Audit of the Federal Bureau of Prisons' Contract Awarded to the American Correctional Association

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AUDIT DIVISION

24-009

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EXECUTIVE SUMMARY

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Objectives

The Federal Bureau of Prisons (BOP) awarded a $2.75 million contract to the American Correctional Association (ACA) in 2018 to obtain accreditation and reaccreditation for BOP facilities. The audit evaluated: (1) the value the BOP receives through ACA accreditation for its prisons; (2) how the BOP uses ACA's accreditation to improve BOP standards for health, safety, and security of inmates and staff; and (3) the BOP's contract administration and ACA's performance and compliance with terms, conditions, laws, and regulations applicable to the contract.

Results in Brief

Although the contract requires ACA to perform its accreditation and reaccreditation in accordance with ACA's policies, manuals, and procedures, current BOP and ACA officials told us that an agreement between former BOP and ACA officials—that was not detailed in the contract—modified ACA's standard process for its reaccreditation reviews. Pursuant to this agreement, the BOP and ACA agreed that ACA would only perform independent reviews of BOP facilities as provided for in ACA policy during initial accreditation. For reaccreditation reviews, which was most of ACA's work under the contract, the BOP and ACA agreed that ACA would rely on the BOP's internal program review reports. As a result, it appears the BOP is, in effect, paying ACA to affirm the BOP's own findings. We therefore concluded that the BOP does not appear to be receiving value from the ACA reaccreditation process as implemented. We also did not identify instances where the BOP used ACA's accreditation process to improve BOP standards for health, safety, and security of inmates and staff.

We further found several areas where the BOP did not conduct adequate administration and oversight of its contract with ACA and did not adhere to the Federal Acquisition Regulation (FAR). Additionally, we identified improvements the BOP should make to its processes related to billings and payments for the ACA contract.

Audit Results

In December 2018, the BOP awarded a contract with an estimated total value of $2.75 million and a period of performance of one base year and four 1-year options. The BOP awarded this contract to ACA to obtain accreditation and subsequent reaccreditation of its institutions, training centers, and Central Office Headquarters. As of August 2022, the BOP paid ACA approximately $1 million for accreditation and reaccreditation of its facilities.

ACA Reviews of BOP Operations and Programs

Although BOP facilities are not required by law or regulation to go through the ACA accreditation or reaccreditation process, BOP officials told us they believe it is an important correctional industry practice to have its facilities accredited. BOP officials also told us that the ACA contract enabled BOP to obtain an independent, third-party review of its operations and programs to ensure compliance with correctional industry practices and standards. Currently, all BOP facilities have received accreditation by ACA. As a result, most of the work performed by ACA under the December 2018 contract was for reaccreditation services because the BOP infrequently activates new facilities.

Despite the stated desire of BOP officials to have an independent third-party review of BOP facilities, we determined that did not occur here during reaccreditation. Rather, we found that ACA's reaccreditation of BOP facilities relied on the BOP's own internal program review and oversight process and did not follow ACA's standard reaccreditation process that would have provided a comprehensive independent evaluation of the BOP's operations and programs. Moreover, this decision to rely on BOP program reviews for reaccreditation purposes occurred despite concerns

expressed by former BOP executives, detailed in a recent Office of the Inspector General report, about the objectivity of the BOP program review process.

ACA's reliance—during reaccreditation reviews—on BOP's program review process is a modification of ACA's standard process. According to current BOP and ACA officials, this modification of the process for performing reaccreditation reviews was the result of an agreement made by former BOP and ACA officials. However, we found that the language in the contract does not specify the process that ACA implemented for its reaccreditation of BOP facilities and, instead, states that reaccreditation shall be in accordance with policies, manuals, and/or procedures in effect on the date of the contract. None of the current BOP and ACA staff we interviewed were aware of what exactly was agreed upon or could provide us with documented evidence of the process that ACA applied for its reaccreditation of BOP facilities. We concluded that ACA's reaccreditation process does not appear to valuably enhance the BOP's operations and programs as currently implemented, and we did not identify any instances where the BOP used the ACA accreditation process to improve BOP standards.

In addition to contracting for accreditation services, the Department of Justice (DOJ) has historically provided grant funding to ACA for, among other things, corrections-related research. For example, in 2019, during the audited contract period, ACA received a direct award of $1.5 million from DOJ under the Comprehensive Corrections Training and Technical Assistance Program. DOJ's provision of grant funding to ACA at the same time ACA is performing accreditation and reaccreditation services for BOP raises potential concerns regarding ACA's third-party independence. Because our audit was primarily focused on the value the BOP receives from ACA accreditation and its administration of the ACA contract, we did not directly examine this independence question as part of this audit. Nevertheless, as the BOP considers the results of this audit and the parameters of its relationship with ACA, we encourage the BOP to work with DOJ to determine whether these circumstances warrant further examination and possible action to mitigate the appearance of (or actual) independence issues triggered by DOJ grant awards to ACA.

ACA Reporting and Panel Decisions

In addition to its reliance on the BOP's program review process, we found that ACA reviewers did not consistently include in its own reports the deficiencies identified through the BOP's internal program review program that ACA relied on in its reaccreditation reviews. Specifically, we found that ACA did not always include all information related to the deficiencies and corrective actions implemented. By not reporting accurate, complete, and consistent information for each BOP facility, ACA did not provide a comprehensive description of the facility seeking reaccreditation to the ACA panels responsible for determinations to award or deny accreditation. As a result, we believe that the ACA panels did not have all the facts necessary to make well-informed decisions to award BOP facilities reaccreditation.

Contract Administration and Oversight

Throughout our audit, we identified several areas where the BOP did not conduct adequate administration and oversight of its contract with ACA in accordance with the FAR. Specifically, we found that the BOP did not always properly delegate contract administration responsibilities to the Contracting Officer's Representative. This resulted in BOP staff conducting contract administration duties without the proper authority.

Additionally, we found that the BOP's oversight of ACA's performance was inadequate and resulted in several areas where ACA did not comply with the contract terms and conditions. As a result of these deficiencies, the BOP did not receive an independent review of its facilities and did not receive services that met the requirements of the contract.

Further, we found that the BOP did not complete contractor performance assessments in the Contractor Performance Assessment Reporting System as required by the FAR. These assessments document performance to assist federal agencies in conducting future analysis of contractor performance to avoid engaging with an underperforming contractor.

Finally, we determined the BOP could make improvements in the following areas related to billings and payments: ensuring invoices include all required information, ensuring invoices are submitted for services received, and paying invoices timely to avoid the payment of interest.

Recommendations

Our report contains 10 recommendations.

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Introduction

The Federal Bureau of Prisons (BOP) is responsible for providing safe and humane care for federal inmates, professionalizing the federal prison service, and ensuring consistent and centralized administration of federal prison matters. As of June 2023, the BOP was responsible for the custody and care of nearly 160,000 federal inmates. To assist with its goal of maintaining safe, humane, cost-efficient, and appropriately secure facilities, the BOP seeks to have its facilities comply with correctional industry standards. The first BOP facilities were accredited by the American Correctional Association (ACA) in February 1980. In December 2018, BOP awarded the most recent contract to ACA for $2.75 million to obtain accreditation and reaccreditation for all of its institutions, training centers, and the Central Office Headquarters through March 2024.[1]

American Correctional Association

According to its website, ACA was founded in 1870 and is the oldest membership association developed specifically for correctional organizations and practitioners. Its current mission statement describes ACA as a professional organization for individuals and groups with a common goal of improving the justice system. During the 1940's and 1950's standards were developed for prisons and in 1954 ACA published correctional industry standards, which are documented in manuals. According to ACA, the intent of these standards is to propagate guidelines for correctional facilities to provide an environment that safeguards the life, health, and safety of the public, staff, and offenders while also providing education, work, religious, and rehabilitative opportunities to prepare offenders for integration into the community.

ACA currently has more than 25 different manuals to cover all areas of correctional operation, including adult, juvenile, and community corrections as well as correctional training academies, industry programs, and central administration offices. The ACA's Performance-Based Standards Committee creates and refines these standards based on proposals from ACA's members. The ACA Performance-Based Standards Committee meets semiannually to review proposed revisions and determine if changes will be made to any ACA expected practice and the practice's applicable manual.

ACA Accreditation and Reaccreditation Process

ACA has developed a national accreditation process to assess member compliance with ACA's standards. An organization or facility seeking to obtain accreditation begins the process by entering into a contract with ACA for the service. According to ACA officials, ACA provides accreditation for correctional facilities at all levels, including state, local, and federal facilities, as well as private correctional facilities. There is presently no federal law or regulation requiring correctional facilities to be accredited, and not all state and local governments require that their correctional facilities receive accreditation.

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[1] The contract had an original period of performance of one base year and four 1-year option years that ended in September 2023. Due to the COVID-19 pandemic, ACA was unable to perform any accreditation reviews for a period of time and the BOP modified the contract's period of performance by extending it 6 months. According to BOP officials, for any facility whose accreditation expired during this time period, ACA extended its accreditation until a reaccreditation review could be completed.

According to ACA's policy manual, accreditation is granted for a period of 3 years, after which facilities must seek reaccreditation.[2] ACA states that its accreditation process establishes goals and objectives addressing services, programs, and operations critical for good correctional practices related to safety, security, order, care, programming, administration, and management. To achieve accreditation, according to ACA, facilities must demonstrate compliance with the expected practices documented in applicable ACA accreditation manuals. Each expected practice is designated as either a mandatory or nonmandatory practice, and to obtain or retain accreditation, a facility is required to achieve 100-percent compliance with applicable mandatory expected practices and at least 90-percent compliance with applicable nonmandatory expected practices.

To demonstrate compliance at a specific facility, ACA's policy manual requires facilities to prepare a file for each expected practice that includes two categories of documentation: (1) protocols - specifying what will be done and how it will be accomplished at the facility, and (2) process indicators – providing evidence that the protocols have been implemented at the facility for each year being reviewed. Facilities must satisfy these same requirements when seeking reaccreditation while also demonstrating efforts to improve compliance from previous ACA reviews. According to ACA, its Standards and Accreditation Department is available to provide clarification throughout an agency's preparation for accreditation and reaccreditation reviews. Additionally, ACA offers onsite assistance and mock reviews for an additional fee to assist facilities through its accreditation reviews.

