training may be modified. As per the PREA Coordinator, 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 PREA coordinator noted that all data is reviewed and compiled into a report that is issued to the Director annually. The PREA Coordinator noted that corrective action is taken on an on-going basis. The PREA Coordinator explained that the data collected is securely retained. The

BOP complies with FOIA and all other applicable laws, rules, and regulations. Investigative, psychological, and medical data is securely maintained. The PREA Coordinator emphasized that the annual report does not contain identifying information. The PREA Coordinator stated that the agency prepares an annual report that contains findings from the data review and any corrective action, and it is made available to the public on the BOP website. The PREA Compliance Manager (PCM) stated that all data collected is reviewed locally and then sent to central office for review and posting. FCI Loretto is compliant with this provision of the standard.

115.88 (b)

P.S. 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. FCI Loretto is compliant with this provision of the standard.

115.88 (c)

P.S. 5324.12 states that the agency's annual report is approved by the Agency Head designee 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 designee reports that the annual report for the prior calendar year is reviewed by them prior to being placed on the public website. FCI Loretto is compliant with this provision of the standard.

115.88 (d)

P.S. 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. As per the PREA Coordinator, 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. The PREA Coordinator stated that if information needs to be redacted, the nature of the redacted material would be indicated. FCI Loretto is compliant with this provision of the standard.

FCI Loretto is compliant with all provisions of this 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. P.S. 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. As per the PREA Coordinator, the BOP collects all reviews all data pursuant to 115.87 and that data is securely retained. BOP complies with FOIA and all other applicable laws, rules, and regulations. Investigative, psychological, and medical data are securely maintained. As per the PREA Coordinator, the annual report does not contain identifying information. FCI Loretto is compliant with this provision of the standard.

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 FCI Loretto to be in compliance with this provision of the standard.

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 FCI Loretto to be in compliance with this provision of the standard.

115.89 (d)

P.S. 5324.12 states that the agency maintains sexual abuse data at least ten years after the initial collection. FCI Loretto meets the requirements of this provision.

FCI Loretto is compliant with this provision of the 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)

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

115.401 (b)

FCI Loretto 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. FCI Loretto is being audited in the third year of the current 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 FCI Loretto 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)

FCI Loretto was audited in May 2022. The final report is dated July 10, 2022 and is publicly available on the agency's website. Upon submission of this report it will be uploaded and all prior reports can be made available through FOIA.

This auditor finds FCI Loretto 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

05/23/2025

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.