

# PREA Facility Audit Report: Final

**Name of Facility:** Charleston Correctional Center

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 04/12/2021

| Auditor Certification   |                                      |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge.   | <input checked="" type="checkbox"/>  |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.   | <input checked="" type="checkbox"/>  |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input checked="" type="checkbox"/>  |
| <b>Auditor Full Name as Signed:</b> Mable P. Wheeler  | <b>Date of Signature:</b> 04/12/2021 |

| AUDITOR INFORMATION                 |                       |
|-------------------------------------|-----------------------|
| <b>Auditor name:</b>                | Wheeler, Mable        |
| <b>Email:</b>                       | wheeler5p@hotmail.com |
| <b>Start Date of On-Site Audit:</b> | 02/15/2021            |
| <b>End Date of On-Site Audit:</b>   | 02/16/2021            |

| FACILITY INFORMATION              |   |
|-----------------------------------|---|
| <b>Facility name:</b>             | Charleston Correctional Center                          |
| <b>Facility physical address:</b> | 1356 Hansford Street, Charleston, West Virginia - 25301 |
| <b>Facility Phone</b>             |   |
| <b>Facility mailing address:</b>  |   |

| <b>Primary Contact</b>   |                        |
|--------------------------|------------------------|
| <b>Name:</b>             | Amanda McGrew          |
| <b>Email Address:</b>    | amanda.d.mcgreg@wv.gov |
| <b>Telephone Number:</b> | 304-558-2036           |

| <b>Facility Director</b> |                        |
|--------------------------|------------------------|
| <b>Name:</b>             | Jeff Stinnett          |
| <b>Email Address:</b>    | Jeff.a.stinnett@wv.gov |
| <b>Telephone Number:</b> | 304-352-0898           |

| <b>Facility PREA Compliance Manager</b> |                         |
|---|-------------------------|
| <b>Name:</b>                            | Pam Baldwin             |
| <b>Email Address:</b>                   | pamela.g.baldwin@wv.gov |
| <b>Telephone Number:</b>                | O: 304-340-6921         |

| <b>Facility Characteristics</b>  |                        |
|--|------------------------|
| <b>Designed facility capacity:</b>   | 128                    |
| <b>Current population of facility:</b>   | 28                     |
| <b>Average daily population for the past 12 months:</b>  | 74                     |
| <b>Has the facility been over capacity at any point in the past 12 months?</b>                                       | No                     |
| <b>Which population(s) does the facility hold?</b>   | Both females and males |
| <b>Age range of population:</b>  | 18-99                  |
| <b>Facility security levels/resident custody levels:</b>   | Community- Level 1     |
| <b>Number of staff currently employed at the facility who may have contact with residents:</b>                       | 55                     |
| <b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b> | 6                      |
| <b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>             | 0                      |

| <b>AGENCY INFORMATION</b>                                    |   |
|--|---|
| <b>Name of agency:</b>                                       | West Virginia Division of Corrections and Rehabilitation  |
| <b>Governing authority or parent agency (if applicable):</b> | WV Department of Homeland Security                        |
| <b>Physical Address:</b>                                     | 1409 Greenbrier Street, Charleston, West Virginia - 25311 |
| <b>Mailing Address:</b>                                      | 1409 Greenbrier Street, Charleston, West Virginia - 25311 |
| <b>Telephone number:</b>                                     | 304-558-6032  |

| Agency Chief Executive Officer Information: |                      |
|---|----------------------|
| <b>Name:</b>                                | Betsy Jividen        |
| <b>Email Address:</b>                       | Betsy.Jividen@wv.gov |
| <b>Telephone Number:</b>                    | 304-558-6032         |

| Agency-Wide PREA Coordinator Information |            |                       |                         |
|--|------------|-----------------------|-------------------------|
| <b>Name:</b>                             | Tim Harper | <b>Email Address:</b> | Timothy.V.Harper@wv.gov |

## AUDIT FINDINGS

### **Narrative:**

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

### Introduction

The Facility Rape Elimination Act (PREA) audit onsite phase for Charleston Correctional Center was conducted February 15, 2021. Charleston Correctional Center is located at 1356 Hansford Street, Charleston, WV. 25301. The audit was conducted by Mable P. Wheeler from Macon, Georgia, who is a U. S. Department of Justice Certified PREA auditor for adults and juvenile facilities. The audit was assigned to Diversified Correctional Services, LLC as part of a contractual agreement with WV Division of Corrections and Rehabilitation. There are no known existing conflicts of interest or barriers to completing the audit. The facility has never been audited for compliance with the PREA Standards.

### Mission:

The mission of the West Virginia Division of Corrections is to enhance public safety by providing safe, secure, and humane correctional facilities, operating an effective system of offender re-entry and community supervision reducing offender recidivism and assisting victims of crime.

### Audit Methodology

#### Pre-Onsite Audit Phase

Prior to the onsite visit, the auditor contacted the PREA Compliance Manager to discuss the audit process and to set a tentative daily agenda and schedule for the onsite audit. The auditor requested the following information be provided the first day of the audit: daily population report, staff roster to include all departments; resident roster by housing unit; listing of staff who perform risk assessments, list of medical staff; list of contractors and volunteers available during the audit; list of residents with a PREA classification (identified through risk screening); list of lesbian, gay, bisexual, transgender, and intersex residents; list of disabled (deaf, hard of hearing, blind, low vision, low cognitive skills) residents, list of limited English proficient, residents, list of allegations with investigation outcomes etc. This information was utilized to establish the interview schedules for the selection of residents and staff to be interviewed; all interviews were conducted in privacy. Some specialized staff interviews were done virtually due to Covid 19 concerns. The auditor received one correspondence during this phase of the audit an interview was conducted.

#### Notice of Audit Posting and Timeline

The audit notice was posted December 5, 2020. Scheduling of audit had been revisited a couple of times due to COVID 19 related issues. The audit notice was posted in English and Spanish on colorful paper using a large font. The audit notices were placed throughout the facility, in places visible to all Residents, staff and visitors. Confirmation of revised audit notices was emailed to the auditor on December 5, 2020. Further verification of their placement was made through observations during the onsite review and conversations with residents. The audit notices included a statement regarding confidentiality of resident

and staff correspondence with the auditor. No correspondences were received during the phase of the audit.

Pre-Audit Questionnaire (PAQ) and Supporting Documentation

The PAQ and supporting documentation was uploaded into the PREA Online Audit System. The auditor reviewed the PAQ, policy, procedures, and supporting documentation. Using the Auditor Compliance Tool and Checklist of Documentation, the auditor’s initial analysis and review of the information, the auditor requested further documentation for clarification of several standards. Some of the information was provided electronically prior to the audit and the remaining documentation was provided during the on-site audit visit.

Requests of Facility Lists

|  |  |
|--|--|
| Charleston Correctional Center provided the following information for the interview selection and document sampling. |  |
| Complete Resident Roster   | An up to date roster was provided upon request |
| Residents with physical disabilities   | 0  |
| Residents with cognitive disabilities  | 0  |
| Residents who are Limited English Proficient   | 0  |
| Lesbian, Gay and Bisexual  | 0  |
| Transgender of Intersex Residents  | 0  |
| Residents in segregated housing  | 0  |
| Residents in isolation   | 0  |
| Residents who reported sexual abuse  | 0  |
| Residents who reported prior sexual abuse  | 0  |
| Residents who reported sexual abuse during sexual victimization screening  | 0  |

|  |  |
|--|--|
| Complete Staff Roster  | The staff roster and schedule were provided upon arrival to the facility |
| Specialized Staff  | Specialized staff were identified on the roster                          |
| Contractors who have contact with residents  | 6  |
| Volunteers who have contact with residents   | 0  |
| Grievances of sexual abuse and sexual harassment made in the 12 months preceding the audit.                            | 0  |
| All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit. | 5  |
| Detailed list of the number of sexual abuse and sexual harassment allegations in the 12 months preceding the audit.    | 3 I/I Abuse<br>0 I/I Harassment<br>1 S/I Abuse<br>1 S/I Harassment       |

External Contracts

|  |   |
|--|---|
| The following external contacts were made: |   |
| Just Detention International               | Just Detention International reviewed their database for records and information and reports, no information for the preceding 12 months. |
| Community Based Organizations (CBO's)      | WVFRIS Hotline 800.656.4673   |

Onsite Audit Phase Entrance briefing

On February 15, 2021 the entrance briefing was held with the Agency Director of PREA Compliance, Tim Harper; Agency PREA Coordinator, Amanda McGrew; Superintendent, Jeff Stinnett; Deputy Superintendent (PREA Compliance Manager), Pamela Baldwin; and Certified Auditor, Mable P. Wheeler. Introductions were made and the agenda for the onsite visit was discussed.

On February 15, 2021 the auditor conducted the site review accompanied by the Director of PREA Compliance; Agency PREA Coordinator; Superintendent and Deputy Superintendent (PREA Compliance Manager). After the site review, the auditor conducted staff and resident interviews, all interviews were voluntary and conducted in privacy. In person interviews were conducted in the Deputy Superintendent's office; virtual interviews of some specialized staff were conducted in the Superintendent's office.

Site review

The auditor had access to, and observed, all areas of the facility. The facility consists of - one (1) building

which includes eight (8) resident housing units, two (1) single housing unit, two (2) multiple occupancy cell housing units, eight (8) open bay dorm housing units, and zero (0) segregation/isolation cell. The facility designated capacity is (128). Population on the first of the on onsite audit was (28) for the facility. The facility consists of housing units that is indirect supervision style in design. The facility has a video monitoring system, responsible for security surveillance; mirrors are also strategically placed throughout the facility to provide additional security.

#### Processes and areas observed

The Auditor was not able to observe the intake process; grievance/suggestion boxes are located in the housing units. Grievance forms and writing utensils are available upon request.

The staff conducting the site review and auditor's discussion with residents verified the privacy for showering, using toilet and changing clothes. Auditor was able to observe the locations of the video monitoring cameras. PREA posters with telephone numbers (Hotline) for reporting sexual abuse and sexual harassment are prominently placed in the housing units and common area. The auditor informally asked residents about basic PREA facts during visit to housing units.

#### Specific area observations

The auditor observed the living units, toilet and shower areas; each dorm has one shower area, consisting of two showers, two toilets and two sinks. Residents are housed in dorms, 16 residents per dorm. Residents must be dressed before coming out of bathroom. The auditor observed staff actively supervising the residents.

#### Exit briefing

An exit briefing was held on February 16, 2021 with the Agency Director of PREA Compliance; Agency PREA Coordinator; Superintendent; PREA Compliance Manager (Deputy Superintendent) to discuss audit findings.

#### Interviews Logistics Location and Privacy

All interviews were voluntary and privately conducted. Interviews for residents were held in the visitation area; this location provided privacy and minimum disruption of daily activities and programming. The auditor received one communication from a resident prior to onsite visit.

#### Selection Process

Using the interview protocol twelve (12) direct care staff were interviewed. Ten (10) random residents were interviewed using the resident interview questionnaire. There were zero (0) targeted interviews; zero (0) resident with Cognitive Disabilities and zero (0) Resident with Physical Disabilities; zero (0) resident who was Limited English Proficient; zero (0) resident identified as transgender, zero (0) resident identified as gay/bisexual; zero (0) resident who disclosed prior sexual victimization during risk screening; and zero (0) residents who reported sexual abuse; zero (0) resident who reported prior sexual abuse; and zero (0) resident in segregated housing.

| Interview Protocols                  | Number of Interviews |
|--------------------------------------|----------------------|
| Administration and Agency Leadership |                      |



|  |                     |
|--|---------------------|
| Agency Head Designee (Director of PREA Compliance)               | 1 (Prior Interview) |
| Agency PREA Coordinator  | 1 (Prior Interview) |
| Superintendent   | 1                   |
| PREA Compliance Manager (Deputy Superintendent)                  | 1                   |
| Specialized Staff  |                     |
| Medical Staff  | 0                   |
| Mental Health Staff  | 0                   |
| Administrative (Human Resources)                                 | 1                   |
| Agency Contract Administrator (Designee)                         | 1 (Prior Interview) |
| Intermediate of Higher Level Facility Staff (Unannounced Rounds) | 0                   |
| Investigative Staff  | 2 (Prior Interview) |
| Staff who Supervise Residents in Isolation                       | NA                  |
| Staff on the Incident Review Team                                | 1                   |
| Designated Staff Member Charged with Monitoring Retaliation      | 1                   |
| Security First Responder   | 1                   |
| Non Security First Responder                                     | 1                   |
| Intake Staff   | 1                   |
| Random Sample of Staff   |                     |
| First Shift  | 6                   |
| Second Shift   | 6                   |
| Volunteers and Contractors who have contact with Residents       |                     |
| Volunteers   | 0                   |
| Contractors  | 1                   |
| Residents  |                     |

|  |    |
|--|----|
| Random Samples of Resident from all housing units                        | 10 |
| Targeted Residents Interviews  |    |
| Residents who reported sexual abuse                                      | 0  |
| Residents with cognitive disabilities                                    | 0  |
| Residents with physical disabilities                                     | 0  |
| Residents who were Limited English Proficient                            | 0  |
| Gay, Lesbian and Bisexual Residents                                      | 0  |
| Transgender and Intersex Residents                                       | 0  |
| Residents who disclosed prior sexual victimization                       | 0  |
| Residents who disclosed prior sexual victimization during risk screening | 0  |
| Residents in segregated housing  | NA |
| Residents in isolation   | NA |
| Interview Totals   |    |
| Total Number of Resident Interviews                                      | 10 |
| Total Number of Staff Interviews   | 12 |
| Total Number of Interviews   | 37 |

| Types of Records Reviewed Onsite                           | Total Records Reviewed |
|--|------------------------|
| Personnel Files  | 25                     |
| Volunteer and Contractors Files                            | 5                      |
| Training Files   | 25                     |
| Resident Files   | 25                     |
| Medical and Mental Health Records of Victims               | 0                      |
| Grievance Forms (Sexual Abuse and Sexual Harassment)       | 0                      |
| Incident Reports (Sexual Abuse and Sexual Harassment )     | 1                      |
| Investigation Records (Sexual Abuse and Sexual Harassment) | 5                      |

Investigation Outcomes:

|   | Substantiated | Unsubstantiated | Unfounded | Pending | Not PREA Related |
|---|---------------|-----------------|-----------|---------|------------------|
| Resident on Resident Sexual Victimization |               |                 |           |         |                  |
| Sexual Abuse                              | 0             | 3               | 0         | 0       | 0                |
| Sexual Harassment                         | 0             | 0               | 0         | 0       | 0                |
| Staff on Resident Sexual Victimization    |               |                 |           |         |                  |
| Sexual Abuse                              | 0             | 0               | 1         | 0       | 0                |
| Sexual Harassment                         | 0             | 1               | 0         | 0       | 0                |

## AUDIT FINDINGS

### Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

| Characteristics Related to PREA and Sexual Safety        |  |
|--|--|
| Parent Agency  | West Virginia Division of Corrections and Rehabilitation |
| Facility Name  | Charleston Correctional Center & Jail                    |
| Facility Address   | 1356 Hansford Street, Charleston, WV 25301               |
| Facility Rated Capacity                                  | 128  |
| Resident Population Size and Makeup                      |  |
| Average daily population in the last 12 months           | 74   |
| Actual population on day 1 of the onsite audit           | 24   |
| Gender population  | Male and Female  |
| Ethnicity population                                     | Multiethnic  |
| Length of Stay   | 6 months   |
| Staff Size and Makeup                                    |  |
| Number of Security Postions                              | 55   |
| Types of Supervision Practiced                           | Community Level I  |
| Number of Volunteers who may have contact with Residents | 0  |
| Number of Contractor who may have contact with Residents | 6  |
| Number of Interns who may have contact with Residents    | 0  |
| Number and Type of Housing Units                         |  |

|                                       |                     |
|---------------------------------------|---------------------|
| Number of single occupancy units      | 0                   |
| Number of multiple occupancy units    | 2                   |
| Number of open bay dorms              | 8                   |
| Number of segregation/isolation cells | 0                   |
| Number of medical units               | 1                   |
| Type of Supervision                   | Direct and Indirect |
| Video Monitoring                      | Yes                 |
| Number of cameras                     | 111                 |

Facility Operations Physical

Plant Description

Charleston Correctional Center and Jail is designed to house one-hundred twenty-eight male and/or female offenders. It has approximately 40,000 square feet of interior space and sits on approximately 2 acres of land. The facility has eight (8) dormitories designed to house sixteen (16) inmates in each dorm. Inmates are double bunked. There are six (6) co-ed work release level dorms on the second floor and two (2) all female Residential Substance Abuse Therapy (RSAT) dorms on the first floor. Each dorm has a dayroom, a sleeping area, and a restroom with two (2) showers, sinks, and toilets. Each restroom stall has partitions and a lockable door for privacy. There are two (2) cameras in each dayroom and two (2) cameras in each sleeping area. There are no cameras in the restrooms.

There are a total of one hundred eleven (111) cameras providing coverage for the entire facility.

There are two (2) classrooms on the first floor and two (2) classrooms on the second floor utilized for various classes and programming. There are two (2) cameras in each classroom.

There are two (2) holding cells used for disciplinary housing and other housing needs requiring separation from the regular dormitories. Each holding cell has one (one) camera. They also have a privacy panel in place for use of the restroom.

There are four (4) cameras installed in the dining hall and eight (8) cameras in the kitchen, kitchen storage, and kitchen supervisor areas.