Categories of Documentation

Protocols

- Policies
- Procedures
- Guidelines

Process Indicators

- Logs
- Records
- Reports

Source: ACA Manual of Accreditation Policy and Procedure

The ACA Visiting Committee, composed of one or more ACA reviewers, conduct site visits to evaluate compliance with expected practices. Site visits consist of a tour of a facility, examination of the physical plant, review of files and other requested documentation, and interviews of facility staff and offenders. At the conclusion of the site visit, the Visiting Committee conducts an exit meeting with facility management to discuss the results of its review, including a discussion of all findings of noncompliance, and provides a written copy of the noncompliance issues. If facility management does not provide the Visiting Committee a response to the findings by the conclusion of the site visit, it must respond within 2 weeks of the conclusion of the site visit. For areas found to be in noncompliance with an expected practice, facilities can develop a plan of action, request a waiver, or file an appeal.

After a site visit, the Visiting Committee drafts the Visiting Committee Report (VCR) that includes results from its site visit and review of documentation. The VCR provides an overview of the facility and its programs, details from the site visit, the Significant Incident Summary—including information related to assaults, escapes, and disturbances—and Outcome Measures, which are quantifiable events, occurrences, conditions, or behaviors demonstrating the extent to which the conditions have been achieved. In addition, VCRs detail findings of noncompliance with expected practices, including reasons for the finding and if the issue affects the quality-of-life within the facility. The facility management's response to any finding of

[2] The formal title of the ACA's policy manual is: "American Correctional Association Manual of Accreditation Policy and Procedure," dated August 2020. We refer to it as ACA's "policy manual" throughout this report.

noncompliance is incorporated into the VCR, with the Visiting Committee's subsequent response also attached to the VCR.

The accreditation process concludes with a panel hearing at one of ACA's semi-annual conferences where the ACA's Commission on Accreditation for Corrections renders a final accreditation decision. Commissioners are elected by ACA members for a term of 4 years and can serve no more than 2 consecutive full 4-year terms. Facility representatives appear before the panel, made up of at least three Commissioners, who review the final VCR and discuss any noncompliance issues identified by the Visiting Committee. The panel then provides a determination as to whether a facility receives accreditation, an extension for accreditation in probationary status, or is denied accreditation.[3] If the facility is awarded accreditation, they are provided a certificate and photographed with the Commissioners at the completion of the hearing.

According to ACA, facilities must maintain the level of compliance found during its review and work towards compliance for any expected practices found in noncompliance. During the 3-year accreditation period, facilities submit to ACA an annual report that contains the following information: current compliance levels with any changes since accreditation, update of any plans of action including a progress report indicating the status of the plan, Significant Incident Report Summary, and Outcome Measures.

When facilities seek reaccreditation, they must satisfy the criteria discussed above for all applicable expected practices. Facilities must maintain documentation dating back to the previous review and indicate continuous compliance with the expected practices. During the reaccreditation process, ACA reviewers will review and sample records, files, and logs from the 3-year period to determine if continuous compliance has been maintained. According to ACA's policy manual, ACA's process for reaccreditation mirrors that of initial accreditation, including the Visiting Committee process and the format and time frame for completing the VCR.

However, as we describe later in this report, current BOP and ACA officials told us that there was an agreement whereby ACA modified its standard reaccreditation process for BOP facilities. Among other things, the agreement eliminated the file review normally performed by the Visiting Committee—and thereby its independent assessment of the facility—and instead provided that ACA would rely on the BOP's program review process.

BOP's Program Review Division

BOP's Program Review Division (PRD), located within BOP's Central Office, was created in 1988 to establish a self-monitoring system for the BOP and provide oversight of program performance and compliance by its institutions. According to the BOP, PRD's oversight involves monitoring specific program areas, conducting risk assessments for the purpose of creating review guidelines, and analyzing program performance trends and other data to achieve continuous program improvement. As described in BOP's policy, BOP's PRD

[3] According to ACA's policy manual, when accreditation is extended in probationary status, the panel determined that compliance levels were marginal, there was a significant decrease in compliance since the previous review, or there were quality-of-life issues that require continued monitoring. Probationary status lasts for a specific period of time determined by the panel and requires at least one monitoring visit to be conducted prior to the next panel hearings.

conducts program reviews for the operations and programs in BOP institutions to help ensure institutions are in compliance with laws, regulations, and policy, as well as to determine the adequacy of internal controls, efficiency of operations, and effective achievement of program results.[4]

According to a BOP official, as of June 2023, there are 17 areas that undergo these reviews at BOP facilities, and the frequency of a program review is determined by prior review ratings.[5] According to BOP's policy, every program review is to be completed in accordance with *Government Auditing Standards* using detailed guidelines to examine and evaluate the covered operations and programs at the reviewed institution. At the conclusion of a program review, a report is provided to the institution that includes all identified deficiencies and significant findings, as well as any related recommendations and an overall rating. The institution's rating is based on the program review team's judgment of how well the reviewed program area accomplished its mission and objectives over time, considering the program's complexity. If there are significant issues or deficiencies identified, the institution must respond with a plan of action, or the steps taken to comply with the recommendations. To close a program review, a follow-up review must be conducted to determine whether the deficiencies have been corrected and adequate internal controls were put in place to prevent the issue from reoccurrence.[6]

Frequency of Program Review

Superior or Good: Every 5 years

Acceptable: 2 year basis

Deficient: 18-month intervals

At Risk: Upon closure

Source: BOP Policy

BOP's PRD also facilitates the BOP's implementation of the Federal Managers Financial Integrity Act (FMFIA) by coordinating management assessments. Annually, the BOP Director is required by FMFIA to submit an assurance statement to the Attorney General related to the efficiency of its system of controls.[7] Additionally, according to BOP's policy, BOP Assistant Directors are responsible for ensuring that the results of program reviews, management indicators and assessments, and other reviews throughout the year are analyzed to determine whether there are patterns of noncompliance or a lack of controls in programs.

In addition to the program review process and FMFIA-related requirements of the BOP's policy, this policy states that the continued ACA accreditation of BOP facilities is accomplished through the BOP's own program review process and prescribes policies, procedures, and

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[4] BOP Program Statement 1210.23, *Management Control and Program Review Manual*, dated August 21, 2002.

[5] The 17 different areas that BOP completes a program review for are: Chaplaincy and Volunteer Services, Correctional Programs, Correctional Services, Education and Recreation, Employee Development Management, Facilities, Female Offenders, Financial Management, Food Services, Health Services, Human Resources and Affirmative Employment, Information Systems and Security, Psychology Services, Residential Reentry Management, Safety, Trust Fund, and UNICOR (Federal Prison Industries, Inc.).

[6] The follow-up review typically occurs 120-150 days after the program review to allow sufficient time for corrective actions to be put in place and begin working.

[7] To make its assurance statement, the BOP utilizes internal control assessments, management knowledge and experience from daily operations of programs, operational reviews, and program weakness tracking systems. The annual assurance statement also reports on internal controls over financial reporting. The BOP utilizes financial management system evaluations and reports pursuant to the Office of Management and Budget (OMB) Circular A-123 and evaluation and reports pursuant to the Federal Information Security Management Act and OMB Circular A-130.

responsibilities for management of the ACA accreditation process. The following section describes the BOP's process, pursuant to its policy, for achieving ACA accreditation and reaccreditation.

BOP's Process for ACA Accreditation and Reaccreditation

Each BOP facility is responsible for ensuring continuous compliance with ACA's correctional industry standards. Separately, a team within PRD made up of a Chief and four Management Analysts manage the ACA process Bureau-wide. The Management Analysts serve as the primary resource for BOP staff regarding the ACA process and work as liaisons between the facilities and ACA. Most of the activities performed by the Management Analysts relate to reaccreditation reviews as the need for an initial accreditation review is rare because the BOP infrequently activates new facilities. As of June 2023, all BOP facilities were fully accredited by ACA. Each fiscal year, approximately 35 BOP institutions and other facilities undergo the process to prepare for ACA's reaccreditation (or in rare case accreditation) review, and each Management Analyst is responsible for managing the review of approximately 8 to 12 of these institutions and facilities.

The accreditation and reaccreditation process for BOP facilities begins about 6 months prior to an ACA reaccreditation review with the responsible BOP Management Analyst notifying the institution of the upcoming site visit followed by a notification letter issued to the institution detailing the dates of the ACA site visit and what is required of the institution. About 6-10 weeks prior to the ACA site visit, the Management Analyst conducts a pre-audit to ensure the institution is adequately prepared for the ACA site visit by completing a thorough walk-through of the institution and review of documentation. At the conclusion of the pre-audit, the Management Analyst provides the institution with a list of items that must be corrected prior to ACA's site visit.

During ACA's subsequent reaccreditation review, the Management Analyst is again onsite to assist the institution in responding to any questions or concerns raised by ACA reviewers. If any findings of noncompliance are identified during ACA's reaccreditation review, the Management Analyst works with the institution to prepare its response, including a corrective action plan, if necessary. The Management Analyst and a representative for the institution, typically the Warden, attend the associated ACA panel hearing to provide any additional clarification to the panel and receive the accreditation or reaccreditation decision.