Cameras are installed in all hallways and stairways on both floors and in the lobby.

Auditor's Discussion:

(1). Auditor suggested additional PREA training for all residents housed at the facility regarding outside services available.

(2). Auditor suggested additional PREA reporting information be posted throughout the facility and adding additional PREA education material for residents such as, a video to viewed during the intake process.

## AUDIT FINDINGS

### Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy ). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

|                                      |    |
|--------------------------------------|----|
| <b>Number of standards exceeded:</b> | 0  |
| <b>Number of standards met:</b>      | 41 |
| <b>Number of standards not met:</b>  | 0  |

Standards Exceeded: 0

List of Standards Exceeded:

Standards Met: 41

Standards Not Met: 0

List of Standards Not Met:

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

|         |   |
|---------|---|
| 115.211 | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <b>Auditor Discussion</b>   |
|         | <p>Materials Reviewed:</p> <p>WV Inspector General Table of Organization WVDCR Organizational Chart</p> <p>Charleston Correctional Center</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)</p> <p>Interview with Director of Office of PREA Compliance</p> <p>Interview with Agency's PREA Coordinator</p> <p>Interview with Agency's PREA Compliance Manager</p> <p>Interview with PREA Compliance Manager</p> <p>Interviews with the Commissioner and Assistant Commissioner</p> <p>Site Review: Observed though out the facility: PREA related posters; phones with PREA Hotline dialing instructions and PREA related pamphlets.</p> <p>Policy # 430.00, pages 2 – 4 include definitions: Contractors, Director of PREA Compliance, Exigent Circumstances, Gender Nonconforming, Intersex, Juvenile, Juvenile Facility, LGBTI, Medical Practitioner, Mental Health Practitioner, Offender, Office of PREA Compliance, PREA Coordinator, Preponderance of the Evidence, Sexual Abuse, Sexual Harassment, Staff, Staff Sexual Misconduct, Substantiated Allegation, Transgender, Unfounded Allegation, Unannounced Rounds, Unsubstantiated Allegation, Victim, and Volunteer.</p> <p>Policy # 430.00, page 4 A states: DCR has zero tolerance for any acts of sexual abuse, assault, misconduct, or harassment. Sexual activity between staff and offenders, volunteers or contract personnel and offenders, and offender and offender, regardless of consensual status, is prohibited and subject to administrative and criminal disciplinary sanctions up to and including dismissal and prosecution pursuant to West Virginia Code and DCR Policy and procedure.</p> <p>Policy # 430.00, page 4 B states: The DCR Director of PREA Compliance along with DCR PREA Coordinators and designated support staff shall make up the Office of PREA Compliance and will have sufficient time and authority to develop, implement, coordinate and oversee DCR efforts to comply with the PREA standards in all facilities.</p> <p>Policy # 430.00, page 4 B states: Each facility Superintendent within DCR shall designate a PREA Compliance Manager, who will be the second highest ranking person. Those serving as PREA Compliance Managers within the Bureau of Juvenile Services upon the effective date of this policy will remain in effect at the discretion of the Director of PREA Compliance.</p> <p>Policy # 430.00, in its entirety, addresses the agency's approach to ensure prevention,</p> |



detection and responding to sexual abuse and sexual harassment. The policy is detailed and straight forward on:

- I. Prevention Planning
- II. Supervision and Monitoring
- III. Staff Training
- IV. Offender Education
- V. Screening for Risk of Sexual Victimization and Abusiveness
- VI. Reporting
- VII. Official Response
- VIII. Investigations
- IX. Staff Discipline
- X. Offender Discipline
- XI. Medical and Mental Health
- XII. Data Collection and Review
- XIII. Audits
- XIV. Pertains Only to Juvenile Facilities

The goal of the Office of PREA Compliance is to continually make every effort to prevent, detect, and respond to such conduct.

PREA Standard§ 115.11 mandates that each facility designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

Comments:

The West Virginia Division of Corrections and Rehabilitation takes the Prison Rape Elimination Act very seriously. They have developed the Office of PREA Compliance (statewide) which deals strictly with the components of PREA. This Department is responsible to the Assistant Commissioner, Inspector General Bureau. The Office of PREA Compliance is made up of the Director, two (2) PREA Compliance Officers (one for prisons and jails, the other for juveniles) and a Secretary. The two (2) PREA Compliance Officers oversee 36 facility Compliance Managers (sixteen (16) prisons, ten (10) jails and ten (10) juvenile facilities). Each designated Compliance Manager is assigned only the responsibilities associated with PREA and reports to the Director of PREA Compliance and the Superintendent of the facility that they are assigned.

Inmates, staff, contractors and volunteers are trained on the zero-tolerance policy. They acknowledge and sign PREA Acknowledgment Statement. The auditor reviewed Training Rosters documenting completion of PREA Training. Acknowledgement Statements for

employees, contractors and volunteers affirm they have received training on the Department's Zero Tolerance Policy on Sexual Abuse and Sexual Harassment. They also acknowledge that violation of the policy will result in disciplinary action, including termination or being banned from entering any correctional institution.

|         |   |
|---------|---|
| 115.212 | <b>Contracting with other entities for the confinement of residents</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <b>Auditor Discussion</b>   |
|         | <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), Contracts with JBS and County Commission of McDowell</p> <p>Interview with West Virginia Division of Corrections and Rehabilitation, Commissioner</p> <p>Interview with West Virginia Division of Corrections and Rehabilitation, Assistant Commissioner,</p> <p>Interview with the Agency Contract Administrator</p> <p>On or after August 20, 2012 or since the last PREA audit, whichever is later:</p> <p>The number of contracts for the confinement of inmates that the agency entered into or renewed with private entities or other government agencies: 2</p> <p>The number of contracts that DID NOT require contractors to adopt and comply with PREA standards: 0</p> <p>On or after August 20, 2012, or since the last PREA audit, whichever is later, the number of contracts that DO NOT require the agency to monitor contractor's compliance with PREA standards: 0</p> <p>Policy # 430.00, page 5 C states: Any new contract or contract renewal for the confinement of offenders shall include an obligation to:</p> <ol style="list-style-type: none"> <li>1. Comply with PREA Standards,</li> <li>2. Comply with DCR policy,</li> <li>3. Ensure that the contracted facility is complying with the PREA standards by monitoring the facility performance.</li> </ol> <p>Comments:</p> <p>The agency reports that it has entered into and/or renewed a contract with Youth Services System (JBS) for the confinement of juvenile inmates and with County Commission of McDowell County since their last PREA audit. The auditor has reviewed contracts for both juvenile and adult offenders. Each of the reviewed contracts contained the same verbiage requiring BJS Youth Services and McDowell Correctional Center to adopt the PREA Standards and comply with them. They also acknowledged that the WV Division of Corrections and Rehabilitations monitors the facilities for compliance with all PREA Standards. Charleston Correctional Center does not house inmates under the age of 18, this facility houses adult offenders.</p> |



|         |   |
|---------|---|
| 115.213 | <b>Supervision and monitoring</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <b>Auditor Discussion</b>   |
|         | <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA) Charleston Correctional Center</p> <p>2020 PREA Staffing Review Post Assignment Roster Special Duty Position List</p> <p>Interview with Superintendent</p> <p>Interview with Associate Superintendent of Security</p> <p>Interview with Director of Office of PREA Compliance</p> <p>Site Review</p> <p>Staffing Plan reviewed onsite</p> <p>Samples of 2020 - Unannounced Rounds Forms and Log Book Since August 20, 2012, or last PREA audit, whichever is later:</p> <p>The average daily number of inmates in the last 12 months: 74</p> <p>The average daily number of inmates on which the staffing plan was predicated: 128</p> <p>Policy # 430.00, page 5 A states: DCR shall ensure that each of its facilities develops, documents and makes its best efforts to comply with the PREA staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect offenders against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:</p> <ol style="list-style-type: none"> <li>1. Generally accepted detention and correctional practices</li> <li>2. Any judicial finding of inadequacy</li> <li>3. Any findings of inadequacy from federal investigative agencies</li> <li>4. Any findings of inadequacy from internal or external oversight bodies</li> <li>5. All components of the facility's physical plant (including blind spots or areas where staff or offenders may be isolated)</li> <li>6. The composition of the offender population;</li> <li>7. The number and placement of supervisory staff</li> <li>8. Facility programs occurring on various shifts</li> <li>9. Any applicable State or local laws, regulations or standards</li> </ol> |

10. Any prevalence of substantiated and unsubstantiated incidents of sexual abuse; and

11. Any other relevant factors.

Policy # 430.00, page 5 B states: In circumstances where the staffing plan is not complied with, the Facility PREA Compliance Manager or designee shall document the noncompliance, in writing, and justify all deviations from the plan. This documentation will be forwarded to the Facility's Superintendent, appropriate Assistant Commissioner and the Office of PREA Compliance.

Policy # 430.00, page 5 C states: Whenever necessary, but no less frequently than once a year, the Facility PREA Compliance Manager from each facility, in consultation with the Office of PREA Compliance, shall assess, determine and document whether adjustments are needed to:

1. The PREA staffing plans
2. Prevailing staffing patterns
3. The facility's deployment of video monitoring systems and other monitoring technologies
4. The resources the facility has available to commit to ensure adherence to the staffing plan.

Policy # 430.00, page 6 D states: In effort to identify and deter staff sexual abuse and sexual harassment, the Facility Superintendent shall ensure that the PREA Compliance Manager is completing unannounced rounds on all shifts. These rounds will be conducted in all areas of the facility, specifically in all offender living areas. Completion of unannounced rounds shall be documented in the appropriate database.

Policy # 430.00, page 6 E states: Any staff member found to be alerting other staff that these rounds are occurring will be subject to disciplinary action unless such announcement is related to the legitimate operational functions of the facility.

The facility has implemented the policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. These unannounced rounds occurred on night shifts as well as day shifts. The policy also prohibited staff from alerting other staff members that these supervisory rounds were occurring. The PREA Compliance Managers at facility reported that these rounds have been regularly completed over the last year. Rounds are documented via shift log and the Unannounced Rounds Form.

Comments:

Per the PAQ, shortages of staff occur due to hospital duty, and call-offs. The facilities response to staff call-offs, sick leave, etc. is to "freeze staff, other DCR staff volunteer to work overtime to ensure the facility is fully staffed at all time. This facility has not deviated from the Staffing Plan in the last 12 months.

The facility PREA Compliance Manager shared that he is involved with the Staffing Plan. He reviews it with the Director of PREA Compliance, the PREA Coordinator and Superintendent

before it is finalized. There are no judicial or federal investigative findings of inadequacy.

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| 115.215 | <b>Limits to cross-gender viewing and searches</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)</p> <p>Policy Directive #411.00; Subject: Gender Nonconforming Inmates/Residents</p> <p>Training Lesson Plans</p> <p>Interviews with Staff Interviews with Inmates</p> <p>Site Review</p> <p>Training Records Training Lesson Plans</p> <p>In the past 12 months:</p> <p>The number of cross-gender strip or cross-gender visual body cavity searches of inmates: 0</p> <p>The number of cross-gender strip or cross-gender visual body cavity searches of inmates that did not involve exigent circumstances or were performed by non-medical staff: 0</p> <p>In the past 12 months:</p> <p>The number of pat-down searches of female inmates conducted by male staff: 0</p> <p>The number of pat-down searches of female inmates conducted by male staff that did not involve exigent circumstances: 0</p> <p>Percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs: 100%</p> <p>Policy # 430.00, page 6 F states: Staff shall not conduct cross gender pat-down, strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners in accordance with current Policy. All exigent cross-gender searches will be documented via incident report. A facility whose rated capacity does not exceed 50 offenders, the facility shall not permit cross-gender pat-down searches of female offenders, absent exigent circumstances. Facilities shall not restrict female offenders' access to regularly available programming or other out of cell opportunities in order to comply with this provision. If these searches occur, they shall be documented.</p> <p>Policy # 430.00, page 6 G states: Offenders shall be able to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. This limitation not only applies to in-person viewing, but also all forms of remote viewing as well.</p> <p>Policy # 430.00, page 6 H states: Staff shall announce their presence every time they enter an</p> |



offender housing unit of the opposite gender to indicate that there will be someone of the opposite gender on the unit.

Policy # 430.00, page 6 I states: Facilities shall not search or physically examine a transgender or intersex offender for the sole purpose of determining genital status. If unknown, staff should attempt to determine the genital status through conversations with the offender or by reviewing medical records.

Policy # 430.00, page 6 J states: Staff shall be trained to conduct pat searches of transgender and intersex offenders, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security.

Policy Directive 411, page 3, III B states: Transgender and intersex inmates/residents shall be given the opportunity to shower separately from other inmates/residents.

Policy Directive 411, page 3, III D states: Facilities shall make all attempts to take into consideration inmate/resident preference when assigning staff members to perform strip searches. In exigent circumstances, cross gender searches may occur.

Policy Directive #111, page 5 – 6 states: OJT, Basic, and In-Service Training for any person who works in or with the WVDCR, including vendors, contractors, and volunteers, shall minimally include:

- A. The zero-tolerance policy for sexual abuse and sexual harassment
- B. How to fulfill their responsibilities under the WVDCR's sexual misconduct prevention, detection, reporting, and response policies and procedures
- C. Inmates/residents right to be free from sexual abuse and sexual harassment, and the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment
- D. The dynamics of sexual abuse and sexual harassment in confinement
- E. The common reactions of sexual abuse and sexual harassment victims
- F. How to detect and respond to signs of threatened and actual sexual abuse
- G. How to avoid inappropriate relationships with inmates/residents
- H. How to communicate effectively and professionally with everyone, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming persons
- I. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities
- J. All such training shall be tailored to the gender of the inmates/residents at the employee's facility, and employees shall receive additional training if the employee is reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa;
- K. Each employee will complete refresher training at least every two (2) years to ensure that all employees know the WVDCR's current sexual abuse and sexual harassment policies and

procedures; in years in which an employee does not receive refresher training, the employee shall be provided refresher information on current sexual misconduct policies.

L. All such training shall be documented through employee signature or electronic verification that employees understand the training they have received.

Comments:

At the time of the on-site audit, there were no transgender or intersex inmates housed at this facility. All individuals interviewed (superintendents, staff, and inmates) stated that no cross-gender searches, visual body cavity searches or pat-downs have occurred. Inmates confirmed during interviews, Correctional Officers of the opposite sex always announce themselves when entering the housing units.

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| 115.216 | <b>Residents with disabilities and residents who are limited English proficient</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <b>Auditor Discussion</b>   |
|         | <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)</p> <p>Proprio Language Services Contract</p> <p>Interviews:</p> <p>Interview with Commissioner and Assistant Commissioner Interviews with staff</p> <p>Interviews with inmates</p> <p>Site Review</p> <p>Inmate Handbook, PREA related Posters</p> <p>In the past 12 months, the number of instances where inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations: 0</p> <p>Policy # 430.00, page 6 K states: Facilities shall take reasonable steps to ensure all offenders with disabilities and those who are limited English proficient have meaningful access and equal opportunity to participate in or benefit from all aspects of the DCR's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility shall use the contracted translation services to facilitate communication with the offender.</p> <p>Policy # 430.00, page 6 – 7 L states: Written materials will either be delivered in alternative formats that accommodate the offender's disability or the information will be delivered through alternative methods, that ensure effective communication with offenders with disabilities, including those with intellectual disabilities, limited reading skills, or no or low vision. Reading the information to the offender or communicating through an interpreter, will ensure that they understand the PREA related material. In addition to providing such education, the facility shall ensure that key information is continuously and readily available to offenders through posters, or other written formats.</p> <p>Policy # 430.00, page 7 M states: Only staff members or qualified contractors will provide translation for offenders. The DCR shall not rely on offender interpreters, readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-response duties, or the investigation of the offender's allegations.</p> <p>Comments:</p> <p>Comments:</p> <p>Interviews with random staff indicated that staff would not rely on an inmate to translate for</p> |

another inmate in making a report of sexual abuse or sexual harassment absent an emergency or exigent circumstance. Interpretive services would be accessed through Proprio Language Services. Staff interviewed was aware of how these services are accessed. The facility did not house any LEP residents during the onsite visit. Per the PAQ Proprio Language Services have not been utilized in the last twelve months. Written materials are given to inmates when they arrive at the facility and PREA signage is posted around the facility. Inmates who have cognitive and developmental disabilities would have staff to assist them with PREA information and would be able to answer related questions. No inmates were identified as LEP or with cognitive disabilities during the onsite portion of the audit.

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| 115.217 | <b>Hiring and promotion decisions</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)</p> <p>Personnel Files of Staff who were hired or promoted in last twelve months for criminal background checks and past conduct</p> <p>Personnel Files of Staff five-year background records checks</p> <p>Interview with Human Resources Staff</p> <p>Review of Entry Level Oral Interview Questionnaire</p> <p>In the past 12 months:</p> <p>The number of persons hired who may have contact with inmates who have had criminal background record checks: 11</p> <p>The percent of person hired who may have contact with inmates who have had criminal background record checks: 100%</p> <p>In the past 12 months:</p> <p>The number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates: 0</p> <p>The percent of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates: NA</p> <p>A review of Entry Level Oral Interview questions showed the following:</p> <ul style="list-style-type: none"> <li>• What will you do if you see a co-worker breaking the rules or regulations?</li> <li>• If you see a co-worker making inappropriate comments or behavior in a sexual manner to an inmate, what would you do?</li> <li>• Have you ever engaged in sexual abuse or sexual misconduct in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?</li> <li>• Have you ever been criminally convicted of engaging or attempting to engage in coerced or forced sexual activity, including any type of sexual misconduct or sexual harassment?</li> <li>• Have you ever been civilly or administratively found liable for engaging in coerced or forced sexual activity, including any type of sexual misconduct or sexual harassment?</li> </ul> <p>Policy # 430.00, page 7 N states: All individuals who may have contact with offenders will be asked to disclose previous misconduct during interviews for hiring, promoting or as part of reviews of current employees. Employees shall have a continuing affirmative duty to disclose</p> |

any such misconduct. DCR shall not hire, promote or enlist the services of any person who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse or has been civilly or administratively adjudicated to have engaged in such activity. The DCR shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or enlist the services of any contractor, who may have contact with offenders. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Policy # 430.00, page 7 O states: A background investigation will be completed before hiring or promoting employees, enlisting the services of contractors, interns or volunteers. The DCR shall conduct criminal background checks of all employees, volunteers, interns and contractors every four years.

Policy # 430.00, page 7 P states: Consistent with Federal, State, and local law, the DCR must make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Unless prohibited by law or policy, the DCR shall provide information on substantiated allegations of sexual abuse or sexual harassment involving former employees upon receiving a request from an institutional employer from whom the employee has applied to work.

Comments:

Files of staff were reviewed for compliance of this standard. All files reviewed had up-to-date criminal history checks. By utilizing pre-hire criminal background checks, reviewing the questionnaire (noted above), on-going criminal background checks, and human resource standards, it appears that no staff has been hired or promoted that has had an incident of sexual abuse or sexual harassment.

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| 115.218 | <b>Upgrades to facilities and technology</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <b>Auditor Discussion</b>   |
|         | <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)</p> <p>Interview with Commissioner and Assistant Commissioner</p> <p>Interview with Superintendent</p> <p>2020 Staffing Plan Review</p> <p>Site Review</p> <p>Observed the new building with state- of- the- art video surveillance system.</p> <p>Policy # 430.00, page 7 Q states: When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the DCR shall consider the effect of the design, acquisition, expansion, or modification upon the DCR's ability to protect offenders from sexual abuse. The PREA Compliance Manager will be responsible for consulting with the Office of PREA Compliance, when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the DCR shall consider how such technology may enhance the DCR's ability to protect offenders from sexual abuse.</p> <p>Comments:</p> <p>Charleston Correctional Center and Jail was opened on May 1, 2015 to replace the Charleston Work Release Center which had been in operation since 1972. The building has been extensively renovated, with state of the art video surveillance system. The facility has 96 beds for work-release offenders, in male and female dorms, and a separate 32-bed Residential Substance Abuse Treatment (RSAT) unit for female offenders.</p> <p>Additional cameras have been installed in the sleeping areas for all dormitories, all four classrooms, and the Body Scanner Room. These cameras are monitored by correctional staff in the Control Room 24 hours per day and are also accessible via desktop computer by the Superintendent, Deputy Superintendent, and Chief of Security. Interviews verified that offenders are aware of cameras on living units and facility's requirement to dress/undress in bathroom area. Additional, wiring has been installed to mount additional cameras for the exterior of the facility to provide coverage under an exterior stairway and the stairway itself. The expected completion date is June 2021.</p> |

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| 115.221 | <b>Evidence protocol and forensic medical examinations</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)</p> <p>West Virginia State Police Service Agreement</p> <p>Agreement between The West Virginia Division of Corrections and Rehabilitation AND WV Foundation for Rape Information and Services (WVFRIS)</p> <p>Interviews:</p> <p>Interview with PREA Compliance Manager</p> <p>Interviews with Residents who Reported Sexual Abuse</p> <p>In the past 12 months:</p> <p>The number of forensic medical exams conducted: 0</p> <p>The number of exams performed by SANEs/SAFEs: 0</p> <p>The number of exams performed by a qualified medical practitioner: 0</p> <p>Policy # 430.00, page 17 F states: Administrative and criminal investigations shall be conducted in accordance with best practice for the investigation of sexual assault and shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative procedures and criminal prosecutions. The protocol shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.</p> <p>Policy # 430.00, page 17 I states: As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.</p> <p>Policy # 430.00, page 16 E states: When an outside agency investigates sexual abuse, the DCR shall request that the investigating agency follow the Medical and Mental Health requirements of this policy. CID shall endeavor to remain informed about the progress of the investigation and regularly update Office of PREA Compliance throughout the investigative process.</p> <p>Policy # 430.00, page 20 B states: Victims of sexual abuse shall receive timely, unimpeded</p> |



access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. All victims of sexual abuse shall be offered access to forensic medical examinations at the facility or an outside facility, such examinations shall be performed by a Sexual Assault Forensic Examiners (SAFE's) or Sexual Assault Nurse Examiners (SANE's) where possible. The DCR shall document efforts to provide SAFE's or SANE's if one is not available, the examination can be performed by other qualified medical practitioners. Treatment shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Policy # 430.00, page 20 C states: The facility will use the list of local hospitals that employ a SANE (Sexual Assault Nurse Examiner), to determine the appropriate medical provider to transport to. Any refusal by the offender to undergo the forensic exam must be documented. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.

Policy # 430.00, pages 20 - 21 D states: The DCR shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the DCR shall provide a qualified staff member to provide these services. Agencies shall document efforts to secure services from rape crisis centers. If requested by the victim, a victim advocate, qualified DCR staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. To the extent the DCR itself is not responsible for investigating allegations of sexual abuse the DCR shall request that the investigating agency follow the requirements within policy.

Comments:

The agency investigators complete administrative investigations. Criminal Investigations are completed by the West Virginia State Police. The written agreement between the agency and the WV State Police is for the purpose of responding, investigating and if needed legally charging sexual assault/rape perpetrators for incidents that occur while incarcerated at any of the West Virginia Prison or Work Camp. Partnership will commence on any date set forth and will be managed and maintained in compliance with PREA Standards.

The agreement between the West Virginia Division of Corrections and Rehabilitation and the West Virginia Foundation for Rape Information and Services and its Partnering Agencies is quite extensive. It provides a lengthy description of the "Scope of Work" including training, number of victim services hours, creation of a brochure, statewide MOU, safety and security, confidentiality, criminal background checks) and Terms and Conditions (Scope of Services, Term, Accounting and Payment for Contractor Services, Delegation and Subcontracting, Contractor Relationship, No Guarantee of Employment, Regulations and Requirements, Right to Review, Modifications, Termination for Default, Termination for Any Other Reason, Termination Due to Insufficient Funds, Termination Procedure, Defense and Indemnity Agreement, Confidentiality and Disclosure, Requests for Information, Venue and Choice of Law, State Employees, Insurance, Rights and Remedies, Patents, Ownership of Items Produced, Clean Air and Water, Non-Discrimination, Third Party Beneficiaries, Standard of Care, Time is of the Essence, Notice, Severability, Waiver, Construction, Prison Rape

Elimination Act Compliance, Entire Agreement.

The interview with the agency Investigator verified the protocol taken in evidence collection. The interviews with staff showed that they were aware of the format to collect evidence if required to do so. West Virginia Foundation for Rape Information and Services indicated that the facility contacts them upon the need for a victim advocate at the hospital when an individual is transferred for the completion of a rape kit. Individuals are transferred to the Hospital for the procedure.

The PREA Compliance Manager stated that no victim is ever charged for any examination, medical follow-up or advocacy services (to include psychiatric care) related to sexual abuse or harassment. Additionally, all stated that forensic (PREA) examinations do not occur at the facility.

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| 115.222 | <b>Policies to ensure referrals of allegations for investigations</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)</p> <p>Interview with Commissioner and Assistant Commissioner</p> <p>Interview with Investigative Staff</p> <p>In the past 12 months:</p> <p>The number of allegations of sexual abuse and sexual harassment that were received: 3</p> <p>The number of allegations resulting in an administrative investigation: 3</p> <p>The number of allegations referred for criminal investigation: 0</p> <p>Policy # 430.00, page 16 A states: Protection of witnesses and the victim shall be paramount throughout the investigation process. The Office of PREA Compliance, in conjunction with the facility PCM shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <ol style="list-style-type: none"> <li>1. Individuals conducting these investigations will receive specialized training.</li> <li>2. Staff members, as designated by the Superintendent, shall do an inquiry on offender on offender, harassment allegations.</li> <li>3. CID investigators will conduct investigations on all staff on offender allegations and offender on offender sexual abuse allegations.</li> <li>4. CID investigators will be primarily responsible for contacting and referring criminal allegations and assisting as needed with the investigation.</li> <li>5. Investigations will be promptly, thoroughly, and objectively completed for all allegations, including third party and anonymously reported allegations. The reports and all related documentation are to be entered in the appropriate tracking system.</li> <li>6. Staff having any knowledge of or reason to suspect that sexual misconduct has taken place, is subject to questioning by person(s) investigating such allegations. Failure to cooperate with the investigation, such as withholding known information, withholding evidence or giving false statements will result in disciplinary action.</li> </ol> <p>Policy # 430.00, page 17 E states: When an outside agency investigates sexual abuse, the DCR shall request that the investigating agency follow the Medical and Mental Health requirements of this policy. CID shall endeavor to remain informed about the progress of the investigation and regularly update Office of PREA Compliance throughout the investigative progress.</p> |

Policy # 430.00, page 16 C states: Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

Comments:

All PREA allegations are reported to the PREA Compliance Manager. She forwards the report to the assigned facility investigator and the Office of PREA Compliance. All allegations are investigated. All staff are mandated reporters, meaning if a staff member hears a rumor from another resident of an alleged incident, it will be taken seriously and investigated. If an allegation meets the level of a criminal action, the complaint is sent to the West Virginia State Police.

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| 115.231   | <b>Employee training</b> |
| <b>Auditor Overall Determination:</b> Meets Standard  |                          |
| <b>Auditor Discussion</b>   |                          |
| <p>Material Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)</p> <p>Policy Directive #111; Subject: Training and Employee Development</p> <p>Proprio Language Services Instructions</p> <p>WVDCR Orientation PREA Training / Training Curriculum/Instruction Cross Gender Viewing/Searches</p> <p>Curriculum / Lesson Plan - Prison Rape Elimination Act for Employees and Contract Staff<br/>PREA Training Orientation - Handout</p> <p>Interview with Contractors who have Contact with Residents</p> <p>Site Review</p> <p>Review of Staff Training Records</p> <p>Review of Volunteer / Contractors Training Records</p> <p>The PREA Lesson Plan Performance Objectives include: Defining WVDCR’s Zero Tolerance Policy and key definitions; Learn about resident’s right to be free of abuse, harassment and retaliation; Defining your responsibilities under WVDCR policy; Understand announcements and searches; List which residents are particularly vulnerable to abuse; Understand the common reactions to sexual abuse; Learn how to detect signs of threatened and actual sexual abuse; Define First Responder duties; Explain how to handle disclosures; Explain how to complete an incident report; Explain false reports and how to handle them; Learn how to communicate professionally and respectfully with residents, including LGBTI residents; and Define how to avoid (in) appropriate relationships.</p> <p>Policy Directive #111, page 5 – 6 states: OJT, Basic, and In-Service Training for any person who works in or with the WVDCR, including vendors, contractors, and volunteers, shall minimally include:</p> <ul style="list-style-type: none"> <li>A. The zero-tolerance policy for sexual abuse and sexual harassment</li> <li>B. How to fulfill their responsibilities under the WVDCR’s sexual misconduct prevention, detection, reporting, and response policies and procedures</li> <li>C. Residents/residents right to be free from sexual abuse and sexual harassment, and the right of residents and employees to be free from retaliation for reporting sexual abuse and scxua1 harassment</li> <li>D. The dynamics of sexual abuse and sexual harassment in confinement</li> </ul> |                          |

- E. The common reactions of sexual abuse and sexual harassment victims
  - F. How to detect and respond to signs of threatened and actual sexual abuse
  - G. How to avoid inappropriate relationships with residents/residents
  - H. How to communicate effectively and professionally with everyone, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming persons
  - I. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities
  - J. All such training shall be tailored to the gender of the residents/residents at the employee's facility, and employees shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa
  - K. Each employee will complete refresher training at least every two (2) years to ensure that all employees know the WVDCCR's current sexual abuse and sexual harassment policies and procedures; in years in which an employee does not receive refresher training, the employee shall be provided refresher information on current sexual misconduct policies
  - L. All such training shall be documented through employee signature or electronic verification that employees understand the training they have received.
- Policy # 430.00, page 8 B states: At a minimum, the training shall include the following information:
- 1. Sexual contact with an offender is prohibited,
  - 2. Offender's right to report if sexual contact occurs,
  - 3. The zero-tolerance policy against sexual abuse and sexual harassment within the DCR,
  - 4. How staff are to fulfill their responsibilities under the Division's sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures as defined in this policy,
  - 5. Offenders' right to be free from sexual abuse and sexual harassment,
  - 6. The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment,
  - 7. The dynamics of sexual abuse and sexual harassment in confinement,
  - 8. The common reactions of sexual abuse and sexual harassment victims,
  - 9. How to detect and respond to signs of threatened and actual sexual abuse,
  - 10. How to avoid inappropriate relationships with offenders,
  - 11. How to communicate effectively and professionally with offenders, including LGBTI or

gender nonconforming offenders,

12. How to comply with relevant laws of West Virginia related to mandatory reporting of sexual abuse to outside authorities.

13. Sexual Misconduct in Confinement Facilities

Policy # 430.00, page 8 D states: Staff training shall be appropriate to the gender of the offenders within the facility.

Policy # 430.00, pages 8 – 9 E states: The DCR shall provide employees with a yearly refresher to ensure that all employees know the current sexual harassment policies and procedures. Facilities shall ensure that volunteers and contractors who have contact with offenders have been trained on their responsibilities under the DCR's sexual abuse and sexual harassment prevention, detection and response policies and procedures. The level and type of training provided to volunteers and contractors shall be based on the services that they provide and level of contact they have with offenders, but all volunteers and contractors who have contact with offenders shall be notified on the DCR's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Policy # 430.00, page 8 C states: Each facility shall document through a Certificate of Understanding that staff, volunteers and contract employees have received and understand the training they have received. Documentation will be filed in the employee training folder and a copy will be sent to the Office of PREA Compliance.

Comments:

Training records are concise and easy to review. All file reviews showed that training is updated, signatures are readily available, and training is current. Interviews with staff show that they are aware of the components of PREA. Gender specific training is provided as needed. The facility provided PREA Lesson Plans and the Answer Key for training.

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| 115.232 | <b>Volunteer and contractor training</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)</p> <p>PREA Handout for Contractors and Volunteers</p> <p>Site Review</p> <p>Contractors and Volunteers PREA Training Acknowledgement Forms</p> <p>The number of volunteers and individual contractors, who have contact with residents, who have been trained in agency’s policies and procedures regarding sexual abuse/harassment prevention, detection, and response: 6</p> <p>The percent of volunteers and individual contractors, who have contact with residents, who have been trained in agency’s policies and procedures regarding sexual abuse/harassment prevention, detection and response: 100%</p> <p>Policy # 430.00, page 8 A states: A. All employees, contractors, volunteers and interns will receive training regarding DCR's zero tolerance policy regarding sexual misconduct. This training should be conducted during orientation, but no later than thirty (30) days after date of hire.</p> <p>Policy # 430.00, page 8 C states: Each facility shall document through a Certificate of Understanding that staff, volunteers and contract employees have received and understand the training they have received. Documentation will be filed in the employee training folder and a copy will be sent to the Office of PREA Compliance.</p> <p>Policy # 430.00, page 8 E states: The DCR shall provide employees with a yearly refresher to ensure that all employees know the DCR’s current sexual harassment policies and procedures. Facilities shall ensure that volunteers and contractors who have contact with offenders have been trained on their responsibilities under the DCR's sexual abuse and sexual harassment prevention, detection and response policies and procedures. The level and type of training provided to volunteers and contractors shall be based on the services that they provide and level of contact they have with offenders, but all volunteers and contractors who have contact with offenders shall be notified on the DCR's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents</p> <p>Comments:</p> <p>Interviews with staff confirmed they are aware of each of PREA’s components. Volunteers and Contractors receive the same training as staff. Review of training records show the facility is compliant with training for Staff and Contractors. An interview with a contractor confirmed she was knowledge of PREA polices and her responsibilities of reporting sexual abuse and responding to incidents.</p> |



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| 115.233 | <b>Resident education</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <b>Auditor Discussion</b>   |
|         | <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)</p> <p>PREA Orientation for Adult Offenders</p> <p>CCC Rules, Regulations Handbook &amp; Guide</p> <p>PREA Brochure</p> <p>Files of Residents</p> <p>Interviews with Staff</p> <p>Interviews with Residents</p> <p>Interviews with Intake Staff</p> <p>Site Review</p> <p>Review of PREA Posters Resident Training Files</p> <p>Resident PREA Acknowledgement Forms</p> <p>Of residents admitted during the past 12 months: 61</p> <p>The number who were given this information at intake: 61 The percent who were given this information at intake: 100%</p> <p>The number of residents transferred from a different Community confinement facility during the past 12 months: 7</p> <p>The number of residents transferred from a different community confinement facility, during the past 12 months, who received refresher information: 100%</p> <p>Policy # 430.00, page 9 – 10 A states: During the intake process, offenders shall receive educational information explaining, in an age appropriate fashion, the DCR's zero-tolerance policy on sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or harassment. This information shall be communicated verbally, in writing and in language clearly understood by the offender. The curriculum may be provided to offenders individually or in groups. At a minimum, the offender shall receive:</p> <ol style="list-style-type: none"> <li>1. Information regarding the agencies reporting procedures.</li> <li>2. Information related to access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations.</li> </ol> |

3. The facility shall inform offenders, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The facility shall enable reasonable confidential communication between offenders and these organizations.