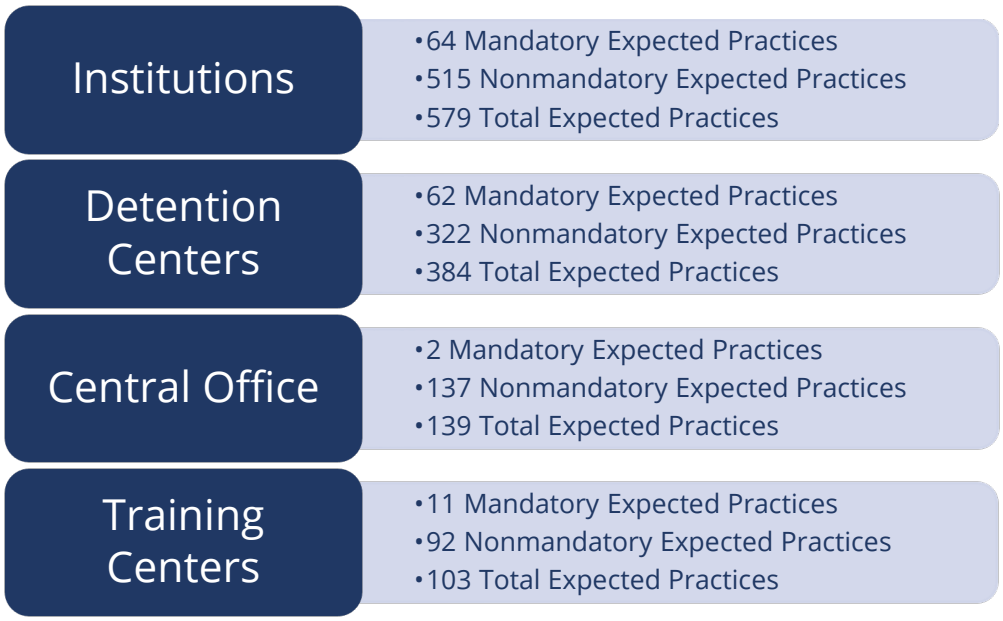
Once a BOP institution has been awarded its initial accreditation, it no longer maintains a file for each applicable expected practice, as called for by ACA's standard reaccreditation process. Instead, the BOP Management Analyst provides an institution's program and/or operational review reports that have been generated since the initial accreditation, or most recent reaccreditation determination to ACA.[8] This is discussed in more detail later in this report.

[8] Due to the COVID-19 pandemic, between March 2020 and August 2021, the BOP did not complete program reviews at its institutions and instead relied on its operational reviews. Operational reviews are self-evaluations completed at the institution level by a team of local staff members, selected by the Warden, serving as reviewers and using the same guidelines and processes as the BOP program reviews. The BOP provided ACA with an institution's operational review if a program review was not conducted for an operation or program in the previous 3 years.

Correctional Industry Standards

Although accreditation is voluntary and not required by law or regulation, the BOP designs and implements policy and guidance that incorporate the correctional industry practices developed by ACA, which are reviewed for compliance during both internal program reviews and ACA accreditation reviews. Additionally, the BOP's policy states that it enhances the effective management of its institutions through ACA accreditation based on ACA's published expected practices. Of the 25 manuals published by ACA, 4 are utilized and applicable to BOP facilities.[9] The number of ACA-established mandatory and nonmandatory expected practices, applicable to the BOP's operations and programs and evaluated during ACA accreditation and reaccreditation reviews of BOP facilities, are shown in the figure below.

Mandatory and Nonmandatory Expected Practices



OIG Audit Approach

The objectives of this audit were to evaluate: (1) the value the BOP receives through ACA accreditation for its prisons; (2) how the BOP uses ACA's accreditation to improve BOP standards for health, safety, and security of inmates and staff; and (3) the BOP's contract administration, and ACA's performance and compliance with terms, conditions, laws, and regulations applicable to the contract.[10]

In conducting our audit, we tested compliance with what we consider to be the most important conditions of the contract award. We interviewed BOP Central Office staff who were involved with the ACA contract

[9] The manuals utilized by the BOP are the Performance-Based Standards and Expected Practices for Adult Correctional Institutions, 5th Edition; Performance-Based Standards for Adult Local Detention Facilities, 4th Edition; Standards for Correctional Training Academies; and Standards for Administration of Correctional Agencies.

[10] As of November 2022, the BOP ended all contracts with privately managed prisons. Therefore, we did not include privately managed prisons in our review.

and accreditation process. We also interviewed BOP staff at the six institutions we visited, which included: the Federal Correctional Complex in Allenwood, Pennsylvania (FCC Allenwood); Metropolitan Detention Center in Brooklyn, New York (MDC Brooklyn); Federal Correctional Institution in Greenville, Illinois (FCI Greenville); Federal Correctional Institution in Big Spring, Texas (FCI Big Spring); Federal Correctional Institution in Phoenix, Arizona (FCI Phoenix); and United States Penitentiary Big Sandy in Inez, Kentucky (USP Big Sandy). Additionally, we conducted interviews with ACA personnel.

We also tested the BOP's procedures for ensuring adequate contract administration and oversight, and reviewed supporting documentation to ensure compliance with laws, regulations, internal policies, and applicable contract requirements. Additionally, we reviewed the BOP's contract file to ensure compliance with regulations. Lastly, we examined support for invoices billed to the BOP. Appendix 1 contains further details on our audit objectives, scope, and methodology.

Audit Results

The $2.75 million contract that the BOP entered into with ACA in December 2018 was for the purpose of obtaining ACA accreditation and subsequent reaccreditation of the BOP's institutions, training centers, and Central Office Headquarters. Although BOP facilities are not required by law or regulation to go through the ACA accreditation process, BOP officials told us they believe it is an important correctional industry practice to have its facilities accredited. Currently, all BOP facilities have received accreditation by ACA.

BOP officials also told us that the ACA contract enabled the BOP to obtain an independent, third-party review of the BOP operations and programs to ensure compliance with correctional industry practices and standards, and the December 2018 contract provides that ACA is required to perform its accreditation and reaccreditation in accordance with ACA's policies, manuals, and procedures. However, current BOP and ACA officials told us there was an agreement between former BOP and ACA officials that modified ACA's standard process for completing reaccreditation reviews. The modified process is not included in the contract.

We found that, pursuant to the agreement between the BOP and ACA to modify the reaccreditation process, ACA has not been performing its reaccreditation reviews consistent with ACA's policy manual, as provided for in the December 2018 contract. Instead, when completing reaccreditation reviews, ACA relied on the BOP's internal program review reports and neither performed its own independent review of the BOP facility's operations nor conducted an intensive review of BOP documentation. Given ACA's reliance on the BOP's work and its lack of an intensive review of BOP documentation, we were unable to identify a mechanism by which ACA was ensuring the integrity of the BOP's program review process. As a result, it appears that the BOP is, in effect, paying ACA to affirm the BOP's own findings identified through the BOP's program review process. We therefore concluded that it appears that ACA's reaccreditation process does not valuably enhance the BOP's operations and programs as currently implemented. In addition, we did not identify any instances where the BOP used ACA's accreditation to improve BOP standards.

Additionally, we determined that the BOP's administration and oversight of its contract with ACA was inadequate. Specifically, we found that the BOP did not properly delegate Contracting Officer's Representative responsibilities for the duration of the contract. Further, we determined that ACA did not comply with several of the contract requirements, and the BOP did not take the appropriate actions to enforce the contract requirements to ensure it received the services for which it contracted. In addition, we found that the BOP did not enter performance assessments in the Contractor Performance Assessment Reporting System, as required by the Federal Acquisition Regulation. Lastly, we found several issues with ACA billings and BOP payments related to the audited contract, such as invoices lacking required information, invoices submitted for services not yet rendered, and delays in the payment of invoices.

ACA Review of BOP Operations and Programs

According to current BOP officials, the purpose of the contract with ACA was to obtain an independent, third-party review of its operations and programs to ensure compliance with correctional industry practices and standards. Under its contract with the BOP, ACA is required to perform its accreditation and reaccreditation in accordance with ACA's policies, manuals, and procedures. We requested from ACA the policies, manuals, and/or procedures that were applicable for BOP facilities pursuant to the contract and ACA officials provided us the ACA Manual of Accreditation Policy and Procedure (ACA policy manual).

However, current BOP and ACA officials told us that former BOP and ACA officials agreed to modify the standard reaccreditation process as dictated in the ACA policy manual (which we previously described in the *ACA Accreditation and Reaccreditation Process* section of this report). We were advised that, rather than performing an independent and intensive file review of documentation for both initial accreditation and reaccreditation of all BOP facilities, as provided for in the ACA policy manual, the BOP and ACA agreed that BOP facilities would instead only receive the independent and intensive ACA file review during initial accreditation. This modified process for ACA's reaccreditation reviews is not documented in the contract. Further, none of the BOP contracting officials or staff we interviewed could confirm when the modified process for reaccreditation reviews was implemented or provide the specific details of this agreement. An ACA official told us that the effective date and specific details of this agreement to change the reaccreditation process is unknown because the agreement preceded the current ACA official's tenure with ACA.

After receiving a draft of our audit report, BOP officials told us that the modified process was documented in the ACA contract. Specifically, BOP pointed to the contract's Statement of Work, which provides that reaccreditation of federal facilities "shall be accomplished utilizing the internal controls and monitoring mechanisms of the BOP's program review process in conjunction with the reaccreditation process by contract representatives to ensure continued substantial compliance with applicable standards." However, the contract does not further describe what "the reaccreditation process by contract representatives" is or what it means. However, the contract also states that "reaccreditation shall be in accordance with [ACA's] policies, manuals, and/or procedures in effect on the date of the contract ratification." As stated previously, when we asked ACA officials for a copy of those policies and procedures, they provided the ACA policy manual, which requires different and more thorough processes for reaccreditation than those that ACA employed for BOP federal facilities. Furthermore, there was no documentation available to support why ACA modified its standard reaccreditation process when performing such reviews of BOP facilities.

In addition, although the contract requires ACA to incorporate the internal controls and monitoring mechanisms of BOP's program review process into its reaccreditation procedures—including reviewing the past 3 years' of BOP program review reports provided to ACA prior to its reaccreditation visit, following up on all documented issues related to ACA mandatory expected practices to determine if the issues had been corrected and controls were put in place for continued compliance, and reporting the findings and corrections in its VCR—we observed instances where it did not appear these procedures were followed. Specifically, the contract requires ACA to follow up on nonmandatory compliance issues, make general observations, and comment on these issues and observations in the VCR. In addition, the contract requires ACA to observe a BOP program review team conducting its review, and review the BOP team's documentation, as well as conduct independent interviews with staff and inmates. To facilitate ACA's compliance with this requirement, the BOP schedules one of its program reviews to be conducted at the same time ACA performs its reaccreditation review. BOP's policy also states that ACA reviewers will accompany the BOP's onsite program review team in order to confirm the program review process' integrity and that all applicable expected practices are being addressed during program and operational reviews. However, based on our field work, interviews, and review of documentation, ACA did not always follow these requirements or perform procedures during its reaccreditation reviews that would provide an independent evaluation of the BOP's facilities, as described in the following examples.

We observed two ACA reaccreditation reviews at FCI Greenville and MDC Brooklyn that highlighted ACA's lack of an independent evaluation. During our fieldwork at FCI Greenville, in July 2022, where ACA was

performing its reaccreditation review and a BOP program review was also in process, we noted that the BOP team identified several deficiencies. During ACA's discussion of the results at the exit meeting with BOP officials, the ACA reviewer asked the BOP's Management Analyst to determine which of the deficiencies the BOP program review team noted were noncompliant with ACA expected practices. The Management Analyst explained that it is ACA's responsibility to assess all deficiencies identified by the BOP program review team and determine whether the BOP facility was in compliance with ACA expected practices. BOP officials told us that ACA is responsible for making the determination because in some instances, BOP's policy and requirements may be more stringent than ACA's expected practices; therefore, a BOP program review finding may not equate to noncompliance with an ACA expected practice. In addition, according to ACA's policy manual, during an exit meeting, ACA reviewers are to provide the facility a written copy of the expected practices found to be in noncompliance, including the reason for the noncompliance. By requesting the BOP to determine whether deficiencies identified by its team relate to ACA's expected practices, ACA reviewers did not appear to fully understand their role and responsibilities in completing BOP's reaccreditation reviews. Moreover, it resulted in the BOP not being made aware of ACA's finding of noncompliance issues until the BOP received a draft report in January 2023. When we discussed this matter further with BOP officials, they agreed that the exchange between the ACA reviewer and the BOP's Management Analyst raised concerns about the validity of the results of ACA's assessment because ACA is not making its own determination of noncompliance with expected practices. We believe it also indicated a potential lack of an independent assessment by ACA reviewers in performing their review of this facility.

During our site visit at MDC Brooklyn in April 2022, we observed the ACA reviewers concluding its reaccreditation site visit without attending the BOP onsite program review team's closeout meeting where all of the BOP team's identified deficiencies were discussed, including one matter that had not been communicated to the ACA reviewers because the ACA reviewers had already departed. As a result, the ACA team did not review the BOP program review team's documentation to determine whether the late-identified matter was related to an ACA expected practice, and the matter was not included in the final summary of noncompliance matters at the ACA exit meeting. In addition, we did not observe the ACA reviewers perform any procedures during the site visit that would have identified the deficiency. When we reviewed the institution's VCR, we found that ACA included the late-identified matter as a mandatory expected practice deficiency, despite not having reviewed the BOP program review team's documentation during its site visit. ACA reviewers are required by the contract to review the BOP program review team's documentation. Based on that review, ACA reviewers should make their own determination whether a BOP-identified deficiency is noncompliant with ACA expected practices and not fully rely on BOP's determinations.

In addition to the two instances described above, we reviewed 26 VCRs from reaccreditation reviews completed by ACA between November 2021 and July 2022. We found that the VCRs generally summarized the information provided to ACA by the BOP, such as detailed descriptions of the institution and the institution's operations and programs, with the addition of the ACA reviewer's observations from its reaccreditation visit. We determined that all of the reported noncompliance issues with mandatory expected practices included in the 26 VCRs had been previously identified in the BOP's program review reports or by the BOP program review team onsite during ACA's reaccreditation site visit.

This reliance by ACA on BOP program reviews in the reaccreditation process is particularly concerning given the concerns identified by former BOP executives, in a recent Office of the Inspector General (OIG) review

conducted prior to this audit, about the objectivity and effectiveness of the BOP's program review process.[11] For example, the former BOP Director told the OIG that he believed the BOP's program review process had not changed in 30 years and "has failed us." The former Director added that "it is well documented through oversight from several outside agencies and entities that the program review process has not appropriately revealed major deficiencies and corrective action has not been properly effectuated." Indeed, the OIG concluded in that report that BOP program reviews had provided BOP institutions with overwhelmingly positive ratings in recent years, may not produce accurate assessments of actual conditions at institutions, and may provide false assurances that problematic institutions are operating effectively.

Overall, we found that ACA deviated from its own policies and procedures for conducting reaccreditation reviews when performing work at BOP facilities based on an agreement between former BOP and ACA officials. In the cases we reviewed, it appeared that ACA awarded a certificate of reaccreditation based upon reliance on BOP's own internal monitoring and oversight mechanisms, which is not consistent with the BOP's contract with ACA, ACA's policies and procedures, or BOP officials' expectations they expressed to us that ACA perform an independent review. While we noted the intent of the BOP to have an independent assessment of its practices, as stated by BOP officials, BOP's policy states that reaccreditation will be accomplished through the BOP's program review process with ACA reviewers accompanying the program review team to observe the process being performed to ensure the integrity of the program review process. However, ACA did not consistently perform procedures to validate the integrity of the BOP's program review process. As a result, the BOP is, in effect, paying for ACA to adopt as its own the BOP's findings from its program review process, and we therefore concluded that it appears that ACA's reaccreditation process does not valuably enhance the BOP's operations and programs as currently implemented. In addition, we did not identify any instances where the BOP used ACA's accreditation to improve BOP standards. Because VCRs are not publicly available and all facilities receive the same certificate of accreditation from ACA following the reaccreditation process, the information available to external stakeholders and the general public indicates that ACA is performing its standard reaccreditation process for BOP facilities, when in fact it is not.

As a result, prior to awarding a new contract for accreditation services, we recommend that the BOP: (a) perform an analysis of its disparate reaccreditation policy and practices and ensure they are in alignment with the BOP's expectations for the level of independence employed and how reaccreditation enhances the BOP operations and programs and instills confidence in BOP facility administration; and (b) ensure any policy, contract, and procedure documents are updated as necessary and appropriate.

In addition to the contract the BOP awarded to ACA, the Department of Justice (DOJ) historically has provided ACA with grant funding to perform different corrections-related research and other activities associated with the corrections industry. In 2019, during the audited contract period, ACA received a direct award of $1.5 million under the Comprehensive Corrections Training and Technical Assistance Program. Specifically, this funding was provided to ACA to conduct a nationwide scan of corrections academy and in-service trainings and develop recommendations and resources to help corrections agencies better support the retention and wellness of correctional employees. DOJ's provision of grant funding to ACA at the same time ACA was performing accreditation and reaccreditation services for the BOP raises potential concerns regarding ACA's third-party independence. Because our audit focused on the ACA

[11] U.S. Department of Justice (DOJ) Office of the Inspector General (OIG), *Limited-Scope Review of the Federal Bureau of Prisons' Strategies to Identify, Communicate, and Remedy Operational Issues* Evaluation and Inspections Report 23-065 (May 2023), oig.justice.gov/reports/limited-scope-review-federal-bureau-prisons-strategies-identify-communicate-and-remedy.

accreditation process and its administration of the ACA contract, we did not directly examine this independence question as part of our review. As the BOP considers the results of this audit and the parameters of its relationship with ACA, we encourage the BOP to work with DOJ to determine whether these circumstances warrant examination and possible action to mitigate the appearance of (or actual) independence issues raised by DOJ grant awards to ACA.

ACA Reporting and Panel Decisions During the Reaccreditation Process

As discussed previously, the December 2018 contract required ACA reviewers to follow ACA policies and procedures in performing reaccreditation reviews at BOP facilities, which includes a review of records, files, and logs from the 3-year period dating back to its previous review. In addition, the contract required ACA reviewers to follow up on all noncompliance issues noted in the previous 3 years of BOP program review reports and to determine if any noncompliance issues identified were corrected and whether internal controls were put in place to ensure continued compliance. However, in our review of VCRs prepared by ACA during its reaccreditation reviews of BOP facilities, we found that the VCRs did not consistently report, or address deficiencies identified in the BOP's prior program review reports. Specifically, ACA did not always include a description of the deficiencies, corrective actions implemented, or the status of the corrective actions at the time of its review, as required. Because ACA's reaccreditation decisions are made by a panel of Commissioners following its review of VCRs, it is imperative that these reports are accurate, complete, and contain consistent information to ensure all BOP facilities are presented to the panel in a similar manner. By not reporting consistent and comprehensive information in its VCRs, hearing panels may not have all of the facts necessary to make a well-informed determination on whether to award reaccreditation.

In the following paragraphs, we provide examples in which ACA did not consistently include a complete description of the required information about a facility in its reports and how this could have affected the panel's decision.

ACA Reporting

Prior to our visit to FCI Phoenix, we reviewed the BOP's prior program and operational review reports and identified several deficiencies that could be related to ACA expected practices. While at FCI Phoenix, we observed that the ACA reviewer did not review or follow up on noncompliance issues and related corrective actions that were documented in the BOP's prior program and operational review reports we reviewed. Additionally, in the subsequent VCR, we found that the VCR did not include a description of the deficiencies, the corrective actions implemented, or the status of the corrective actions. At the ACA panel hearing, we noted that the panel awarded reaccreditation to FCI Phoenix based on its review and analysis of the information documented in the VCR. We could not determine whether the unidentified deficiencies would have had an impact on the accreditation determination, and we noted that the BOP did not take any actions to address the exclusion of the information.

For FCI Big Spring, the VCR we reviewed noted deficiencies identified in prior health services and psychology program reviews conducted by the BOP, and while it did not detail the specific corrective actions taken for each deficiency, it acknowledged that the institution was progressing in its corrective actions and concluded that the institution was 100-percent compliant with mandatory expected practices. During the ACA panel hearing, which occurred in January 2022, the panel extended FCI Big Spring's accreditation in a probationary status and required it to undergo an ACA monitoring visit before appearing at the next scheduled panel hearings even though the VCR concluded that the institution was 100-percent compliant with mandatory expected practices. According to BOP and ACA officials, this was the first time they were aware of that a

BOP facility did not immediately receive reaccreditation during a panel hearing (as discussed below, three other institutions received probationary reaccreditation during the hearings conducted in August 2022). These officials also told us that this was the first time a BOP institution was required to undergo such a monitoring visit. In addition, the ACA official was unable to provide an explanation for the panel's decision not to grant full reaccreditation given the VCR's finding of 100-percent compliance with ACA mandatory expected practices.