4. The offender shall sign an acknowledgement of receiving the PREA training and PREA related materials. This documentation shall be placed in the offender's record.

5. For people detained solely for civil immigration purposes, the person will receive contact information for immigrant service agencies. The facility shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible.

6. Within thirty (30) days of intake, offenders shall receive comprehensive education regarding their rights to be free from sexual abuse, sexual harassment and retaliation for reporting such incidents and regarding DCR policies and procedures for responding to such incidents. Offenders should sign an acknowledgement of receiving training. If the acknowledgement is electronically signed, it shall be printed and placed in the offender's record.

7. It is mandatory that offenders attend PREA training. Offenders refusing, without good cause, shall be disciplined. The Facility PREA Compliance Manager or designee can make accommodations for offenders who have been previously sexually abused for who may have other good cause to find the training too difficult in a group setting.

Policy # 430.00, page 10 B states: When a new offender is received from another DCR facility, staff shall check the offender's Institutional Record for documentation that he or she has previously completed all PREA training. The offender shall be provided a handbook, if needed, and will be given PREA training to the extent that the procedures of the offender's new facility differ from those of the previous facility. If documentation is not found or if they leave custody and return, they shall be provided the required PREA training.

Policy # 430.00, page 6 – 7 L states: Written materials will either be delivered in alternative formats that accommodate the offender's disability or the information will be delivered through alternative methods, that ensure effective communication with offenders with disabilities, including those with intellectual disabilities, limited reading skills, or no or low vision. Reading the information to the offender or communicating through an interpreter, will ensure that they understand the PREA related material. In addition to providing such education, the facility shall ensure that key information is continuously and readily available to offenders through posters, or other written formats.

Policy # 430.00, page 10 A (4) states: The offender shall sign an acknowledgement of receiving the PREA training and PREA related materials. This documentation shall be placed in the offender's record.

Comments:

The auditor was unable to observe the intake process. Residents receive PREA information via written handout PREA Brochure and discussion. The Resident Handbook page 8 M states: Sexual Abuse/ Assault 1. See any member of the Unit Team if you would like information

about sexual abuse/ assault including; prevention/ intervention, self-protection, reporting sexual abuse/ assault and/ or counseling. Abuse can also be reported without cost using the telephones located in your dorm. All residents receive the PREA information during intake. For those residents who have limited English proficiency, the Proprio language lines are utilized. A visually impaired resident related that counselors will review the information for them. Posters are noted on the walls in comma areas.

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| 115.234 | <b>Specialized training: Investigations</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p>Materials reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)</p> <p>Verification of Training of Investigators/Records Miranda, Garrity, PREA, Training Curriculum</p> <p>Review of NIC Sexual Assault Victims in A Confinement Setting</p> <p>Training PREA – Report Writing Training</p> <p>NIC Investigating Sexual Abuse in a Confinement Setting</p> <p>Interviews with Investigative Staff</p> <p>The number of investigators the agency currently employs: 25</p> <p>The number of investigators currently employed who have completed the required training: 25</p> <p>Policy # 430.00, page 9 F states: In addition to the general training provided to all employees pursuant to § 115.31, the DCR shall ensure that, to the extent the DCR itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Corrections Investigations Division (CID) investigative staff shall receive additional specialized training on conducting sexual abuse investigations in confinement settings. Documentation will be filed in the employee training folder and a copy will be sent to the Office of PREA Compliance. This specialized training will include but is not limited to:</p> <ol style="list-style-type: none"> <li>1. Interviewing sexual abuse victims,</li> <li>2. Proper use of Miranda warnings and the Garrity rule,</li> <li>3. Sexual abuse evidence collection in confinement settings,</li> <li>4. The criteria and evidence required to substantiate a case for administrative action or prosecutorial referral.</li> </ol> <p>Comments:</p> <p>Charleston’s utilizes agency investigators for PREA incidents. Auditor verified training curriculum and certificates. These records include verification of NIC training PREA: Your Role Responding to Sexual Abuse, completion of the Miranda Rights and Garrity Warning Training, completion of the Report Writing – PREA Investigations and completion of the Interview of Sexual Assault Victims in a Confinement Setting and Investigating Sexual Abuse in a Confinement Setting. Investigators have also been trained on proper evidence collection.</p> |

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| 115.235 | <b>Specialized training: Medical and mental health care</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <b>Auditor Discussion</b>   |
|         | <p>Materials Reviewed</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)</p> <p>NIC Training Certificates Medical Health Care for Sexual Assault Victims in a Confinement Setting</p> <p>Interview with Counselor</p> <p>Interview with Medical Provider</p> <p>Site Review</p> <p>The number of all medical and mental health care practitioners who work regularly at this facility who received the training: 2</p> <p>The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 100%</p> <p>Policy # 430.00, page 9 G states: In addition to the general training provided by the facility during Orientation, all full- and part-time medical and mental health staff shall receive additional specialized training regarding victims of sexual abuse and sexual harassment. This training will be coordinated and completed by a qualified source. All medical staff must receive this training during orientation, but no later than one (1) month of the effective date of hire. Contracted medical staff employed by the DCR will not conduct forensic examinations.</p> <p>This specialized training will include, but is not limited to:</p> <ol style="list-style-type: none"> <li>1. How to detect and assess signs of sexual abuse and sexual harassment;</li> <li>2. How to preserve physical evidence of sexual abuse;</li> <li>3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment;</li> <li>4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</li> </ol> <p>Comments:</p> <p>The interview with the Counselor confirmed not only do they complete the required training at the facility and online through NIC, but also through Wexford. Wexford provides required training dedicated to PREA. The training logs for Health Services staff confirmed completion of required facility training. PrimeCare training records are not kept on site. Medical staff do not conduct forensic examinations; SANE exams are conducted at a local hospital.</p> |

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| 115.241 | <b>Screening for risk of victimization and abusiveness</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p>Materials Reviewed</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)</p> <p>PREA Screening Instrument – Initial and Reassessment</p> <p>Interviews with Residents</p> <p>Interviews with Staff Responsible for Risk Screening</p> <p>Interview with Director of PREA Compliance</p> <p>Interview with PREA Coordinator</p> <p>Interview with Compliance Manager</p> <p>Policy # 430.00, page 10 A states: All offenders shall be assessed individually and in a private setting during intake screening and upon transfer to another facility for their risk of being sexually abused by other offenders or sexually abusive toward other offenders prior to housing in general population.</p> <p>Policy # 430.00, pages 10 – 11 B states: The screening will occur:</p> <ol style="list-style-type: none"> <li>1. Within 72 hours of intake,</li> <li>2. Upon transfer to a new facility,</li> <li>3. After an incident of sexual abuse,</li> <li>4. Or when warranted due to a referral, request, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness.</li> </ol> <p>Policy # 430.00, page 10 – 11 C states: This shall be accomplished by using an objective PREA Screening Instrument to gather the following information:</p> <ol style="list-style-type: none"> <li>1. Known or perceived gender nonconforming appearance or identifies as lesbian, gay, bisexual, transgender or intersex (LGBTI) and whether the offender may therefore be vulnerable to sexual abuse</li> <li>2. Whether the offender has a mental, physical, or developmental disability</li> <li>3. Offender's age and physical build</li> <li>4. Current charge, offense history and whether the offender has been previously incarcerated for convictions for sex offenses against an adult or child or a history of acts of sexual abuse</li> </ol> |

5. Whether the offender's criminal history is exclusively non-violent
6. Whether the offender has previously experienced sexual victimization
7. The offender's own perceptions of her or his vulnerability
8. Any specific information about individual offenders that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other offenders
9. Whether the offender is detained solely for civil immigration purposes.

Policy # 430.00, page 11 D/E states: The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the DCR, in assessing offenders for risk of being sexually abusive. This information shall be ascertained through:

1. Conversations with the offenders during the intake process
2. Medical and mental health screenings
3. During classification assessments
4. By reviewing court records, case files, facility behavioral records, and other relevant documentation from the offender's files.

Policy # 430.00, page 11 F states: Facility staff and contractors involved in the assessment process will not disseminate responses to the screening questions or other sensitive information which may be exploited to the offender's detriment by staff or other offenders. Offenders determined to be at risk for sexual victimization if assigned to general population will be identified. This information will be documented in the offender's file, and in the appropriate database. Offenders may not be disciplined for refusing to answer or for not disclosing complete information. If an offender refuses to disclose the information requested, housing placement should be based on a review of the offender's records.

Policy # 430.00, pages 11 - 12 G states: The Superintendent shall designate specific staff to complete PREA reassessments. PREA reassessment shall be completed within a set time period, not exceed 30 days from the offender's arrival at the facility. The facility will reassess the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

Comments:

The WV Division of Corrections & Rehabilitation, PREA Screening Instrument the Initial Assessment and Reassessment was reviewed and contains all the elements of 115.41 (d) (e). The completion of the Initial Assessment occurs during the intake process. Staff are required to encourage the residents to respond to the questions to better protect them but staff are prohibited from disciplining them for not answering any of the questions.. The screening process considers minimally, the following criteria to assess inmates's risk of sexual victimization: whether the resident has a mental, physical , or developmental disability; the age of the resident, the physical build; whether the resident have previously been incarcerated; whether the resident's criminal history is exclusively nonviolent; whether the resident has prior conviction for sex offenses against an adult or child; whether the resident is

perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming, whether the resident has previously experienced sexual victimization., the resident's own perception of vulnerability and whether the resident is detained solely for civil immigration purposes.

Policy requires offenders whose risk screening indicates a risk for victimization or abusiveness is required to be reassessed based upon any additional information and due to a referral, report or incident of sexual abuse. Counselors at the facility ensure completion of the Reassessments within 30 days of admission to the facility. When Assessments and Reassessments are completed, the forms are placed in the resident's files. These files are kept behind a locked door with limited access to staff. Potential victim or predators are noted, an "Alert" is placed in their database. This information is for housing and work assignments.



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| 115.242 | <b>Use of screening information</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <b>Auditor Discussion</b>   |
|         | <p>Materials Reviewed</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)</p> <p>Policy Directive #411.00; Subject: Gender Nonconforming Residents</p> <p>Interview with PREA Compliance Manager</p> <p>Interview with Staff Responsible for Risk Screening</p> <p>Interviews with Transgender/Intersex/Gay/Lesbian Residents NA</p> <p>Site Review</p> <p>Resident File Review</p> <p>Policy # 430.00, page 12 H states: The PREA screening assessment information shall be used to make decisions regarding, housing, bed, work, education, and program assignments. The goal of the DCR is to keep offenders that are at high risk for being sexually victimized from those at high risk of being sexually abusive. The facility shall make individualized determinations about how to ensure the safety of each offender.</p> <p>Policy # 430.00, page 12 I states: The DCR shall not consider Lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. The facility shall consider the offender's health and safety when determining placement. In deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, and in making other housing and programming assignments, the DCR shall consider on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether the placement would present management or security problems.</p> <p>Policy # 430.00, page 12 K states: All staff, volunteers, and contractors will communicate with, treat, and talk about any offender who is LGBTI, or perceived to be LGBTI, in a professional and respectful manner. Placement and programming assignments for each transgender or intersex offender shall be reassessed twice a year. Staff will take into consideration the facility population, staffing patterns, physical layouts and legal requirements. LGBTI offenders will not be placed in dedicated facilities or units solely based on such identification or status. A transgender or intersex offender's own views with respect to his or her own safety shall be given serious consideration. Transgender and intersex offenders shall be given the opportunity to shower separately from other offenders.</p> <p>Comments:</p> <p>When Assessments and Reassessments are completed, the forms are placed in the resident files. These files are kept behind a locked door with limited access. LGBTI residents are not housed in dedicated housing units; they are housed in general population. Assessment and</p> |

Reassessment are used to determine housing assignments and programing. DCR considers LGBTI housing assignments on a case-by-case basis whether the placement ensures the offender's health and safety, and whether the placement would present security problems.

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| 115.251 | <b>Resident reporting</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p>Materials Reviewed</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)</p> <p>Resident Handbook</p> <p>PREA Brochure</p> <p>Agreement with FRIS</p> <p>PREA Acknowledgement Form</p> <p>Interviews of Staff</p> <p>Interviews of Residents</p> <p>Interview of PREA Compliance Manager</p> <p>Site Review</p> <p>PREA Posters</p> <p>PREA Poster for Reporting Sexual Abuse</p> <p>Phones Located in Dorms</p> <p>Policy # 430.00, page 13 A states: Offenders shall be provided multiple internal and external ways to privately report sexual misconduct, retaliation by other offenders or staff for reporting sexual abuse, sexual harassment, staff neglect or violation of responsibilities that may have contributed to such incidents. The DCR shall also provide at least one way for offenders to report abuse or harassment to a public or private entity or office that is not part of the DCR, and that is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to DCR officials, allowing the offender to remain anonymous upon request. Offenders detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. The DCR shall distribute publicly through the DCR website the e-mail, address and information on how to report sexual abuse and sexual harassment on behalf of the offender and the DCR policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigations.</p> <p>Policy # 430.00, page 13 B states: All employees, contractors, volunteers and interns are mandatory reporters and shall accept verbal, written, anonymous and third-party allegations from offenders who observe, are involved in, or have any knowledge, information or suspicion of sexual abuse, harassment, or an inappropriate relationship. All reports shall be promptly documented and reported to the facility Superintendent and facility PCM. Staff may be subjected to disciplinary action if they do not report such conduct. Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to</p> |

report sexual abuse.

Policy # 430.00, page 14 C states: Staff can privately report information about sexual assault and sexual harassment by submitting a confidential report to the Superintendent, PREA Compliance Manager or the Office of PREA Compliance.

Comments:

Both staff and residents were able to share the different ways they could report privately, anonymously, and without leaving their name. Most residents interviewed related they would call the Hotline or tell a staff member. Staff stated if they received a report in any form, written or verbal, they would immediately report the incident and complete an Incident Report by the end of their shift.

Each dorm has telephones that can be utilized to call the rape crisis hotline to reporting sexual abuse or sexual harassment. The telephones have the phone numbers to the crisis line and the PREA reporting line. The calls are at no cost to the resident. A test of the phone by the auditor confirmed that it connected to the crisis line.

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| 115.252 | <b>Exhaustion of administrative remedies</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p>Materials Reviewed</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)</p> <p>Resident Handbook</p> <p>Interview with Residents who report Sexual Abuse NA</p> <p>The past 12 months:</p> <p>The number of grievances filed that alleged sexual abuse: 0</p> <p>The number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: 0</p> <p>The number of grievances alleging sexual abuse that involved extension that final decision was not reached within 90 days: 0</p> <p>The number of grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident’s decision to decline: 0</p> <p>The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0</p> <p>The number of those grievances that had an initial response within 48 hours: 0</p> <p>In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith: 0</p> <p>The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days: 0</p> <p>Policy # 430.00, page 14 D states: An offender may also report abuse by using the DCR grievance process. There is no time limit on when an offender may submit a grievance regarding an allegation of sexual abuse. The DCR may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. The DCR shall not require an offender to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Nothing in this section shall restrict the DCR’s ability to defend against an offender lawsuit on the ground that the applicable statute of limitations has expired. The agency shall ensure that;</p> <ol style="list-style-type: none"> <li>1. An resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and</li> <li>2. Such grievance is not referred to a staff member who is the subject of the complaint.</li> </ol> |

Policy # 430.00, page 14 E states: DCR shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.

Policy # 430.00, page 14 F states: Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, are permitted to assist offenders in filing reports or grievances and requests for administrative remedies relating to allegations of sexual abuse. Third parties are also permitted to file such requests on behalf of offenders. CID will discuss the allegation with the alleged victim and proceed with an investigation if the allegation occurred in a correctional setting.

Policy # 430.00, page 14 G states: After receiving a PREA emergency grievance alleging an offender is subject to substantial risk of imminent sexual abuse, it must be forwarded to the Superintendent or designee for immediate action. An initial response will be provided within 48 hours and a final decision shall be within 5 calendar days. The initial response and final DCR decision shall document the DCR's determination whether the offender is in substantial risk of imminent sexual abuse and action taken in response to the emergency grievance.

Policy # 430.00, page 14 H states: Offenders may be disciplined for filing a grievance related to alleged sexual abuse only where the DCR demonstrates that the offender filed the grievance in bad faith.

Comments:

Offenders may report sexual abuse or sexual harassment by using the WVDCR grievance process. These grievances will be forwarded to the Superintendent or designee for immediate action. There is no time limit on when an offender may submit a grievance regarding an allegation of sexual abuse. The DCR does not require an offender to use any informal grievance process when reporting sexual abuse or sexual harassment.