Based on our review of the VCR for Federal Correctional Institution Terminal Island in San Pedro, California (FCI Terminal Island), we found that while the VCR noted that FCI Terminal Island had received several deficiencies in a prior BOP health services review, the VCR provided little detail as to the specific deficiencies and corrective actions taken by the institution. Additionally, the report stated that all "corrective actions had been done and all deficiencies were either corrected or being corrected, at the time of the audit."[12] The VCR commended the institution's Health Services staff for its dedication throughout the COVID-19 outbreak, for meeting all accreditation expected practices, and concluded that FCI Terminal Island was in 100-percent compliance with mandatory expected practices. However, during the ACA panel hearing in August 2022, the panel denied reaccreditation basing its decision on quality-of-life issues despite there being no discussion in the VCR about such issues.[13] In fact, the VCR noted that in offender interviews, offenders spoke highly of BOP staff and expressed that all of their needs were being met, they felt safe in the institution, and that medical and dental services were available. According to BOP and ACA officials, this was the first time they were aware of that a BOP institution was denied accreditation or reaccreditation.

Panel Decisions

Based on the examples above, we have concerns that the lack of comprehensive information provided in the VCRs affected the outcomes at the panel hearings. In addition, based on our observations at the August 2022 and January 2023 panel hearings, we found significant differences in how panel hearings were conducted. The OIG informed ACA that our audit team would attend the August 2022 panel hearings but did not inform ACA that we would attend the January 2023 hearings.

At the August 2022 panel hearing, 18 BOP institutions appeared before the panel, including 1 that was seeking initial accreditation. Each institution's appearance lasted between 4 and 55 minutes, and even during the institution panel discussions that were brief, the panelists asked numerous questions about the health and dental services for every BOP institution appearing before it. Of the 18 institutions, 13 were granted reaccreditation, 1 was granted accreditation, 1 was denied reaccreditation (FCI Terminal Island), and 3 were granted an extension of their reaccreditation in a probationary status with a requirement to undergo ACA monitoring visits before appearing at the next scheduled panel hearings. One of the three institutions that was granted an extension was required to undergo two ACA monitoring visits, while the other two were required to undergo one. According to BOP officials, as of January 2023, they were not provided a written

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[12] Between May 6 and June 25, 2020, the OIG conducted a remote inspection of FCI Terminal Island and in January 2021 issued a report detailing the results on how the COVID-19 pandemic affected the institution and steps taken in response to COVID-19. See DOJ OIG, *Remote Inspection of Federal Correctional Institution Terminal Island*, Evaluation and Inspections Report 21-025 (January 2021), oig.justice.gov/reports/remote-inspection-federal-correctional-institution-terminal-island.

[13] According to ACA's policy manual, quality-of-life issues could relate to staff training, adequacy of medical services, sanitation, restricted housing, patterns of violence, and crowding within the institution.

justification or rationale for the panel's decisions to deny or extend reaccreditation, which is required by ACA's policy manual.

At the January 2023 panel hearings, 15 BOP institutions appeared before the panel, including 2 that had their reaccreditation extended in probationary status at the August 2022 panel hearings and had undergone the required monitoring visit. We noted that each institution's hearing lasted between 7 and 20 minutes, and this panel asked very few questions about the conditions within the institutions and instead focused on highlighting the accomplishments of the institutions. This panel awarded reaccreditation to all 15 institutions.

According to BOP officials, they believe that ACA's knowledge of the OIG's expected presence at the August 2022 hearings affected how the hearings were conducted and the panel's final decisions. After the January 2023 panel hearings, for which we did not inform ACA of our intent to attend, BOP officials told us that these hearings were conducted in a manner similar to the hearings occurring prior to those in August 2022. Based on our observations during the panel hearings and review of the related VCRs, we could not determine the August 2022 panel's rationale for its decisions, including how it determined the number of monitoring visits it required for the three institutions granted extensions.

According to ACA's policy manual, "compliance with all applicable expected practices designated as mandatory is a prerequisite to accreditation." However, in addition to the issues described above, we observed that none of the institutions for which ACA reported noncompliance issues with mandatory expected practices were denied reaccreditation during the panel hearings. We found that, in most instances, when mandatory expected practice deficiencies existed, the panel extended the reaccreditation in probationary status. Additionally, as discussed above, FCI Terminal Island was denied reaccreditation at its August 2022 panel hearing based on quality-of-life issues, despite no deficient mandatory expected practices being identified in the VCR. According to ACA's policy manual, when accreditation is denied, the agency can immediately appeal the decision and appear before the entire Commission on Accreditation for Corrections. However, during the August 2022 panel hearing where the denial took place, the BOP was informed that the full Commission on Accreditation for Corrections was unavailable, and any appeal would be heard at a later date. The BOP appealed the panel's decision, and the appeal was heard by 18 Commissioners (including the 3 Commissioners who denied reaccreditation) in October 2022, approximately 8 weeks after the initial panel hearing. As a result of the appeal, FCI Terminal Island was awarded reaccreditation.

Overall, we determined that ACA's VCRs inconsistently reported information related to deficiencies identified in BOP's prior program review reports, which we believe affected the hearing panels' ability to make well-informed decisions regarding reaccreditation determinations. We also identified a lack of transparency for how certain panel decisions were made, thus hindering the BOP's ability to adequately address and respond to potential issues and impeding the BOP's ability to have a clear understanding of ACA's process for making its accreditation determinations. The intent of the VCR is to serve as the accreditation panel's primary source of information on the overall conditions at a facility and its adherence to ACA's expected practices, which represent the correctional industry standards that the BOP strives to meet. However, we found inconsistencies in the content of the VCRs as well as how the hearing panels utilized the information in the VCRs. Therefore, we recommend that the BOP work with ACA to ensure its VCRs are comprehensive and include all information required by the contract. We also recommend that the BOP ensure ACA adheres to

its policies and procedures, as required by the December 2018 contract, and provides the BOP with a detailed, written rationale for its accreditation decisions.

Contract Administration and Oversight

During our audit, we found that the BOP did not conduct adequate oversight of its contract with ACA. Additionally, we found that the BOP did not adhere to the Federal Acquisition Regulation (FAR) in several areas related to contract administration and oversight. Specifically, we found that the BOP did not properly delegate contract administration responsibilities to the Contracting Officer's Representative (COR), did not ensure that ACA complied with contract terms and conditions, did not take appropriate actions to enforce compliance with the contract terms and conditions, did not complete required performance assessments, did not ensure it received accurate invoices, and did not pay all invoices in a timely manner.

Contracting Officer's Representative

Contracting Officers are responsible for all contract actions and contractor compliance with the terms and conditions of a contract. To assist with the day-to-day administration of a contract, the Contracting Officer has the authority to delegate specific technical and administrative contract functions to a COR and is required to provide a written delegation letter to officially designate the COR.[14] The delegation letter outlines the COR's responsibilities under the contract and the limits of the COR's authority and must be retained in the contract file and updated as necessary.

We determined that the BOP did not formally designate a COR for the full duration of the contract with ACA. Specifically, we found that a COR was properly designated when the contract was awarded; however, the original COR transferred to another position in December 2020, and a contract modification was not executed until June 2021 to identify a new COR. Additionally, the new COR was not properly designated with a COR delegation letter, as required, until May 2022, after our audit was initiated. We also found that the newly appointed COR had been performing the delegated responsibilities during the period when a formal delegation letter was not in place. Similar issues were identified, and a recommendation was included to address them, in a recently released OIG audit report.[15] Therefore, we do not include a similar recommendation in this report and will instead continue to follow up on the corrective actions implemented in response to the recommendation in the recently released OIG audit report.

Contract Performance

Performance monitoring is an essential contract oversight activity to ensure that the services provided meet the needs identified when awarding the contract. Therefore, ACA was responsible for carrying out its obligations under the contract in terms of quality and timeliness, while the BOP was responsible for ensuring that the services received met contractual requirements. These monitoring requirements help ensure that the BOP is getting what it is paying for and that its contracting dollars are being spent wisely and appropriately.

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[14] FAR Subpart 1.602-2(d).

[15] DOJ OIG, *Audit of the Federal Bureau of Prisons' Sole-Source Contract Actions* Audit Division Report 23-100 (September 2023), oig.justice.gov/reports/audit-federal-bureau-prisons-sole-source-contract-actions.

As discussed earlier in this report, the BOP entered into an agreement with ACA that resulted in ACA relying on BOP's program reviews and not conducting its own independent assessment as required by the contract. We found several additional areas where ACA did not adhere to the requirements of its contract with the BOP, such as failing to follow-up on deficiencies identified in the BOP's prior program review reports and including such information in the VCR. In addition, as detailed in the following sections, we found that ACA reviewers were not adhering to the schedule detailed in the contract for site visits, ACA reviewers' interaction with BOP onsite program review teams was inconsistent, and ACA did not provide the VCRs to the BOP in a timely manner to adequately prepare for the panel hearings. We also found that the BOP did not take appropriate action to ensure ACA complied with contract requirements.

ACA Scheduling and Interactions with BOP Program Review Teams

According to ACA officials, it assigns at least two reviewers to perform an institution review and typically assigns three reviewers to complete a review of a BOP complex.[16] During our audit, we found several instances where only one ACA reviewer performed the reaccreditation review of an institution. Only having one reviewer to complete a thorough tour of the institution, interview staff and offenders, and review documentation appeared to have an impact on ACA's ability to meet its contractual obligations, as discussed below.

During our review, we found that ACA reviewers were not adhering to the schedule and travel requirements outlined in the contract. The contract stated that the BOP would provide ACA reviewers the workday schedule prior to the site visit. The BOP told us that there is a set schedule for ACA's site visit, which is the same for every institution and varies for each day of the visit to ensure ACA reviewers can observe all shifts. According to ACA reviewers that we interviewed regarding site visits, in order to not incur an additional night of hotel fees, they were required to schedule flights home after 3 p.m. on Thursday. However, according to the contract, travel would normally take place on Friday. While the agreed upon schedule between the BOP and ACA is 6 a.m. to 2:30 p.m. on Thursday, we were told by BOP Management Analysts that in many instances ACA reviewers leave early on the last day due to travel plans. During our site visit at MDC Brooklyn, we observed ACA reviewers concluding the site visit on Thursday at approximately 11 a.m. in order to make their scheduled flights. As a result, and as discussed in the *ACA Review of BOP's Operations and Programs* section of this report, the ACA reviewers did not attend the BOP onsite program review team's closeout meeting where an additional deficiency was discussed. The ACA reviewers were unable to review the BOP program review team's documentation related to the deficiency, as required.

In addition to the MDC Brooklyn scheduling matter, we found additional inconsistencies in the interactions between ACA reviewers and the BOP program review teams during their simultaneous onsite reviews. As described earlier in this report, the contract requires ACA reviewers to observe a BOP program review team conduct its review and compile documentation. In addition to this contract requirement, ACA officials confirmed to us that its reviewers are required to review the program review teams' documentation, meet with the program review team daily, and attend the BOP program review team's daily closeout meetings.

In total, we visited four institutions in which a BOP program review was conducted at the same time as ACA's reaccreditation site visit and observed varying levels of interaction between the two teams, including

[16] A complex includes multiple institutions of different security levels located within close proximity to each other that share services.

where the ACA reviewers had very little interaction with the BOP program review team or only interacted with the program review team when the BOP Management Analyst encouraged the ACA reviewers to meet with the BOP program review team. For example, during our site visit to FCC Allenwood and MDC Brooklyn, we observed ACA reviewers review the BOP program review team's documentation and attend all or some of the daily closeout meetings. Alternatively, during our site visit to FCI Phoenix, we observed that the ACA reviewer have little interaction with the BOP program review team, and we did not see the ACA reviewer review any of the BOP team's documentation or attend any daily closeout meetings. Moreover, we noted that the little interaction that did occur at FCI Phoenix took place following encouragement from the BOP Management Analyst who was onsite for the review. When we reviewed ACA's resulting VCR for FCI Phoenix we noted that the information regarding the interactions while onsite between the BOP team and ACA reviewer included interactions that did not occur and therefore misrepresented the events of the visit.

While onsite at these institutions, we discussed our observations with the BOP Management Analysts who generally stated that they did not believe it would be in the BOP's best interest to question ACA reviewers about how they conducted their site visits. However, they noted their attempts to ensure interaction with the BOP onsite program review teams, but neither the COR nor other BOP staff involved with the ACA contract brought these issues to the attention of the Contracting Officer.

Because pursuant to the contract ACA was required to incorporate the BOP program review team's results into its VCRs, it is important that ACA reviewers participate in the closeout meetings and review the BOP program review team's documentation, especially when deficiencies are identified. Based on our observations, we do not believe ACA reviewers conducting the reaccreditation reviews and writing VCRs understood the importance of interacting with the BOP program review teams and following up on noncompliance issues, as required by the contract. Therefore, we recommend that the BOP establish controls to ensure that ACA meets the contract requirements for interaction with the BOP program review teams. In addition, because ACA reviewers did not perform reviews at BOP facilities following a consistent, standardized methodology, we recommend that the BOP work with ACA to ensure ACA reviewers are adequately trained to perform reviews at BOP facilities consistently in the manner required by the contract.

Timeliness of VCRs

As described in the *ACA Accreditation and Reaccreditation Process* section of this report, the VCR details the results of ACA's review, and the Commissioners rely on the VCR in its determination on accreditation. ACA officials told us, and ACA's policy manual states, that reviewers have 4 weeks from the conclusion of the site visit to submit the completed VCR to the assigned ACA Specialist for review. However, neither the contract nor ACA's policy manual includes a timeframe for the draft or final VCR to be provided to the BOP.

We reviewed the dates that the BOP received the draft VCR from ACA for 26 reviews completed between November 2021 and July 2022, and found that, on average, ACA provided the draft VCR to the BOP 78 days after ACA completed its site visit, and for 4 institutions it received the draft report between 120 and 190 days after the site visit. Moreover, BOP officials told us that for 17 institutions appearing before the panel in August 2022, it did not receive the final VCRs until early July 2022. As a result, the BOP had about 4 weeks to prepare these 17 institutions for their panel hearings. We also found that the BOP did not receive the VCR for FCI Big Spring's monitoring visit until less than 2 weeks before its August 2022 panel hearing. Additionally, BOP officials told us that for the institutions appearing before the panel in January 2023, it did not receive 4 of the final VCRs until around 3 weeks prior to the hearing date and it did

not receive the draft VCR for FCI Greenville until 10 days before the hearing. BOP officials told us that ACA recommended that FCI Greenville not appear before the panel in January 2023 due to a lack of preparation time for both the BOP and ACA. Based on this recommendation, ACA extended FCI Greenville's accreditation, and the institution will appear before a panel at the August 2023 hearings, about 13 months after ACA's reaccreditation site visit was conducted, and calling into question the validity and utility of a panel decision that does not consider 13 months of post-inspection administration of the institution. BOP officials told us that despite continued requests for the report they did not receive the final VCR for FCI Greenville until June 1, 2023, almost 11 months after ACA's site visit. By not receiving the VCR timely, the BOP's preparation for the panel hearings is hindered. If the BOP determines it will continue to contract with ACA, the BOP should establish a schedule for the receipt of the draft and final VCRs that allows for adequate time to review and prepare for the panel hearings.

As described throughout this report, we determined that ACA did not meet the contractual requirements, and the BOP did not take appropriate action to enforce the contract requirements to ensure it received what was intended when it awarded the contract to ACA. This lack of oversight puts the BOP at risk of wasting taxpayer dollars. If the BOP determines that it will continue contracting with ACA for accreditation services, we recommend that the BOP establish monitoring mechanisms to ensure ACA complies with all contract requirements, terms, and conditions.

Contractor Performance Assessments

FAR Subpart 42.15 states that past performance evaluations shall be prepared at least annually and at the time the work under a contract or order is completed. Past performance information shall be entered into the Contractor Performance Assessment Reporting System (CPARS), the government-wide evaluation reporting tool for all past performance reports on contracts. A contractor's past performance information is relevant to assist other federal agencies in conducting future analysis of contractor performance to avoid engaging with an underperforming contractor. In addition, the COR delegation letter for the audited contract states that the COR shall complete the contractor's performance reports in CPARS.

We found that the BOP did not complete any performance assessments in CPARS for the ACA contract. The current COR for the ACA contract told us that he was unaware of this requirement and was never provided information on how to enter performance information into CPARS. As a result, we recommend that the BOP ensure that performance evaluations are completed and entered into CPARS timely for the ACA contract. In addition, we recommend that the BOP provide training to the COR responsible for the ACA contract on how to enter performance information into CPARS.

Billings and Payments

Based on our review of invoices submitted to the BOP by ACA, we determined the BOP could make improvements in the following areas: ensuring invoices include all required information, ensuring contractors submit invoices only for services received rather than planned services, and paying invoices timely to avoid the payment of interest.

FAR Subpart 32.905(a) states that payment for contract expenses will be based on receipt of a proper invoice and satisfactory contractor performance. In addition, FAR Subpart 32.9 requires agencies to establish policies and procedures to ensure compliance with the Prompt Payment Act, which states that the

due date for making invoice payments is the later of (1) the 30th day after the designated billing office receives a proper invoice from the contractor, or (2) the 30th day after government acceptance of the services provided. The Prompt Payment Act also states that contractors shall prepare and submit proper invoices to the designated billing office and if the invoice does not comply with the requirements of the clause, the invoice must be returned within 7 days after receipt.

We reviewed a sample of 48 invoices submitted by ACA in fiscal years 2019, 2020, and 2022 and identified 5 invoices that did not properly identify the location of the facility that was reviewed for accreditation.[17] As a result of this missing information, these were not proper invoices and therefore the BOP should have returned them within 7 days after receipt. We also found that one of the five invoices was for a monitoring visit that did not take place until the week of May 23, 2022, approximately 12 weeks after the invoice was submitted to the BOP on March 2, 2022. Accordingly, not only was this invoice improper, it was also for services not rendered and the BOP should have returned it within 7 days. Because the BOP did not return or pay this invoice, interest started accruing 30 days after the invoice date in accordance with the Prompt Payment Act. The invoice was paid on July 21, 2022, 20 weeks after receipt. As a result, the BOP paid interest from April 2, 2022, through July 21, 2022 (nearly 16 weeks), because the BOP did not return the improper invoice.

Additionally, the amount billed was almost three times the amount that the BOP should have been billed. After the payment was made, the BOP brought the issue to ACA's attention; however, as of June 2023, ACA had not refunded the overpayment by the BOP while about 11 months had passed since the payment was made.

Outside of that invoice payment, we found other instances where the BOP did not make timely payments to ACA in compliance with the Prompt Payment Act. Because the BOP took longer than 30 days to pay the related invoices, in fiscal years 2019 and 2020 the BOP paid ACA a total of $1,002 in interest on the 16 invoices we reviewed. Additionally, we found that in fiscal year 2022, the BOP paid ACA a total of $1,937 in interest due to late payments for 31 of 32 invoices. BOP officials told us that the late payments in fiscal year 2022 were a result of its transition to a new financial system.[18]

Also, as discussed previously in this report, we identified issues related to the timing of ACA's provision of VCRs to the BOP. During our invoice review, we determined that ACA submitted its invoices to the BOP for payment the week of the site visit and the BOP, under normal circumstances, would pay the invoice prior to receiving the VCR. For example, as discussed earlier in this report, ACA conducted its reaccreditation site visit of FCI Greenville in early July 2022 and the BOP paid the related invoice at the end of July 2022. The

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[17] As of August 2022, the BOP paid ACA approximately $1 million for accreditation and reaccreditation of its facilities. ACA submits an invoice to the BOP for every accreditation and reaccreditation review it conducts. ACA did not submit any invoices to the BOP during fiscal year 2021.