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| 115.253 | <b>Resident access to outside confidential support services</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p>Materials Reviewed</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA) Handbook</p> <p>Brochure - PREA MOU – WVFRIS</p> <p>Memo Dated Oct 2019 Interviews with Residents</p> <p>Interviews with Residents who Reported Sexual Abuse - NA Site Review</p> <p>PREA Posters</p> <p>Hotline number with dialing instructions</p> <p>Policy # 430.00, page 9 A states: During the intake process, offenders shall receive educational information explaining, in an age appropriate fashion, the DCR's zero-tolerance policy on sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or harassment. This information shall be communicated verbally, in writing and in language clearly understood by the offender. The curriculum may be provided to offenders individually or in groups. At a minimum, the offender shall receive:</p> <ol style="list-style-type: none"> <li>1. Information regarding the agency's reporting procedures.</li> <li>2. Information related to access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations.</li> <li>3. The facility shall inform offenders, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The facility shall enable reasonable confidential communication between offenders and these organizations.</li> <li>4. The offender shall sign an acknowledgement of receiving the PREA training and PREA related materials. This documentation shall be placed in the offender's record.</li> <li>5. For people detained solely for civil immigration purposes, the person will receive contact information for immigrant service agencies. The facility shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible.</li> <li>6. Within thirty (30) days of intake, offenders shall receive comprehensive education regarding their rights to be free from sexual abuse, sexual harassment and retaliation for reporting such incidents and regarding DCR policies and procedures for responding to such incidents. Offenders should sign an acknowledgement of receiving training. If the acknowledgement is</li> </ol> |

electronically signed, it shall be printed and placed in the offender's record.

7. It is mandatory that offenders attend PREA training. Offenders refusing, without good cause, shall be disciplined. The Facility PREA Compliance Manager or designee can make accommodations for offenders who have been previously sexually abused or who may have other good cause to find the training too difficult in a group setting.

Policy # 430.00, page 14 I states: The DCR shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The DCR shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

Comments:

The facility maintains a Memoranda of Understanding with a multiple agency group, referred to as FRIS, services provided by FRIS includes a hotline for residents to call 24/7 and for an advocate to meet the resident either at the prison or hospital to provide emotional support through the forensic process and any investigatory interviews if requested by the resident. Interviewed residents indicated they are aware of the outside advocacy services available to them. Most residents interviewed stated they would make a report by utilizing the PREA Hotline.



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| 115.254 | <b>Third party reporting</b>   |
|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Materials Reviewed</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)</p> <p>West Virginia Division of Corrections and Rehabilitation Website</p> <p>Charleston Correctional Center &amp; Jail Handbook</p> <p>WV DCR Handbook</p> <p>The resident handbook states: If you have been assaulted or witness an assault, or if you are a victim of sexual abuse or witnessed resident-on-resident or staff sexual misconduct report it to any WVDCR staff, you may fill out a grievance form, write a note, request to see the nurse or counselor; or you may use the Confidential Sexual Abuse Hotline by dialing *9078 on the resident phones. Anonymous letters can be written to the WV Fusion Center at 1900 Kanawha Boulevard, Bldg. 1, West Wing, Suite W-400 Charleston, WV 25305. Attn: WVDCR. Your family can also report it by sending an e-mail to <a href="mailto:WVDCRPREA@WV.GOV">WVDCRPREA@WV.GOV</a>.</p> <p>A search of the West Virginia Division of Corrections and Rehabilitation showed a section for “Reporting Sexual Abuse” it states: If you were the victim of sexual misconduct while in custody in West Virginia, or if you know of a person in custody in West Virginia who was a victim, you may report it to the WV Division of Corrections and Rehabilitation by using the following methods:</p> <ul style="list-style-type: none"> <li>• If you were, or are, in custody at a WV juvenile center or facility, please call 1-855-366-0015.</li> <li>• If you were, or are, in custody at a WV jail facility, you may call (304) 558-2036 and ask for the PREA Coordinator. You may also email <a href="mailto:dcrprea@wv.gov">dcrprea@wv.gov</a>.</li> <li>• If you were, or are, in custody at a WV prison, you may call (304) 558-2036 and ask for the PREA Coordinator. You may also email <a href="mailto:dcrprea@wv.gov">dcrprea@wv.gov</a>.</li> </ul> <p>In case of email communications, please include the following:</p> <ul style="list-style-type: none"> <li>• Incident that occurred</li> <li>• Who was the victim?</li> <li>• Who was the suspect?</li> <li>• Time and date of sexual abuse</li> <li>• If requested, your anonymity will be protected.</li> </ul> <p>Policy # 430.00, page 13 A states: Offenders shall be provided multiple internal and external ways to privately report sexual misconduct, retaliation by other offenders or staff for</p> |

reporting sexual abuse, sexual harassment, staff neglect or violation of responsibilities that may have contributed to such incidents. The DCR shall also provide at least one way for offenders to report abuse or harassment to a public or private entity or office that is not part of the DCR, and that is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to DCR officials, allowing the offender to remain anonymous upon request. Offenders detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. The DCR shall distribute publicly through the DCR website the e-mail, address and information on how to report sexual abuse and sexual harassment on behalf of the offender and the DCR policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigations.

Policy # 430.00, page 13 B states: All employees, contractors, volunteers and interns are mandatory reporters and shall accept verbal, written, anonymous and third-party allegations from offenders who observe, are involved in, or have any knowledge, information or suspicion of sexual abuse, harassment, or an inappropriate relationship. All reports shall be promptly documented and reported to the facility Superintendent and facility PCM. Staff may be subjected to disciplinary action if they do not report such conduct. Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse.

Policy # 430.00, page 14 F states: Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, are permitted to assist offenders in filing reports or grievances and requests for administrative remedies relating to allegations of sexual abuse. Third parties are also permitted to file such requests on behalf of offenders. CID will discuss the allegation with the alleged victim and proceed with an investigation if the allegation occurred in a correctional setting.

Comments:

Interviews with residents and staff confirmed that all understand that the West Virginia Fusion Center is another format for third party reporting. The WVDCCR's website is clear on how to report sexual abuse. The resident handbook identifies ways to report PREA allegations to staff and third party reporting.

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| 115.261 | <b>Staff and agency reporting duties</b>  |
|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)</p> <p>Interview with Superintendent</p> <p>Interview with PREA Coordinator</p> <p>Interviews with Staff</p> <p>Interviews with Medical Staff</p> <p>Policy # 430.00, page 13 B states: All employees, contractors, volunteers and interns are mandatory reporters and shall accept verbal, written, anonymous and third-party allegations from offenders who observe, are involved in, or have any knowledge, information or suspicion of sexual abuse, harassment, or an inappropriate relationship. All reports shall be promptly documented and reported to the facility Superintendent and facility PCM. Staff may be subjected to disciplinary action if they do not report such conduct. Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse.</p> <p>Policy # 430.00, page 15 A states: The facility PCM will report all allegations of sexual abuse, including anonymous allegations to the Office of PREA Compliance. Staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation or other security and management decisions.</p> <p>Policy # 430.00, page 20 A states: Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical, and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments, or as otherwise required by Federal, State or local law. Such practitioners shall be required to inform offenders at the initiation of services of their duty to report and the limitations of confidentiality. Medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior victimization that did not occur in an institutional setting, unless the offender is under the age of 18.</p> <p>Comments:</p> <p>Staff interviews confirmed staff understood the requirements of reporting sexual abuse, whether they have direct or indirect knowledge or ever a suspicion. Medical staff stated that it is a requirement that they share with residents their duty to report and what is or is not confidential. All information received regarding sexual abuse and harassment is provided to the facility PREA Compliance Manager and Investigator, as well as the Office of PREA Compliance.</p> |

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| 115.262 | <b>Agency protection duties</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <b>Auditor Discussion</b>   |
|         | <p>Materials Reviewed</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)</p> <p>Interview with Commissioner and Assistant Commissioner</p> <p>Interview with Superintendent</p> <p>Interviews with Staff</p> <p>In the past 12 months, the number of times the agency or facility determined that an resident was subject to substantial risk of imminent sexual abuse: 0</p> <p>If the agency or facility made such determinations in the past 12 months, the average amount of time that passed before taking action: N/A</p> <p>The longest amount of time elapsed before taking action: N/A</p> <p>Policy # 430.00, page 15 B states: When facility staff learns that an offender is subject in substantial risk of sexual abuse, the facility shall assess and implement appropriate protective measures and shall take immediate action to protect the offender without unreasonable delay.</p> <p>Comments:</p> <p>All interviews conducted confirmed that imminent risk of abuse information is taken seriously, and action would be immediate. Action could include housing moves, review of behavioral history, assessments and any action necessary to keep the inmates safe.</p> <p>The Superintendent stated during interviews there has been no resident at risk of imminent sexual abuse in the past 12 months. All interviewed staff stated they would take a resident's report seriously and would act immediately by removing the resident from the source of the threat and keep that resident with them or take them to the Shift Supervisor to ensure the resident's safety until a decision could be made about where best to house the resident.</p> |

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| 115.263 | <p><b>Reporting to other confinement facilities</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Materials Reviewed</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)</p> <p>Interview with Commissioner and Assistant Commissioner</p> <p>Interview with Superintendent</p> <p>In the past 12 months, the number of allegations the facility received that an resident was abused while confined at another facility: 0</p> <p>What was the response to allegations: n/a</p> <p>In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0</p> <p>Policy # 430.00, page 15 C states: Within 72 hours of receiving an allegation that an offender was sexually abused while confined in another correctional facility, the Superintendent of the facility that received the allegation shall notify in writing the head of the facility or appropriate office of where the alleged abuse occurred and shall also notify the Office of PREA Compliance. The Superintendent can contact the other facility via phone before forwarding the report in writing. The facility shall document that it has provided such notification and ensure that the allegation is investigated in accordance with PREA standards.</p> <p>Comments:</p> <p>Interviews confirmed that when information is received about abuse that happened at another facility, the Superintendent is immediately notified. That individual would contact the appropriate Superintendent (or Warden) about the information received. This contact would be made telephonically and documentation would occur. The receiving location would initiate an investigation. The facility has received no reports that a resident was abused at another.</p> |
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| 115.264 | <b>Staff first responder duties</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <b>Auditor Discussion</b>   |
|         | <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)</p> <p>WVDCR Coordinated Response</p> <p>Interviews with Security Staff</p> <p>Interview with Medical</p> <p>In the past 12 months, the number of allegations that an resident was sexually abused: 2</p> <p>Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 2</p> <p>In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 2</p> <p>Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: 2</p> <p>Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 2</p> <p>Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 2</p> <p>Of the allegations that an resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0</p> <p>Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence: 0</p> <p>Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff: 0</p> |

Policy # 430.00, page 15 D states: Upon learning of an allegation that an offender was sexually abused, the first staff member to respond to the incident shall separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim and abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. When responding to incidences of sexual abuse, all first responders are required to follow the DCR coordinated response plan.

Comments:

Interviews with random staff, uniform staff and non-uniform staff, including medical Staff and mental health confirmed they are knowledgeable of their roles as first responders. They were able to recite the steps . They were consistent in their responses and responses were consistent with Policy.

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| 115.265 | <b>Coordinated response</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)</p> <p>Interview of Superintendent</p> <p>PREA Post Order Supervisor Checklist Health Services Checklist Form</p> <p>PREA Sexual Abuse Incident Review Form</p> <p>The Post Orders (First Responder Guidelines for Sexual Assaults) are detailed. It covers Purpose, Applicability, Responding to Reported or Observed Sexual Abuse (Allegations of Abuse, Initial Response, Victim, Aggressor, Transportation, Mental Health Response, Follow-up, Counselors and Victim Advocate).</p> <p>The three checklists; Supervisor, Health Services and PREA Sexual Abuse Incident Review are very detailed. All walk through a step by step checkoff system that allows for written details, whether each step was completed, the date and time and initials of the individual completing the list.</p> <p>The PREA Sexual Abuse Incident Review document includes:</p> <ul style="list-style-type: none"> <li>• The date and time of the Review,</li> <li>• Members of the Review Team and their signature,</li> <li>• Victim and Perpetrator,</li> <li>• Recommendations (policy and procedure, improvements regarding Prevention, Detection and Response,</li> <li>• The dynamics within the facility; i.e.: Race, Ethnicity, Gender Identity, Lesbian, Gay, Bi-Sexual, Transgender Intersex Identification, Resident Status, Perceived Status, and Gang Affiliation,</li> <li>• Was the dynamics recognized or addressed during the initial screening and classification,</li> <li>• Other group dynamics,</li> <li>• Physical Barriers,</li> <li>• Staffing Levels,</li> <li>• Monitoring Technology,</li> <li>• Were recommendations implemented,</li> </ul> <p>Policy # 430.00, page 15 D states: Upon learning of an allegation that an offender was</p> |



sexually abused, the first staff member to respond to the incident shall separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim and abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. When responding to incidences of sexual abuse, all first responders are required to follow the DCR coordinated response plan.

Comments:

The facility has a Coordinated Response Plan to ensure that during an emergency, the Coordinated Response Plan serves as the Emergency Plan, like other emergency plans required for secure facilities and the DCR. The Coordinated Response Plan provides guidance in notifying all parties when there is an allegation of sexual abuse.

The First Responder shall separate the alleged victim and abuser; maintain separation until the investigation is completed. Secure and protect the crime scene until the appropriate staff arrives and steps can be to collect any evidence. Notify the Shift Supervisor and request that alleged victim not take any actions that could destroy physical evidence and ensure the alleged abuser does not take any actions that could destroy physical evidence by placing them under observation.

The Shift Supervisor will act to ensure safety and security of the facility. Medical and the Superintendent are notified. The Superintendent will notify the DCR Command Center and the facility PREA Compliance Manager. The facility investigator will be notified as well. The facility will ensure emergency transportation for the alleged victim to the appropriate hospital for assessment.

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| 115.266 | <b>Preservation of ability to protect residents from contact with abusers</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <b>Auditor Discussion</b>   |
|         | <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)</p> <p>Interview with Commissioner and Assistant Commissioner</p> <p>Policy # 430.00, page 15 E states: DCR does not have the authority to enter into collective bargaining agreements pursuant to WV State Code.</p> <p>Comment:</p> <p>The Commissioner and Assistant Commissioner report that Collective Bargaining, as it is known in many states does not occur in the Corrections Field in West Virginia. Individuals may join CWA (union) that allows for grievances, but it does not allow bargaining for wage or working conditions.</p> |

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| 115.267 | <b>Agency protection against retaliation</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <b>Auditor Discussion</b>   |
|         | <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)<br/> Interview with Commissioner and Assistant Commissioner<br/> Interview with Superintendent</p> <p>Interview with Designated Staff Member Charged with Monitoring Retaliation Residents who Reported a Sexual Abuse</p> <p>The length of time that the agency/facility monitors the conduct or treatment: 90 days<br/> The number of times an incident of retaliation occurred in the past 12 months: 0</p> <p>The goal of the Office of PREA Compliance is to continually make every effort to prevent, detect, and respond to Sexual Abuse. PREA Standard§ 115.11 mandates that each facility designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.</p> <p>Policy # 430.00, page 15 F states: The DCR shall employ multiple protection measures, such as housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for offenders or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p>Policy # 430.00, pages 15 -16 G states: The DCR shall monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse for at least 90 days following a report of sexual abuse, to see if there are changes that may suggest possible retaliation by offenders or staff, and shall act promptly to remedy any such retaliation. Items the DCR should monitor include any offender disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The DCR shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. Such monitoring shall include periodic status checks. The obligation to monitor for retaliation shall terminate if the allegation is unfounded. If any individual who cooperates with an investigation expresses a fear of retaliation, the DCR shall take appropriate measures to protect that individual against retaliation. The facility shall act promptly to remedy any such retaliation. Action taken to protect Staff or offenders shall be documented and reported to the Office of PREA Compliance within 24 hours of the reported incident. Any effort to hinder or impede a Staff or an offender from reporting an incident or retaliation shall result in disciplinary action.</p> <p>Comments:</p> <p>The facility has named a Unit Manager at the Charleston Correctional Center as the staff member who will monitor for retaliation. Interviews confirmed staff knows that retaliation is not allowed. Staff are aware that they can be removed from their jobs.</p> |

The Retaliation Monitor described possible prevention measures including changing dorms, changing detail assignments, changing programs, etc. and for staff, placing them on “no-contact”, reviewing shift assignment changes, and performance reviews. Monitoring occurs every 30, 60, and 90 days and is documented on the Retaliation Monitoring Form. The PAQ indicates the facility has had no incidents of retaliation to occur in the past 12 months.