[18] As noted in DOJ OIG, *Audit of the U.S. Department of Justice Annual Financial Statements Fiscal Year 2022*, during FY 2022, the BOP's legacy accounting system was migrated into the Department's centralized accounting system to complete the Department's multi-year strategy to consolidate multiple financial management systems. The report also identified that the BOP's internal controls over financial reporting were not executed by employees with sufficient training to ensure transactions were properly recorded and, as a result, certain transactions were not recorded timely and accurately at the BOP. See Audit Report 23-037 (March 2023), oig.justice.gov/reports/audit-us-department-justice-annual-financial-statements-fiscal-year-2022, 27.

BOP did not receive the draft VCR for FCI Greenville until mid-January 2023. Although ACA extended FCI Greenville's accreditation until August 2023, timely receipt of the VCR is part of the services provided by ACA and as evidenced by the FCI Greenville example, by paying invoices prior to receiving the final VCR, it leaves little incentive for ACA to complete and provide the VCRs in a timely manner.

As a result, we recommend that the BOP work with ACA to modify its billing procedures to ensure invoices are complete, accurate, submitted for services rendered, and not generated until the BOP receives the final VCR. Additionally, we recommend that the BOP provide training and guidance to its staff responsible for reviewing and approving invoices submitted by ACA to ensure invoices are accurate and contracted services were provided.

Conclusion and Recommendations

As a result of our audit, we found that ACA's reaccreditation reviews were reliant on the BOP program review process. We found that the BOP and ACA modified ACA's reaccreditation process, eliminating an intensive review of BOP facility documentation, which is not specifically noted in the contract's Statement of Work, and relied on the BOP program reviews. We are concerned about the lack of independence in this process, which is inconsistent with the BOP's stated intent for this contract – that is, to have an independent assessment of each institution's operations and programs. We are also concerned that external stakeholders and the general public are not aware that ACA did not perform its standard reaccreditation process for BOP facilities, which creates a potential misconception that all correctional facilities are reviewed for ACA accreditation in the same manner. Based on these concerns, we do not believe that ACA's reaccreditation of BOP facilities valuably enhances the BOP's operations and programs.

We also identified issues with the BOP's administration and oversight of its contract with ACA. Specifically, we found that the BOP did not comply with requirements under the FAR related to: (1) delegating contract administration responsibilities to the COR, (2) ensuring ACA complied with contract terms and conditions and taking appropriate action to enforce the contract requirements, and (3) completing required performance assessments. Additionally, the BOP did not have a consistent process in place to ensure ACA's billings were accurate, complete, and paid timely. We believe the BOP should enhance its support and management of its staff to improve its contract administration processes to ensure compliance with regulations and contract terms and conditions. Below we make 10 recommendations to the BOP to bring into alignment its expectations and actions related to accreditation, take corrective action on deficiencies related to activity on the current ACA contract, and to improve some general contracting practices.

We recommend that the BOP:

1. Prior to awarding a new contract for accreditation services: (a) perform an analysis of its disparate reaccreditation policy and practices and ensure they are in alignment with BOP expectations for the level of independence employed and how reaccreditation enhances BOP operations and programs and instills confidence in BOP facility administration; and (b) ensure any policy, contract, and procedure documents are updated as necessary and appropriate.

In the interim and as it relates to the current contract with ACA, we recommend that the BOP:

2. Work with ACA to ensure its VCRs are comprehensive and include all information required by the contract.

3. Ensure ACA adheres to its policies and procedures, as required by the December 2018 contract, and provides the BOP with a detailed, written rationale for its accreditation decisions.

4. Establish controls to ensure that ACA meets the contract requirements for interaction with BOP program review teams.

5. Work with ACA to ensure ACA reviewers are adequately trained to perform reviews at BOP facilities consistently in the manner required by the contract.

6. Establish monitoring mechanisms to ensure ACA complies with all contract requirements, terms, and conditions.

7. Ensure that performance evaluations are completed and entered into CPARS timely for the ACA contract.

8. Provide training to the COR responsible for the ACA contract on how to enter performance information into CPARS.

9. Work with ACA to modify its billing procedures to ensure invoices are complete, accurate, submitted for services rendered, and not generated until the BOP receives the final VCR.

10. Provide training and guidance to its staff responsible for reviewing and approving invoices submitted by ACA for payment to ensure invoices are accurate and contracted services were provided.

APPENDIX 1: Objectives, Scope, and Methodology

Objectives

The objectives of this audit were to evaluate: (1) the value the BOP receives through ACA accreditation for its prisons; (2) how the BOP uses ACA's accreditation to improve BOP standards for health, safety, and security of inmates and staff; and (3) the BOP's contract administration, and ACA's performance and compliance with terms, conditions, laws, and regulations applicable to the contract.

Scope and Methodology

The scope of our audit focused on accreditation and subsequent reaccreditation services provided to BOP institutions, training centers, and the Central Office Headquarters by ACA. In December 2018, the BOP awarded Contract Number 15BNAS19DRCA00109 with a total estimated value of $2,749,000.

To accomplish the audit objectives, we interviewed BOP employees, including senior officials and contracting staff from the BOP's Central Office, as well as Executive Staff at various institutions. We also interviewed ACA senior officials with BOP contract responsibilities. Additionally, we reviewed BOP's contract documentation and relevant policies, procedures, and guidance, including *Program Statement 1210.23, Management Control and Program Review Manual*. Further, we conducted fieldwork at FCC Allenwood, MDC Brooklyn, FCI Greenville, FCI Big Spring, FCI Phoenix, and USP Big Sandy.

Statement on Compliance with Generally Accepted Government Auditing Standards

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Internal Controls

In this audit, we performed testing of internal controls significant within the context of our audit objectives. We did not evaluate the internal controls of the BOP and ACA to provide assurance on its internal control structure as a whole. BOP management are responsible for the establishment and maintenance of internal controls in accordance with Office of Management and Budget Circular A-123. Because we do not express an opinion on the BOP's and ACA's internal control structure as a whole, we offer this statement solely for the information and use of the BOP and ACA.[19]

We assessed the design, implementation, and operating effectiveness of these internal controls and identified deficiencies that we believe could affect the BOP's ability to effectively and efficiently operate, to correctly state financial and/or performance information, and to ensure compliance with laws and regulations. The internal control deficiencies we found are discussed in the *Audit Results* section of this

[19] This restriction is not intended to limit the distribution of this report, which is a matter of public record.

report. However, because our review was limited to those internal control components and underlying principles that we found significant to the objectives of this audit, it may not have disclosed all internal control deficiencies that may have existed at the time of this audit.

Compliance with Laws and Regulations

In this audit we also tested, as appropriate given our audit objectives and scope, selected transactions, records, procedures, and practices, to obtain reasonable assurance that BOP's management complied with federal laws and regulations for which noncompliance, in our judgment, could have a material effect on the results of our audit. Our audit included examining, on a test basis, BOP's compliance with the following laws and regulations that could have a material effect on BOP's operations:

- FAR Subpart 1.6: *Contracting Authority and Responsibilities*
- FAR Subpart 32.9: *Prompt Payment Act*
- FAR Subpart 42.15: *Contractor Performance Information*

This testing included interviewing BOP and ACA personnel, analyzing contract files and data, and reviewing invoices. As noted in the *Audit Results* section of this report, we found that the BOP did not comply with federal regulations related to contract administration and oversight.

Sample-Based Testing

To accomplish our audit objective, we performed sample-based testing for billings and payments. In this effort, we employed a judgmental sampling design to obtain broad exposure to numerous facets of the areas we reviewed. This non-statistical sample design did not allow projection of the test results to the universe from which the samples were selected.

Computer-Processed Data

During our audit, we obtained information from the DOJ's Financial Management Information System and Unified Financial Management System. We also obtained information from ACA's accounting system. We did not test the reliability of those systems as a whole, therefore any findings identified involving information from those systems were verified with documentation from other sources.

APPENDIX 2: The American Correctional Association's Response to the Draft Audit Report

American Correctional Association
206 N. Washington Street, Suite 200
Alexandria, Virginia 22314
703-224-0000 • Fax: 703-224-0010
www.aca.org

November 3, 2023

Thomas O. Puerzer
Regional Audit Manager
Philadelphia Regional Audit Office
Office of the Inspector General
U.S. Department of Justice
701 Market St. - Suite 2300
Philadelphia, PA 19106

Dear Mr. Puerzer:

Thank you for the opportunity to provide comments to the draft OIG audit report on the Federal Bureau of Prisons' Contract Awarded to the American Correctional Association. Our comments are aimed more at the body of the report than recommendations.

For reaccreditation the American Correctional Association (ACA) and the Federal Bureau of Prisons (BOP) have been employing a process using BOP's internal program review reports, in conjunction with observation of operations during site visits along with observation of the program review process. This process was agreed on in the 1990s. Over the years this process has been beneficial to the BOP both in reviewing their operations against ACA standards and their program review process. This process includes: conducting a facility tour, independent interviews with staff and inmates to ensure compliance with the standards; reviewing the program review reports from the last three years and following up on identified non-compliance standards and observation of the program review team conducting their audit to validate. This process is conducted in accordance with BOP policy and procedures.

ACA has been in discussion with and will continue to work with the BOP on the OIG report recommendations to improve the process.

Sincerely,

David Haasenritter
Director of Standards and Accreditation Department
American Correctional Association

APPENDIX 3: The Federal Bureau of Prisons' Response to the Draft Audit Report

U.S. Department of Justice

Federal Bureau of Prisons

Office of the Director *Washington, DC 20534*

October 27, 2023

MEMORANDUM FOR JASON R. MALMSTROM
ASSISTANT INSPECTOR GENERAL FOR AUDIT

FROM: Colette S. Peters, Director

SUBJECT: Response to the Office of Inspector General's (OIG) Draft Report: Audit of the Federal Bureau of Prisons Contract Awarded to the American Correctional Association (ACA)

The Federal Bureau of Prisons (FBOP) appreciates the opportunity to formally respond to the Office of the Inspector General's above-referenced draft report. The FBOP has completed our review and offer the following comments regarding the recommendations.

Recommendation 1: Prior to awarding a new contract for accreditation services: (a) perform an analysis of its disparate reaccreditation policy and practices and ensure they are in alignment with FBOP expectations for the level of independence employed and how reaccreditation enhances FBOP operations and programs and instills confidence in FBOP facility administration; and (b) ensure any policy, contract, and procedure documents are updated as necessary and appropriate.