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| 115.271 | <b>Criminal and administrative agency investigations</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA) Curriculum: “Interview of Sexual Assault Victims in a Confinement Setting”</p> <p>Curriculum: “Miranda, Garrity, PREA and Such” Curriculum: “PREA Report Writing” Interview with Superintendent</p> <p>Interview with Director of the Office of PREA Compliance Interview with PREA Coordinator</p> <p>Interview with PREA Compliance Manager Interviews with Investigative Staff</p> <p>Interviews with Residents who Reported a Sexual Abuse Review of Investigative Files</p> <p>Review of Administrative Investigation reports</p> <p>The number of substantiated allegations of conduct that appear to be criminal in nature that were referred for prosecution since the last PREA audit or 2012: 1</p> <p>Policy # 430.00, page 16 A states: Protection of witnesses and the victim shall be paramount throughout the investigation process. The Office of PREA Compliance, in conjunction with the facility PCM shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <ol style="list-style-type: none"> <li>1. Individuals conducting these investigations will receive specialized training.</li> <li>2. Staff members, as designated by the Superintendent, shall do an inquiry on offender on offender harassment allegations.</li> <li>3. CID investigators will conduct investigations on all staff on offender allegations and offender on offender sexual abuse allegations.</li> <li>4. CID investigators will be primarily responsible for contacting and referring criminal allegations and assisting as needed with the investigation.</li> <li>5. Investigations will be promptly, thoroughly, and objectively completed for all allegations, including third party and anonymously reported allegations. The reports and all related documentation are to be entered in the appropriate tracking system.</li> <li>6. Staff having any knowledge of or reason to suspect that sexual misconduct has taken place, is subject to questioning by person(s) investigating such allegations. Failure to cooperate with the investigation, such as withholding known information, withholding evidence or giving false statements will result in disciplinary action.</li> </ol> <p>Policy # 430.00, page 17 G states: Investigators shall:</p> <ol style="list-style-type: none"> <li>1. Gather and/or preserve direct and circumstantial evidence, including any available</li> </ol> |

physical and DNA evidence and any available electronic monitoring data,

2. Interview alleged victims, suspected abusers, and witnesses,
3. Review prior complaints and reports of sexual abuse involving the suspected abuser,
4. Determine whether staff actions or failures to act contributed to the abuse and shall be documented in the reports.

Policy # 430.00, page 9 F states: In addition to the general training provided to all employees pursuant to § 115.31, the DCR shall ensure that, to the extent the DCR itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Corrections Investigations Division (CID) investigative staff shall receive additional specialized training on conducting sexual abuse investigations in confinement settings. Documentation will be filed in the employee training folder and a copy will be sent to the Office of PREA Compliance. This specialized training will include but is not limited to:

1. Interviewing sexual abuse victims,
2. Proper use of Miranda warnings and the Garrity rule,
3. Sexual abuse evidence collection in confinement settings,
4. The criteria and evidence required to substantiate a case for administrative action or prosecutorial referral.

Policy # 430.00, pages 17 - 18 J states: When the quality of evidence appears to support criminal prosecution, the DCR shall conduct compelled interviews only after consulting with prosecutors to determine whether compelled interviews may be an obstacle for subsequent criminal prosecution. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as an offender or staff. The DCR shall not require an offender who alleges unwanted forced sexual abuse to submit to a polygraph examination or other truth telling device as a condition of proceeding with the investigation of such an allegation. Investigations shall not be terminated solely because the source of the allegation recants the allegation.

Policy # 430.00, page 17 H states: The DCR shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Policy # 430.00, page 16 B states: Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Policy # 430.00, page 16 C states: Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

Policy # 430.00, page 17 D states: The DCR shall retain all written reports for as long as the

alleged abuser is incarcerated or employed by the DCR, plus five years.

Policy # 430.00, page 19 A states: The staff member shall be subject to disciplinary sanctions up to and including termination for violating DCR sexual abuse or sexual harassment policies, termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse. Disciplinary sanctions for violations of DCR policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of sexual abuse or harassment policies, or resignations by staff that would have been terminated if not for their resignation, will be documented and reported to law enforcement agencies, unless the act was clearly not criminal, and to any relevant licensing bodies. The departure of the alleged abuser or victim from the employment or control of the DCR shall not provide a basis for terminating an investigation.

Policy # 430.00, page 18 K states: At the conclusion of the investigation, the investigator will prepare an investigative report that documents a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings and all documentary evidence when feasible. The investigative findings will indicate whether the evidence supports a finding that sexual abuse has occurred (substantiated), the allegation is false (unfounded), or the evidence is inconclusive (unsubstantiated). If the case has not already been referred for criminal prosecution, the Investigator will refer substantiated allegations of conduct that appears to be criminal for prosecution in the county where the assault occurred. If any State entity or Department of Justice component conducts investigations shall do so pursuant to the above requirements.

Policy # 430.00, page 17 E states: When an outside agency investigates sexual abuse, the DCR shall request that the investigating agency follow the Medical and Mental Health requirements of this policy. CID shall endeavor to remain informed about the progress of the investigation and regularly update Office of PREA Compliance throughout the investigative process.

Comments:

The facility uses curriculums written for jail investigators. Such as:

- PREA – Report Writing; Prepared by D.L. Rosier, Jr., Former Deputy Director; DMAPS Investigation Unit
- Miranda, Garrity, PREA and Such; Prepared by Michael W. Parker, ESQ.; Randolph County Prosecuting Attorney
- Interview of Sexual Assault Victims in a Confined Setting; Prepared by D.L. Rosier, Jr., Former Deputy Director; DMAPS Investigation Unit

All investigators have been through the above training, the required facility training and the NIC investigators curriculums. Training was verified by review of the training files.

Comments:

This facility has had one allegations of sexual abuse since 2012 that was appeared to be criminal in nature. In an interview with the investigator included discussion on the format for making a referral for prosecution. Credibility of witnesses is based upon the findings, not on the status of a staff member or resident.



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| 115.272 | <b>Evidentiary standard for administrative investigations</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <b>Auditor Discussion</b>   |
|         | <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)</p> <p>Interviews with Investigative Staff</p> <p>Policy # 430.00, page 17 H states: The DCR shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Comments:</p> <p>Investigation files are fact and evidence driven, with no statements of opinions. The DCR Policy 430.00 requires that there shall be no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The Investigator affirmed in an interview, that the standard of evidence to substantiate an allegation of sexual abuse is “the preponderance of the evidence”.</p> |

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| 115.273 | <b>Reporting to residents</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)</p> <p>Interview with Superintendent</p> <p>Interviews with Investigative Staff</p> <p>Interviews with Residents who Reported a Sexual Abuse</p> <p>Review of Sexual Abuse Investigations</p> <p>Review of Resident Files In the past 12 months:</p> <p>The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility: 5</p> <p>Of the alleged sexual abuse investigations that were completed, the number of residents who were notified verbally or in writing of the results of the investigation: 5</p> <p>In the past 12 months:</p> <p>The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency: 0</p> <p>The number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 0</p> <p>In the past 12 months:</p> <p>The number of notifications to residents that were provided pursuant to this standard: The number of those notifications that were documented: 5</p> <p>There has been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against an resident in an agency facility in the past 12 months: 1</p> <p>Policy # 430.00, page 18 L states: Following an investigation into an offender's allegation that he or she suffered sexual abuse, the Facility PCM shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the facility did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the offender. Information given to the offender shall be documented.</p> <p>Policy # 430.00, page 18 N states: Following an offender's allegation that he or she has been sexually abused by another offender, the DCR shall subsequently inform the alleged victim whenever:</p> |

1. The DCR learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility,
2. The DCR learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Policy # 430.00, page 17 K states: At the conclusion of the investigation, the investigator will prepare an investigative report that documents a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings and all documentary evidence when feasible. The investigative findings will indicate whether the evidence supports a finding that sexual abuse has occurred (substantiated), the allegation is false (unfounded), or the evidence is inconclusive (unsubstantiated). If the case has not already been referred for criminal prosecution, the Investigator will refer substantiated allegations of conduct that appears to be criminal for prosecution in the county where the assault occurred. If any State entity or Department of Justice component conducts investigations shall do so pursuant to the above requirements.

Policy # 430.00, page 18 M states: Following a substantiated or unsubstantiated allegation that a staff member has committed sexual abuse against an offender, the facility shall subsequently inform the offender whenever:

1. The staff member is no longer posted within the offender's unit,
2. The staff member is no longer employed at the facility,
3. The facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility,
4. The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Policy # 430.00, page 18 O states: All notifications or attempted notifications shall be documented and sent to the offender's current DCR placement or address on file. The facility's obligation to report under this policy shall terminate if the offender is released from the Division's custody.

Comments:

The facility has had five allegations of sexual abuse or sexual harassment during the last 12 months; all investigations were completed by the facility.

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| 115.276 | <b>Disciplinary sanctions for staff</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)</p> <p>In the past 12 months:</p> <p>The number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 0</p> <p>The number of those staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0</p> <p>In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies: 0</p> <p>In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0</p> <p>Policy # 430.00, page 19 A states: The staff member shall be subject to disciplinary sanctions up to and including termination for violating DCR sexual abuse or sexual harassment policies, termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse. Disciplinary sanctions for violations of DCR policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of sexual abuse or harassment policies, or resignations by staff that would have been terminated if not for their resignation, will be documented and reported to law enforcement agencies, unless the act was clearly not criminal, and to any relevant licensing bodies. The departure of the alleged abuser or victim from the employment or control of the DCR shall not provide a basis for terminating an investigation.</p> <p>Comments:</p> <p>There have been no disciplinary sanctions or terminations of staff members, contractor or volunteers within the past 12 months. Staff and contractors who are found to have engaged in sexual abuse will be banned from all correctional institutions and subject to disciplinary actions including termination and may be referred for criminal prosecution. Contractors and volunteers will be banned from any contact with residents and reported to law enforcement, unless, the activity was not criminal. Appropriate licensing agencies will be notified.</p> |

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| 115.277 | <p><b>Corrective action for contractors and volunteers</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)</p> <p>Interview with Superintendent</p> <p>Interview with Contractor</p> <p>In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents: 0</p> <p>In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents: 0</p> <p>Policy # 430.00, page 19 B states: Any contractor, volunteer, intern or any individual who conducts business with or uses the resources of the DCR, who engages in, fails to report, or condones sexual abuse or sexual harassment of an offender shall be subject to appropriate disciplinary action. Retaliatory action against any individual who reports or is involved in a sexual abuse or sexual harassment investigation is strictly prohibited. Any contractor, volunteer, intern or any individual who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies and relevant licensing bodies.</p> <p>Comments:</p> <p>In an interview the Superintendent related; there have been no allegations made against any volunteer or contractor. The Superintendent indicated the volunteer or contractor would be prohibited from coming into the facility while the investigation is being conducted. If the investigation determined the allegation was substantiated, local law enforcement would be notified and a recommendation would be made to refer for prosecution</p> |
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| 115.278 | <b>Disciplinary sanctions for residents</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)</p> <p>Interview with Superintendent</p> <p>Interviews with Medical Staff In the past 12 months:</p> <p>The number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 2</p> <p>The number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0</p> <p>Policy # 430.00, page 19 C states: All sexual contact, whether voluntary or forced, between offenders is prohibited and subject to disciplinary action. Any mutual sexual contact between offenders is a rule violation but shall not constitute sexual abuse. Offenders shall be subject to disciplinary sanctions pursuant to an investigation that concluded that the offender engaged in offender-on-offender sexual abuse. Offenders may be charged with a facility rule violation even if they are also being charged within the court system. Sanctions shall be commensurate with the nature and circumstances of the abuse or harassment, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories. The disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to their behavior when determining what type of sanction, if any, should be imposed. The facility may discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact.</p> <p>Policy # 430.00, page 19 A states: When an offender is found guilty of Misconduct related to sexual abuse and the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.</p> <p>Policy # 430.00, page 20 B states: A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>Comments:</p> <p>During interviews with the Superintendent and medical staff they indicated the policy requires that the disciplinary process considers whether an offender's mental disabilities or mental illness contributed to behavior when determining what type of sanction, if any, will be imposed. And if the facility offers therapy, counseling or other interventions to address and correct underlying reasons or motivations for the abuse, the facility is required to consider whether to</p> |

offer the offending resident to participate in such interactions as a condition of access to programming or other benefits. Policy affirms that an offender may be disciplined for sexual contact with a staff member only upon finding that the staff member did not consent to such contact.

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| 115.282 | <b>Access to emergency medical and mental health services</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <b>Auditor Discussion</b>   |
|         | <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA) Medical – PREA Checklist</p> <p>PrimeCare Medical, Inc. / Policy Name: Response to Sexual Abuse; Number: C, J-F-06 Medical – PREA Checklist</p> <p>Interviews with Medical Staff</p> <p>Interview with Residents who Reported a Sexual Abuse Interview with Security Staff</p> <p>Interview with Non-Security Staff First Responders Medical and Mental Health Records</p> <p>On-site visit</p> <p>Review of medical records</p> <p>PCM policy, page 1, IV. States: PCM policy requires that a plan exists for responding immediately to allegations of sexual abuse. Sexual abuse within a correctional facility requires to closely coordinated efforts of PCM staff, facility administration and investigative agencies in order to ensure medical and safety needs are met, while preserving evidence.</p> <p>PCM policy, pages 7-8 states: Requires that victims of sexual abuse receive free access to emergency medical treatment and crisis intervention services. Also, victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception in accordance with professionally accepted standards of care. Also sexually transmitted infection prophylaxis must be offered where “medically” appropriate, as based solely on medical judgment within the professionally accepted standards of care.</p> <p>Policy # 430.00, page 20 B states: Victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. All victims of sexual abuse shall be offered access to forensic medical examinations at the facility or an outside facility, such examinations shall be performed by a Sexual Assault Forensic Examiners (SAFE's) or Sexual Assault Nurse Examiners (SANE's) where possible. The DCR shall document efforts to provide SAFE's or SANE's, if one is not available, the examination can be performed by other qualified medical practitioners. Treatment shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Policy # 430.00, page 20 C states: The facility will use the list of local hospitals that employ a SANE (Sexual Assault Nurse Examiner), to determine the appropriate medical provider to transport to. Any refusal by the offender to undergo the forensic exam must be documented. If</p> |



no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.

Policy # 430.00, page 21 E states: Victims of sexual abuse shall be offered information about timely access to emergency contraception, pregnancy tests and sexually transmitted disease testing and treatment, in accordance with professionally accepted standards and policies of care, where medically appropriate. If pregnancy results due to the sexually abusive vaginal penetration while incarcerated such victims shall be receive timely and comprehensive information about access to all lawful pregnancy related medical services.

Comments:

Sexual Assault Nurse Examiners are provided through a contract. Previous interviews with two Sexual Assault Nurse Examiners confirmed their role in responding to a sexual assault and conducting the forensic exam. Interviews indicated the resident would be offered testing for HIV and other Sexually Transmitted Infection and offered STI Prophylaxis. They indicated that following the forensic exam, they would recommend the STI Prophylaxis and any other medication required. Residents are never charged for medical care cost associated with a sexual assault. This facility has had four reports for sexual abuse in the last 12 months.

**115.283 Ongoing medical and mental health care for sexual abuse victims and abusers**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Materials Reviewed:

Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA) PrimeCare Medical, Inc. / Policy Name: Response to Sexual Abuse; Number: C, J-F-06

Interviews with Medical Staff

Interviews with Residents who Reported a Sexual Abuse

Site Visit

Medical records

PCM policy, page 8, states: Resident abusers are to have a mental health evaluation and offered treatment when deemed appropriate within sixty (60) days of the facility learning that the abuse has occurred. The DOJ agrees that mental health care for victims should be the priority and, accordingly, has provided more detail on the minimum standard of care for victims than for abusers. The standard specifies that evaluation and treatment of sexual abuse victims shall include, as appropriate, for follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in other facilities or their release from custody. The standard further requires facilities provide victims of sexual abuse with medical and mental health services consistent with the community level of care.

Policy # 430.00, page 21 F states: DCR facilities shall offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse within any facility. Offenders will be offered follow-up medical and mental health services consistent with the community level care as well as access to outside victim advocates for emotional support services related to sexual abuse. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to placement to other facilities or release from custody.

Policy # 430.00, page 21 E states: Victims of sexual abuse shall be offered information about timely access to emergency contraception, pregnancy tests and sexually transmitted disease testing and treatment, in accordance with professionally accepted standards and policies of care, where medically appropriate. If pregnancy results due to the sexually abusive vaginal penetration while incarcerated such victims shall be receive timely and comprehensive information about access to all lawful pregnancy related medical services.

Policy # 430.00, page 20 B states: Victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. All victims of sexual abuse shall be offered access to forensic medical examinations at the facility or an outside facility, such examinations shall be performed by a

Sexual Assault Forensic Examiners (SAFE's) or Sexual Assault Nurse Examiners (SANE's) where possible. The DCR shall document efforts to provide SAFE's or SANE's, if one is not available, the examination can be performed by other qualified medical practitioners. Treatment shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Policy # 430.00, page 21 G states: The facility shall attempt to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Policy # 430.00, page 12 H states: If the PREA screening indicates that an offender has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the offender is offered a follow-up meeting with the facility mental health practitioner within 14 days of the intake screening.

Comments:

The agency offers both medical and mental health follow-up for any resident who has suffered sexual abuse at any location including the community. Medical Services includes any medical need. Both are provided at no cost to the resident. Health Service can provide information about continuing care in the community; however, residents state that the counselors provide information about outside agencies throughout the state when requested. There have been four reports of sexual abuse and one report of sexual harassment at this facility in the last 12 months.