FBOP Response: FBOP concurs with this recommendation. The current ACA contract ("Contract") expires September 30, 2024. The FBOP has already begun analysis of accreditation services and relevant FBOP policy and practices to ensure the appropriate level of independence and how accreditation enhances FBOP operations and programs. The FBOP will update any necessary policy, contract, and procedural documents as appropriate.

Recommendation 2: Work with ACA to ensure its [Visiting Committee Reports (VCR)] are comprehensive and include all information required by the contract.

FBOP Response: The FBOP concurs with this recommendation. While each institution has its own unique mission, and VCR reports may reflect this, FBOP will work with ACA to expand the VCR template with additional required elements to be addressed to ensure reports are more consistent, comprehensive, and include all information required by the Contract.

Recommendation 3: Ensure ACA adheres to its policies and procedures, as required by the December 2018 contract, and provides the FBOP with a detailed, written rationale for its accreditation decisions.

FBOP Response: The FBOP concurs with this recommendation. The FBOP will ensure ACA adheres to the current contractual requirements as stated in the Contract. The Contract states, "The conclusions will be outlined in preliminary and final Visiting Committee Reports of the Contractor, and distributed to the Government, the Board of Commissioners, staff and members of the Committee." However, the Contract does not specifically state ACA will provide a detailed, written rationale for accreditation decisions. Due to the lack of specificity within the Contract, the FBOP will seek the detailed, written rationale from ACA for its accreditation decisions.

Recommendation 4: Establish controls to ensure that ACA meets the contract requirements for interaction with FBOP program review teams.

FBOP Response: The FBOP concurs with this recommendation. The FBOP will work with ACA to establish controls to ensure ACA follows the contractual requirements as outlined in the Contract. The Contract states, "The contractor shall perform the following: … J. Shall review the past three years of program review reports for the facility, looking for any noncompliance issues related to ACA standards. The auditor will follow-up on all mandatory noncompliance issues noted in these reports and determine if the problem has been corrected and internal controls have been put in place to ensure continued compliance. The auditor will record these findings and corrections in the Visiting Committee Report. K. Shall observe the program review team conducting the program review steps and compiling documentation. In addition, the auditor shall conduct independent interviews with staff and inmates."

Recommendation 5: Work with ACA to ensure ACA reviewers are adequately trained to perform reviews at FBOP facilities consistently in the manner required by the contract.

FBOP response: The FBOP concurs with this recommendation. The FBOP will work with ACA regarding educational materials for ACA reviewers specific to contract requirements for the FBOP.

Recommendation 6: Establish monitoring mechanisms to ensure ACA complies with all contract requirements, terms, and conditions.

FBOP Response: The FBOP concurs with this recommendation. The FBOP will enhance monitoring mechanisms to ensure ACA compliance with all contractual requirements, terms, and conditions as outlined in the Contract.

Recommendation 7: Ensure that performance evaluations are completed and entered into CPARS timely for the ACA contract.

FBOP Response: The FBOP concurs with this recommendation. The FBOP will ensure performance evaluations are completed and entered into CPARS timely for the ACA contract.

Recommendation 8: Provide training to the COR responsible for the ACA contract on how to enter performance information into CPARS.

FBOP Response: The FBOP concurs with this recommendation and requests closure as relevant staff participated in training regarding how to enter performance information into CPARS. Documentation supporting closure of this recommendation has been separately provided.

Recommendation 9: Work with ACA to modify its billing procedures to ensure invoices are complete, accurate, submitted for services rendered, and not generated until the FBOP receives the final VCR.

FBOP Response: The FBOP concurs with this recommendation. The FBOP will work with ACA to modify its billing procedures, ensuring contractual requirements are met. Specifically, the December 2018 contract states, "Payment is based on the provisions of and end product or the accomplishment of a specific result." Currently, payment is processed following the completion of the on-site visit. The FBOP will seek to redefine the "end product" with ACA as the delivery of the final VCR.

Recommendation 10: Provide training and guidance to its staff responsible for reviewing and approving invoices submitted by ACA for payment to ensure invoices are accurate and contracted services were provided.

FBOP Response: The FBOP concurs with this recommendation and requests closure as relevant staff participated in training regarding the review and approval of invoices. Documentation supporting closure of this recommendation has been separately provided.

APPENDIX 4: Office of the Inspector General Analysis and Summary of Actions Necessary to Close the Audit Report

The Office of the Inspector General (OIG) provided a draft of this audit report to the Federal Bureau of Prisons (BOP) and the American Correctional Association (ACA). ACA's response is incorporated in Appendix 2, and the BOP's response is incorporated in Appendix 3 of this final report. ACA provided us with a response that did not state whether it concurred with the recommendations but indicated it would continue to work with the BOP to address the recommendations and improve the reaccreditation process. In its response, the BOP concurred with our recommendations and discussed the actions it will implement in response to our findings. As a result, the status of the audit report is resolved. The following provides the OIG analysis of the response and summary of actions necessary to close the report.

Recommendations for the BOP:

1. **Prior to awarding a new contract for accreditation services: (a) perform an analysis of its disparate reaccreditation policy and practices and ensure they are in alignment with BOP expectations for the level of independence employed and how reaccreditation enhances BOP operations and programs and instills confidence in BOP facility administration; and (b) ensure any policy, contract, and procedure documents are updated as necessary and appropriate.**

   Resolved. The BOP concurred with our recommendation. The BOP stated in its response that the current contract ends in September 2024, and that it has begun an analysis of accreditation services and relevant BOP policy and practices to ensure the appropriate level of independence and how accreditation enhances BOP operations and programs. As a result, this recommendation is resolved.

   This recommendation can be closed when we receive evidence of BOP's analysis of accreditation policy and practices to ensure they are in alignment with BOP expectations and that any necessary policy, contract, and procedure documents are updated as appropriate.

2. **Work with ACA to ensure its Visiting Committee Reports (VCR) are comprehensive and include all information required by the contract.**

   Resolved. The BOP concurred with our recommendation. The BOP stated in its response that it will work with ACA to expand the VCR template with additional required elements to be addressed to ensure reports are more consistent, comprehensive, and include all information required by the contract. As a result, this recommendation is resolved.

   This recommendation can be closed when we receive evidence the VCRs are more consistent, comprehensive, and include all information required by the contract.

3. **Ensure ACA adheres to its policies and procedures, as required by the December 2018 contract, and provides the BOP with a detailed, written rationale for its accreditation decisions.**

   Resolved. The BOP concurred with our recommendation. The BOP stated in its response that it will ensure ACA adheres to the contract requirements. The BOP also stated that the contract does not specifically state ACA will provide a detailed, written rationale for accreditation decisions; however, it will seek the rationale from ACA for its accreditation decisions. As a result, this recommendation is resolved.

   This recommendation can be closed when we receive evidence that the BOP received detailed, written rationale for ACA's accreditation decisions.

4. **Establish controls to ensure that ACA meets the contract requirements for interaction with BOP program review teams.**

   Resolved. The BOP concurred with our recommendation. The BOP stated in its response that it will work with ACA to establish controls to ensure ACA follows the contractual requirements. As a result, this recommendation is resolved.

   This recommendation can be closed when we receive evidence that the BOP established controls to ensure ACA meets the contract requirements for interaction with BOP program review teams.

5. **Work with ACA to ensure ACA reviewers are adequately trained to perform reviews at BOP facilities consistently in the manner required by the contract.**

   Resolved. The BOP concurred with our recommendation. The BOP stated in its response that it will work with ACA regarding educational materials for ACA reviewers specific to contract requirements for the BOP. As a result, this recommendation is resolved.

   This recommendation can be closed when we receive evidence that the BOP worked with ACA to ensure ACA reviewers are adequately trained to perform reviews at BOP facilities as required by the contract.

6. **Establish monitoring mechanisms to ensure ACA complies with all contract requirements, terms, and conditions.**

   Resolved. The BOP concurred with our recommendation. The BOP stated in its response that it will enhance monitoring mechanisms to ensure ACA complies with all contractual requirements, terms, and conditions. As a result, this recommendation is resolved.

   This recommendation can be closed when we receive evidence that the BOP established monitoring mechanisms to ensure ACA complies with all contract requirements, terms, and conditions.

7. **Ensure that performance evaluations are completed and entered into Contractor Performance Assessment Reporting System (CPARS) timely for the ACA contract.**

   Resolved. The BOP concurred with our recommendation. The BOP stated in its response that it will ensure performance evaluations are completed and entered into CPARS timely for the ACA contract. As a result, this recommendation is resolved.

   This recommendation can be closed when we receive evidence that the BOP completed timely performance evaluations for the ACA contract.

8. **Provide training to the Contracting Officer's Representative (COR) responsible for the ACA contract on how to enter performance information into CPARS.**

   Closed. This recommendation is closed. The BOP concurred with the recommendation and provided evidence that the COR responsible for the ACA contract was provided training for contract administration responsibilities, including entering performance information into CPARS.

   We reviewed the training presentation and records and determined they adequately address our recommendation. As a result, we consider this recommendation closed.

9. **Work with ACA to modify its billing procedures to ensure invoices are complete, accurate, submitted for services rendered, and not generated until the BOP receives the final VCR.**

   Resolved. The BOP concurred with our recommendation. The BOP stated in its response that it will work with ACA to modify its billing procedures to ensure contractual requirements are met. The BOP also stated that it will seek to redefine the "end product" with ACA as the delivery of the final VCR. As a result, this recommendation is resolved.

   This recommendation can be closed when we receive evidence that, after working with the BOP, ACA has modified its billing procedures to ensure invoices are complete, accurate, submitted for services rendered, and not generated until the BOP receives the final VCR.

10. **Provide training and guidance to its staff responsible for reviewing and approving invoices submitted by ACA for payment to ensure invoices are accurate and contracted services were provided.**

    Closed. This recommendation is closed. The BOP concurred with the recommendation and provided evidence that the COR responsible for the ACA contract was provided training for contract administration responsibilities, including reviewing and approving invoices submitted by ACA for payment.

    We reviewed the training presentation and records and determined they adequately addressed our recommendation. As a result, we consider this recommendation closed.