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| 115.286 | <b>Sexual abuse incident reviews</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)<br/>Interview with Superintendent</p> <p>Interview with PREA Compliance Manager Interview with Incident Review Team Members</p> <p>Documentation of Sexual Abuse Incident Team Reviews</p> <p>Review of Documentation of Completed Criminal or Administrative Investigations of Sexual Abuse</p> <p>In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents: 2</p> <p>In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents: 0</p> <p>Policy # 430.00, page 21 A states: The Office of PREA Compliance, in collaboration with Facility PCM shall conduct a Sexual Abuse Incident Review within 30 days of the conclusion of every sexual abuse investigation where the allegation was substantiated, or unsubstantiated. The review team shall include upper-level facility staff, with input from line supervisors, investigators, and medical or mental health practitioners. No review shall be conducted if the allegation has been determined to be unfounded.</p> <p>Policy # 430.00, page 21 B states: The review committee shall:</p> <ol style="list-style-type: none"> <li>1. Consider whether the allegation or investigation indicates need to change policy or practice to better detect, or respond to sexual abuse;</li> <li>2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;</li> <li>3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;</li> <li>4. Assess the adequacy of staffing levels in that area during different shifts;</li> <li>5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.</li> </ol> <p>Policy # 430.00, page 22 C states: The facility shall document the recommendations for improvement or reasons for not doing at the conclusion of the Sexual Abuse Incident Review.</p> |

Comments:

The Superintendent reported that historically the Incident Review Team consists of upper-level management, the PREA Compliance Manager, supervisors, investigators, counselors and medical staff. A report will be prepared of the findings for the Superintendent and PREA Compliance Office who are authorized to implement the recommendations for improvement or document the reason for not doing so. The Review Team is in compliance with policy and was confirmed during interviews.

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| 115.287 | <b>Data collection</b>  |
|         | <p data-bbox="252 168 901 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 246 526 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 518 358">Materials Reviewed:</p> <p data-bbox="252 392 1436 481">Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)<br/>PREA Monthly Statistical Report</p> <p data-bbox="252 515 1189 548">Annual PREA Reports WVDCR 2017 and 2018 Review aggregated data</p> <p data-bbox="252 582 1484 750">Policy # 430.00, page 22 E states: The facility PCM shall be responsible for ensuring that accurate information is collected for every allegation of offender-on-offender sexual abuse and staff-on-offender sexual misconduct that occurs within their facility. Incident-based data reports shall be generated each month. The data collected shall include at a minimum.</p> <ol data-bbox="252 784 1460 1243" style="list-style-type: none"> <li data-bbox="252 784 750 817">1. The total number of allegations,</li> <li data-bbox="252 862 869 896">2. Investigation number and the disposition;</li> <li data-bbox="252 929 1460 1008">3. The DCR shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews;</li> <li data-bbox="252 1041 1404 1120">4. The DCR also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its offenders.</li> <li data-bbox="252 1153 1436 1243">5. The incident-based data collected shall include, at a minimum, the data necessary to complete the Survey of Sexual Violence conducted by the Department of Justice.</li> </ol> <p data-bbox="252 1276 1476 1400">Policy # 430.00, page 22 D states: The Office of PREA Compliance shall prepare a report of its findings and ensure that any deficiencies are promptly identified and corrected. The review findings, recommendations for improvement and corrective action shall be documented.</p> <p data-bbox="252 1433 1484 1859">Policy # 430.00, page 22 H states: The Director of PREA Compliance shall submit an annual report of the incident based sexual abuse data, to include facility recommendations and corrective actions to the DCR Commissioner. The annual report shall include comparisons of the current year's data and corrective actions with those from prior years and will include an assessment of the DCR's progress in addressing sexual abuse. The annual report shall be approved by the DCR Commissioner and made readily available to the public annually through the DCR website. The DCR may redact personal identifiers or other specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. Upon request, the DCR shall provide all such data from the previous calendar year to the Department of Justice.</p> <p data-bbox="252 1892 406 1926">Comments:</p> <p data-bbox="252 1960 1436 2049">The agency/facility utilizes a PREA Monthly Statistical report that is provided to DCR PREA Coordinator each month. The form is extensive. It covers:</p> <ul data-bbox="252 2083 1460 2128" style="list-style-type: none"> <li data-bbox="252 2083 1460 2128">• Resident-on-Resident Sexual Acts (including definitions for Nonconsensual Sexual Acts,</li> </ul> |

Abusive Sexual Contacts and Sexual Harassment.

- Staff Sexual Misconduct (including definitions for Staff Sexual Misconduct and Staff Sexual Harassment).

Each of these individual areas are delineated by Number of Allegation, Incident Report and/or Investigation Numbers, Disposition (Substantiated, Unsubstantiated, Unfounded and Investigation ongoing). There is also a Substantiated Incident Data Questionnaire for Victim (resident-on-resident), a Resident-on-Resident Questionnaire for the Predator and a Staff-on- Resident Questionnaire. Each of these three (3) documents must be completed for each occurrence. Annual reports are unloaded on the agency website. The facility provides its data to the Department of Justice as requested, this information can also be reviewed on the agency website.

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| 115.288 | <b>Data review for corrective action</b>   |
|         | <p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 517 360">Materials Reviewed:</p> <p data-bbox="252 400 1437 477">Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)<br/>Interview with Commissioner and Assistant Commissioner</p> <p data-bbox="252 517 1374 551">Interview with Director of Office of PREA Compliance Interview with PREA Coordinator</p> <p data-bbox="252 591 1294 624">Interview with PREA Compliance Manager Review of Annual Report 2017, 2018</p> <p data-bbox="252 665 1485 741">Policy # 430.00, page 22 G states: All Sexual abuse data shall be securely retained for at least 10 years after the date of the initial collection.</p> <p data-bbox="252 781 1485 1196">Policy # 430.00, page 22 H states: The Director of PREA Compliance shall submit an annual report of the incident based sexual abuse data, to include facility recommendations and corrective actions to the DCR Commissioner. The annual report shall include comparisons of the current year's data and corrective actions with those from prior years and will include an assessment of the DCR's progress in addressing sexual abuse. The annual report shall be approved by the DCR Commissioner and made readily available to the public annually through the DCR website. The DCR may redact personal identifiers or other specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. Upon request, the DCR shall provide all such data from the previous calendar year to the Department of Justice.</p> <p data-bbox="252 1236 1474 1357">Policy # 430.00, page 22 D states: The Office of PREA Compliance shall prepare a report of its findings and ensure that any deficiencies are promptly identified and corrected. The review findings, recommendations for improvement and corrective action shall be documented.</p> <p data-bbox="252 1397 1107 1431">Policy # 430.00, page 22 F states: The DCR shall use the data to:</p> <ol data-bbox="252 1471 1426 1771" style="list-style-type: none"> <li data-bbox="252 1471 667 1505">1. Identify areas of concern,</li> <li data-bbox="252 1545 970 1579">2. Determine corrective action on an ongoing basis,</li> <li data-bbox="252 1619 1369 1695">3. Assess and improve the effectiveness of the agency's sexual abuse prevention, detection, and response policies, practices, and training,</li> <li data-bbox="252 1736 1426 1769">4. Create an annual report of findings and corrective actions for each facility and DCR.</li> </ol> <p data-bbox="252 1812 405 1845">Comments:</p> <p data-bbox="252 1886 1437 2130">Interviews with the PREA Compliance Manager and Superintendent confirmed the facility provides the required data, if any, to the WVDCR Office of PREA Compliance by reporting immediately any allegations or incidents of sexual abuse at the facility as well as monthly in the monthly PREA Report. The annual reported are headed by the Office of PREA Compliance. As noted in the policy above, the annual report is available on the Website, <a href="https://dcr.wv.gov/Pages/default.aspx">https://dcr.wv.gov/Pages/default.aspx</a>.</p> |



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| 115.289 | <b>Data storage, publication, and destruction</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)</p> <p>Interview with PREA Coordinator</p> <p>Website Historical Data 2017 and 2018 WV Annual PREA Report</p> <p>Site Review</p> <p>View secured files area</p> <p>Policy # 430.00, page 22 G states: All Sexual abuse data shall be securely retained for at least 10 years after the date of the initial collection.</p> <p>Policy # 430.00, page 22 H states: The Director of PREA Compliance shall submit an annual report of the incident based sexual abuse data, to include facility recommendations and corrective actions to the DCR Commissioner. The annual report shall include comparisons of the current year's data and corrective actions with those from prior years and will include an assessment of the DCR's progress in addressing sexual abuse. The annual report shall be approved by the DCR Commissioner and made readily available to the public annually through the DCR website. The DCR may redact personal identifiers or other specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. Upon request, the DCR shall provide all such data from the previous calendar year to the Department of Justice.</p> <p>Comments:</p> <p>Before the consolidation of the Department of Corrections, Regional Jails and the Juvenile System, each agency/facility would place their data on their respective website. Now, there will be annual reported headed by the Office of PREA Compliance. As noted in the policy above, the report will be inclusive. Onsite review verified all investigation files are secured behind a locked door, with limited access.</p> |

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| 115.401 | <b>Frequency and scope of audits</b>   |
|         | <p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 517 360">Materials Reviewed:</p> <p data-bbox="252 400 1437 434">Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)</p> <p data-bbox="252 474 1474 678">Policy # 430.00, page 23 A states: Upon request for information, the Director of PREA Compliance will be responsible to respond to all external surveys, schedule audits required by the Department of Justice's National PREA Standards and comply with all PREA requirements and ensure that at least one-third of each facility type under the DCR's control is audited during each year of the three-year audit cycle.</p> <p data-bbox="252 719 1410 792">Policy # 430.00, page 23 B states: The auditor will review and have access to all relevant information listed below:</p> <ol data-bbox="252 833 1481 1798" style="list-style-type: none"> <li data-bbox="252 833 1426 907">1. Policies, procedures, reports, internal and external audits, and accreditations for each facility type,</li> <li data-bbox="252 947 1465 1021">2. A sampling of relevant documents and other records and information for the most recent one-year period,</li> <li data-bbox="252 1061 919 1095">3. Shall observe, all areas of the audited facilities.</li> <li data-bbox="252 1135 1430 1209">4. Shall be permitted to request and receive copies of any relevant documents (including electronically stored information).</li> <li data-bbox="252 1249 1445 1373">5. Shall retain and preserve all documentation (including, e.g., video tapes and interview notes) relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request.</li> <li data-bbox="252 1413 1422 1487">6. Shall interview a representative sample of residents, residents, and detainees, and of staff, supervisors, and administrators.</li> <li data-bbox="252 1527 1481 1601">7. Shall review a sampling of any available videotapes and other electronically available data that may be relevant to the provisions being audited.</li> <li data-bbox="252 1641 1458 1675">8. Shall be permitted to conduct private interviews with residents, residents, and detainees.</li> <li data-bbox="252 1715 1453 1789">9. Shall attempt to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility.</li> </ol> <p data-bbox="252 1830 1453 1953">All residents, residents, and detainees shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.</p> <p data-bbox="252 1993 405 2027">Comments:</p> <p data-bbox="252 2067 1481 2141">The auditor was able to view the entire facility by physically walking the facility and through the use of cameras. Staff were cooperative and assisted with helping the auditor complete private</p> |

interviews. All requested documentation was provided. Postings of the on-site audit were observed throughout the facility.

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| <b>115.403</b> | <b>Audit contents and findings</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | All prior PREA audits have been posted on the Agency Website. Note: changes in the websites have been occurring due to the consolidation of the three (3) 'legacy' agencies. |

| <b>Appendix: Provision Findings</b> |  |     |
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| <b>115.211 (a)</b>                  | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>  |     |
|                                     | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?   | yes |
|                                     | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  | yes |
| <b>115.211 (b)</b>                  | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>  |     |
|                                     | Has the agency employed or designated an agency-wide PREA Coordinator?   | yes |
|                                     | Is the PREA Coordinator position in the upper-level of the agency hierarchy?   | yes |
|                                     | Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?   | yes |
| <b>115.212 (a)</b>                  | <b>Contracting with other entities for the confinement of residents</b>  |     |
|                                     | If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) | yes |
| <b>115.212 (b)</b>                  | <b>Contracting with other entities for the confinement of residents</b>  |     |
|                                     | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)  | yes |

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| <b>115.212 (c)</b> | <b>Contracting with other entities for the confinement of residents</b>   |     |
|                    | If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) | yes |
|                    | In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)   | yes |
| <b>115.213 (a)</b> | <b>Supervision and monitoring</b>   |     |
|                    | Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?  | yes |
|                    | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?  | yes |
|                    | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?  | yes |
|                    | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?   | yes |
|                    | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  | yes |
| <b>115.213 (b)</b> | <b>Supervision and monitoring</b>   |     |
|                    | In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)   | na  |

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| <b>115.213 (c)</b> | <b>Supervision and monitoring</b>  |     |
|                    | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?                              | yes |
|                    | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?   | yes |
|                    | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?              | yes |
|                    | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?                | yes |
| <b>115.215 (a)</b> | <b>Limits to cross-gender viewing and searches</b>   |     |
|                    | Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?                           | yes |
| <b>115.215 (b)</b> | <b>Limits to cross-gender viewing and searches</b>   |     |
|                    | Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)  | yes |
|                    | Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents) | yes |
| <b>115.215 (c)</b> | <b>Limits to cross-gender viewing and searches</b>   |     |
|                    | Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?   | yes |
|                    | Does the facility document all cross-gender pat-down searches of female residents?   | yes |

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| <b>115.215 (d)</b> | <b>Limits to cross-gender viewing and searches</b>   |     |
|                    | Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?      | yes |
|                    | Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?    | yes |
|                    | Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?   | yes |
| <b>115.215 (e)</b> | <b>Limits to cross-gender viewing and searches</b>   |     |
|                    | Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?   | yes |
|                    | If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?          | yes |
| <b>115.215 (f)</b> | <b>Limits to cross-gender viewing and searches</b>   |     |
|                    | Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  | yes |
|                    | Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  | yes |
| <b>115.216 (a)</b> | <b>Residents with disabilities and residents who are limited English proficient</b>  |     |
|                    | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? | yes |
|                    | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all  | yes |



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|  | aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?  |     |
|  | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?                      | yes |
|  | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?                       | yes |
|  | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?                            | yes |
|  | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.) | yes |
|  | Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?  | yes |
|  | Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?   | yes |
|  | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?   | yes |
|  | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?  | yes |
|  | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?   | yes |

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| <b>115.216 (b)</b> | <b>Residents with disabilities and residents who are limited English proficient</b>  |     |
|                    | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?  | yes |
|                    | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?   | yes |
| <b>115.216 (c)</b> | <b>Residents with disabilities and residents who are limited English proficient</b>  |     |
|                    | Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? | yes |

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| <b>115.217 (a)</b> | <b>Hiring and promotion decisions</b>  |     |
|                    | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?   | yes |
|                    | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?                | yes |
|                    | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?  | yes |
|                    | Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  | yes |
|                    | Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
|                    | Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?   | yes |
| <b>115.217 (b)</b> | <b>Hiring and promotion decisions</b>  |     |
|                    | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?  | yes |
|                    | Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?   | yes |

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| <b>115.217 (c)</b> | <b>Hiring and promotion decisions</b>  |     |
|                    | Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?   | yes |
|                    | Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? | yes |
| <b>115.217 (d)</b> | <b>Hiring and promotion decisions</b>  |     |
|                    | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?   | yes |
| <b>115.217 (e)</b> | <b>Hiring and promotion decisions</b>  |     |
|                    | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?   | yes |
| <b>115.217 (f)</b> | <b>Hiring and promotion decisions</b>  |     |
|                    | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?   | yes |
|                    | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  | yes |
|                    | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?   | yes |
| <b>115.217 (g)</b> | <b>Hiring and promotion decisions</b>  |     |
|                    | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  | yes |

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| <b>115.217 (h)</b> | <b>Hiring and promotion decisions</b>  |     |
|                    | Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)   | yes |
| <b>115.218 (a)</b> | <b>Upgrades to facilities and technology</b>   |     |
|                    | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.) | yes |
| <b>115.218 (b)</b> | <b>Upgrades to facilities and technology</b>   |     |
|                    | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)         | yes |
| <b>115.221 (a)</b> | <b>Evidence protocol and forensic medical examinations</b>   |     |
|                    | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)  | yes |

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| <b>115.221 (b)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                    | Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)  | yes |
|                    | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.) | yes |
| <b>115.221 (c)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                    | Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?   | yes |
|                    | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  | yes |
|                    | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  | yes |
|                    | Has the agency documented its efforts to provide SAFEs or SANEs?  | yes |
| <b>115.221 (d)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                    | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  | yes |
|                    | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  | yes |
|                    | Has the agency documented its efforts to secure services from rape crisis centers?  | yes |

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| <b>115.221 (e)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                    | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?   | yes |
|                    | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  | yes |
| <b>115.221 (f)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                    | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  | na  |
| <b>115.221 (h)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                    | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221 (d) above). | na  |
| <b>115.222 (a)</b> | <b>Policies to ensure referrals of allegations for investigations</b>   |     |
|                    | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  | yes |
|                    | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?   | yes |
| <b>115.222 (b)</b> | <b>Policies to ensure referrals of allegations for investigations</b>   |     |
|                    | Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?   | yes |
|                    | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?   | yes |
|                    | Does the agency document all such referrals?  | yes |

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| <b>115.222 (c)</b> | <b>Policies to ensure referrals of allegations for investigations</b>  |     |
|                    | If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).) | yes |
| <b>115.231 (a)</b> | <b>Employee training</b>   |     |
|                    | Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?  | yes |
|                    | Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?                                      | yes |
|                    | Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?   | yes |
|                    | Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?   | yes |
|                    | Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?   | yes |
|                    | Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?  | yes |
|                    | Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?  | yes |
|                    | Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?   | yes |
|                    | Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?                                      | yes |
|                    | Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  | yes |



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| <b>115.231 (b)</b> | <b>Employee training</b>  |     |
|                    | Is such training tailored to the gender of the residents at the employee's facility?  | yes |
|                    | Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?   | yes |
| <b>115.231 (c)</b> | <b>Employee training</b>  |     |
|                    | Have all current employees who may have contact with residents received such training?  | yes |
|                    | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  | yes |
|                    | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  | yes |
| <b>115.231 (d)</b> | <b>Employee training</b>  |     |
|                    | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?   | yes |
| <b>115.232 (a)</b> | <b>Volunteer and contractor training</b>  |     |
|                    | Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?   | yes |
| <b>115.232 (b)</b> | <b>Volunteer and contractor training</b>  |     |
|                    | Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? | yes |
| <b>115.232 (c)</b> | <b>Volunteer and contractor training</b>  |     |
|                    | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?   | yes |

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| <b>115.233 (a)</b> | <b>Resident education</b>   |     |
|                    | During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  | yes |
|                    | During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?   | yes |
|                    | During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?  | yes |
|                    | During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?  | yes |
|                    | During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?  | yes |
| <b>115.233 (b)</b> | <b>Resident education</b>   |     |
|                    | Does the agency provide refresher information whenever a resident is transferred to a different facility?   | yes |
| <b>115.233 (c)</b> | <b>Resident education</b>   |     |
|                    | Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?   | yes |
|                    | Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?   | yes |
|                    | Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?  | yes |
|                    | Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?   | yes |
|                    | Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?  | yes |
| <b>115.233 (d)</b> | <b>Resident education</b>   |     |
|                    | Does the agency maintain documentation of resident participation in these education sessions?   | yes |
| <b>115.233 (e)</b> | <b>Resident education</b>   |     |
|                    | In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? | yes |

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| <b>115.234 (a)</b> | <b>Specialized training: Investigations</b>   |     |
|                    | In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)). | yes |
| <b>115.234 (b)</b> | <b>Specialized training: Investigations</b>   |     |
|                    | Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).   | yes |
|                    | Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).   | yes |
|                    | Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).   | yes |
|                    | Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).   | yes |
| <b>115.234 (c)</b> | <b>Specialized training: Investigations</b>   |     |
|                    | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)   | yes |

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| <b>115.235 (a)</b> | <b>Specialized training: Medical and mental health care</b>  |     |
|                    | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)                           | yes |
|                    | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  | yes |
|                    | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
|                    | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)      | yes |
| <b>115.235 (b)</b> | <b>Specialized training: Medical and mental health care</b>  |     |
|                    | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)   | yes |
| <b>115.235 (c)</b> | <b>Specialized training: Medical and mental health care</b>  |     |
|                    | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)   | yes |

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| <b>115.235 (d)</b> | <b>Specialized training: Medical and mental health care</b>  |     |
|                    | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)   | yes |
|                    | Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.) | yes |
| <b>115.241 (a)</b> | <b>Screening for risk of victimization and abusiveness</b>   |     |
|                    | Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?   | yes |
|                    | Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?  | yes |
| <b>115.241 (b)</b> | <b>Screening for risk of victimization and abusiveness</b>   |     |
|                    | Do intake screenings ordinarily take place within 72 hours of arrival at the facility?   | yes |
| <b>115.241 (c)</b> | <b>Screening for risk of victimization and abusiveness</b>   |     |
|                    | Are all PREA screening assessments conducted using an objective screening instrument?  | yes |

| 115.241 (d) | Screening for risk of victimization and abusiveness  |     |
|-------------|--|-----|
|             | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?   | yes |
|             | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?  | yes |
|             | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?   | yes |
|             | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?  | yes |
|             | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?  | yes |
|             | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?  | yes |
|             | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? | yes |
|             | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?   | yes |
|             | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?   | yes |

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| <b>115.241 (e)</b> | <b>Screening for risk of victimization and abusiveness</b>  |     |
|                    | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?   | yes |
|                    | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?   | yes |
|                    | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?  | yes |
| <b>115.241 (f)</b> | <b>Screening for risk of victimization and abusiveness</b>  |     |
|                    | Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? | yes |
| <b>115.241 (g)</b> | <b>Screening for risk of victimization and abusiveness</b>  |     |
|                    | Does the facility reassess a resident's risk level when warranted due to a: Referral?   | yes |
|                    | Does the facility reassess a resident's risk level when warranted due to a: Request?  | yes |
|                    | Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?   | yes |
|                    | Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?   | yes |
| <b>115.241 (h)</b> | <b>Screening for risk of victimization and abusiveness</b>  |     |
|                    | Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?   | yes |
| <b>115.241 (i)</b> | <b>Screening for risk of victimization and abusiveness</b>  |     |
|                    | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?      | yes |

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| <b>115.242 (a)</b> | <b>Use of screening information</b>  |     |
|                    | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?  | yes |
|                    | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?  | yes |
|                    | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?   | yes |
|                    | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?  | yes |
|                    | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  | yes |
| <b>115.242 (b)</b> | <b>Use of screening information</b>  |     |
|                    | Does the agency make individualized determinations about how to ensure the safety of each resident?  | yes |
| <b>115.242 (c)</b> | <b>Use of screening information</b>  |     |
|                    | When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
|                    | When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?   | yes |



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| <b>115.242 (d)</b> | <b>Use of screening information</b>  |     |
|                    | Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  | yes |
| <b>115.242 (e)</b> | <b>Use of screening information</b>  |     |
|                    | Are transgender and intersex residents given the opportunity to shower separately from other residents?  | yes |
| <b>115.242 (f)</b> | <b>Use of screening information</b>  |     |
|                    | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
|                    | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)                | yes |
|                    | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)                   | yes |

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| <b>115.251 (a)</b> | <b>Resident reporting</b>   |     |
|                    | Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?   | yes |
|                    | Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?   | yes |
|                    | Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?   | yes |
| <b>115.251 (b)</b> | <b>Resident reporting</b>   |     |
|                    | Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?   | yes |
|                    | Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?  | yes |
|                    | Does that private entity or office allow the resident to remain anonymous upon request?   | yes |
| <b>115.251 (c)</b> | <b>Resident reporting</b>   |     |
|                    | Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?   | yes |
|                    | Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?  | yes |
| <b>115.251 (d)</b> | <b>Resident reporting</b>   |     |
|                    | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?   | yes |
| <b>115.252 (a)</b> | <b>Exhaustion of administrative remedies</b>  |     |
|                    | Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | yes |

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| <b>115.252 (b)</b> | <b>Exhaustion of administrative remedies</b>   |     |
|                    | Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  | yes |
|                    | Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  | yes |
| <b>115.252 (c)</b> | <b>Exhaustion of administrative remedies</b>   |     |
|                    | Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)   | yes |
|                    | Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)   | yes |
| <b>115.252 (d)</b> | <b>Exhaustion of administrative remedies</b>   |     |
|                    | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)                           | yes |
|                    | If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) | yes |
|                    | At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)   | yes |

| 115.252 (e) | Exhaustion of administrative remedies   |     |
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|             | Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)   | yes |
|             | Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) | yes |
|             | If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  | yes |

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| <b>115.252 (f)</b> | <b>Exhaustion of administrative remedies</b>  |     |
|                    | Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  | yes |
|                    | After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) | yes |
|                    | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  | yes |
|                    | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)   | yes |
|                    | Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)   | yes |
|                    | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)   | yes |
|                    | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  | yes |
| <b>115.252 (g)</b> | <b>Exhaustion of administrative remedies</b>  |     |
|                    | If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)   | yes |
| <b>115.253 (a)</b> | <b>Resident access to outside confidential support services</b>   |     |
|                    | Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?   | yes |
|                    | Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?   | yes |

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| <b>115.253 (b)</b> | <b>Resident access to outside confidential support services</b>  |     |
|                    | Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?   | yes |
| <b>115.253 (c)</b> | <b>Resident access to outside confidential support services</b>  |     |
|                    | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?   | yes |
|                    | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?   | yes |
| <b>115.254 (a)</b> | <b>Third party reporting</b>   |     |
|                    | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  | yes |
|                    | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?   | yes |
| <b>115.261 (a)</b> | <b>Staff and agency reporting duties</b>   |     |
|                    | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?   | yes |
|                    | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?  | yes |
|                    | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?                       | yes |
| <b>115.261 (b)</b> | <b>Staff and agency reporting duties</b>   |     |
|                    | Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |

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| <b>115.261 (c)</b> | <b>Staff and agency reporting duties</b>  |     |
|                    | Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  | yes |
|                    | Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?   | yes |
| <b>115.261 (d)</b> | <b>Staff and agency reporting duties</b>  |     |
|                    | If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?    | yes |
| <b>115.261 (e)</b> | <b>Staff and agency reporting duties</b>  |     |
|                    | Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  | yes |
| <b>115.262 (a)</b> | <b>Agency protection duties</b>   |     |
|                    | When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?  | yes |
| <b>115.263 (a)</b> | <b>Reporting to other confinement facilities</b>  |     |
|                    | Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? | yes |
| <b>115.263 (b)</b> | <b>Reporting to other confinement facilities</b>  |     |
|                    | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?   | yes |
| <b>115.263 (c)</b> | <b>Reporting to other confinement facilities</b>  |     |
|                    | Does the agency document that it has provided such notification?  | yes |
| <b>115.263 (d)</b> | <b>Reporting to other confinement facilities</b>  |     |
|                    | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  | yes |

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| <b>115.264 (a)</b> | <b>Staff first responder duties</b>  |     |
|                    | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?   | yes |
|                    | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  | yes |
|                    | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?     | yes |
|                    | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| <b>115.264 (b)</b> | <b>Staff first responder duties</b>  |     |
|                    | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?   | yes |
| <b>115.265 (a)</b> | <b>Coordinated response</b>  |     |
|                    | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  | yes |
| <b>115.266 (a)</b> | <b>Preservation of ability to protect residents from contact with abusers</b>  |     |
|                    | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?                           | yes |



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| <b>115.267 (a)</b> | <b>Agency protection against retaliation</b>  |     |
|                    | Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?  | yes |
|                    | Has the agency designated which staff members or departments are charged with monitoring retaliation?   | yes |
| <b>115.267 (b)</b> | <b>Agency protection against retaliation</b>  |     |
|                    | Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? | yes |

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| <b>115.267 (c)</b> | <b>Agency protection against retaliation</b>  |     |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?          | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?  | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?   | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?   | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?  | yes |
|                    | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  | yes |
| <b>115.267 (d)</b> | <b>Agency protection against retaliation</b>  |     |
|                    | In the case of residents, does such monitoring also include periodic status checks?   | yes |

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| <b>115.267 (e)</b> | <b>Agency protection against retaliation</b>   |     |
|                    | If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  | yes |
| <b>115.271 (a)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                    | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). ) | yes |
|                    | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )  | yes |
| <b>115.271 (b)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                    | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?   | yes |
| <b>115.271 (c)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                    | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?   | yes |
|                    | Do investigators interview alleged victims, suspected perpetrators, and witnesses?   | yes |
|                    | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  | yes |
| <b>115.271 (d)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                    | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?   | yes |

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| <b>115.271 (e)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?  | yes |
|                    | Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?   | yes |
| <b>115.271 (f)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  | yes |
|                    | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?   | yes |
| <b>115.271 (g)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  | yes |
| <b>115.271 (h)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  | yes |
| <b>115.271 (i)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?   | yes |
| <b>115.271 (j)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?  | yes |
| <b>115.271 (l)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct and form of administrative or criminal sexual abuse investigations. See 115.221(a).) | yes |

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| <b>115.272 (a)</b> | <b>Evidentiary standard for administrative investigations</b>   |     |
|                    | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  | yes |
| <b>115.273 (a)</b> | <b>Reporting to residents</b>   |     |
|                    | Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  | yes |
| <b>115.273 (b)</b> | <b>Reporting to residents</b>   |     |
|                    | If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  | yes |
| <b>115.273 (c)</b> | <b>Reporting to residents</b>   |     |
|                    | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?  | yes |
|                    | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?   | yes |
|                    | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?      | yes |
|                    | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |

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| <b>115.273 (d)</b> | <b>Reporting to residents</b>   |     |
|                    | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  | yes |
|                    | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?   | yes |
| <b>115.273 (e)</b> | <b>Reporting to residents</b>   |     |
|                    | Does the agency document all such notifications or attempted notifications?   | yes |
| <b>115.276 (a)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                    | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  | yes |
| <b>115.276 (b)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                    | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  | yes |
| <b>115.276 (c)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                    | Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? | yes |
| <b>115.276 (d)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                    | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?  | yes |
|                    | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?   | yes |

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| <b>115.277 (a)</b> | <b>Corrective action for contractors and volunteers</b>   |     |
|                    | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?  | yes |
|                    | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  | yes |
|                    | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  | yes |
| <b>115.277 (b)</b> | <b>Corrective action for contractors and volunteers</b>   |     |
|                    | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?  | yes |
| <b>115.278 (a)</b> | <b>Disciplinary sanctions for residents</b>   |     |
|                    | Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?  | yes |
| <b>115.278 (b)</b> | <b>Disciplinary sanctions for residents</b>   |     |
|                    | Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?  | yes |
| <b>115.278 (c)</b> | <b>Disciplinary sanctions for residents</b>   |     |
|                    | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?   | yes |
| <b>115.278 (d)</b> | <b>Disciplinary sanctions for residents</b>   |     |
|                    | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? | yes |
| <b>115.278 (e)</b> | <b>Disciplinary sanctions for residents</b>   |     |
|                    | Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  | yes |

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| <b>115.278 (f)</b> | <b>Disciplinary sanctions for residents</b>   |     |
|                    | For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? | yes |
| <b>115.278 (g)</b> | <b>Disciplinary sanctions for residents</b>   |     |
|                    | Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)   | yes |
| <b>115.282 (a)</b> | <b>Access to emergency medical and mental health services</b>   |     |
|                    | Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?   | yes |
| <b>115.282 (b)</b> | <b>Access to emergency medical and mental health services</b>   |     |
|                    | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?  | yes |
|                    | Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  | yes |
| <b>115.282 (c)</b> | <b>Access to emergency medical and mental health services</b>   |     |
|                    | Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  | yes |
| <b>115.282 (d)</b> | <b>Access to emergency medical and mental health services</b>   |     |
|                    | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  | yes |
| <b>115.283 (a)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                    | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  | yes |



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| <b>115.283 (b)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                    | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  | yes |
| <b>115.283 (c)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                    | Does the facility provide such victims with medical and mental health services consistent with the community level of care?   | yes |
| <b>115.283 (d)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                    | Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)  | yes |
| <b>115.283 (e)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                    | If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | yes |
| <b>115.283 (f)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                    | Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?   | yes |
| <b>115.283 (g)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                    | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  | yes |

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| <b>115.283 (h)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>   |     |
|                    | Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? | yes |
| <b>115.286 (a)</b> | <b>Sexual abuse incident reviews</b>   |     |
|                    | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  | yes |
| <b>115.286 (b)</b> | <b>Sexual abuse incident reviews</b>   |     |
|                    | Does such review ordinarily occur within 30 days of the conclusion of the investigation?   | yes |
| <b>115.286 (c)</b> | <b>Sexual abuse incident reviews</b>   |     |
|                    | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  | yes |

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| <b>115.286 (d)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                    | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?   | yes |
|                    | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? | yes |
|                    | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  | yes |
|                    | Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  | yes |
|                    | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  | yes |
|                    | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?   | yes |
| <b>115.286 (e)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                    | Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  | yes |
| <b>115.287 (a)</b> | <b>Data collection</b>  |     |
|                    | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  | yes |
| <b>115.287 (b)</b> | <b>Data collection</b>  |     |
|                    | Does the agency aggregate the incident-based sexual abuse data at least annually?   | yes |
| <b>115.287 (c)</b> | <b>Data collection</b>  |     |
|                    | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  | yes |

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| <b>115.287 (d)</b> | <b>Data collection</b>  |     |
|                    | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  | yes |
| <b>115.287 (e)</b> | <b>Data collection</b>  |     |
|                    | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)  | yes |
| <b>115.287 (f)</b> | <b>Data collection</b>  |     |
|                    | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  | yes |
| <b>115.288 (a)</b> | <b>Data review for corrective action</b>  |     |
|                    | Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?   | yes |
|                    | Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  | yes |
|                    | Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | yes |
| <b>115.288 (b)</b> | <b>Data review for corrective action</b>  |     |
|                    | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?   | yes |
| <b>115.288 (c)</b> | <b>Data review for corrective action</b>  |     |
|                    | Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  | yes |

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| <b>115.288 (d)</b> | <b>Data review for corrective action</b>  |     |
|                    | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?   | yes |
| <b>115.289 (a)</b> | <b>Data storage, publication, and destruction</b>   |     |
|                    | Does the agency ensure that data collected pursuant to § 115.287 are securely retained?   | yes |
| <b>115.289 (b)</b> | <b>Data storage, publication, and destruction</b>   |     |
|                    | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?   | yes |
| <b>115.289 (c)</b> | <b>Data storage, publication, and destruction</b>   |     |
|                    | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  | yes |
| <b>115.289 (d)</b> | <b>Data storage, publication, and destruction</b>   |     |
|                    | Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  | yes |
| <b>115.401 (a)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) | yes |

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| <b>115.401 (b)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)   | no  |
|                    | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)   | na  |
|                    | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)  | yes |
| <b>115.401 (h)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | Did the auditor have access to, and the ability to observe, all areas of the audited facility?  | yes |
| <b>115.401 (i)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  | yes |
| <b>115.401 (m)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | Was the auditor permitted to conduct private interviews with residents?   | yes |
| <b>115.401 (n)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?   | yes |
| <b>115.403 (f)</b> | <b>Audit contents and findings</b>  |     |
|                    | The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.) | yes |