

PREA Facility Audit Report: Final

Name of Facility: Charleston Correctional Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 12/14/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input 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 type="checkbox"/>
Auditor Full Name as Signed: Mable P. Wheeler	Date of Signature: 12/14/ 2023

AUDITOR INFORMATION	
Auditor name:	Wheeler, Mable
Email:	wheeler5p@hotmail.com
Start Date of On-Site Audit:	08/23/2023
End Date of On-Site Audit:	08/25/2023

FACILITY INFORMATION	
Facility name:	Charleston Correctional Center
Facility physical address:	1356 Hansford Street, Charleston, West Virginia - 25301
Facility mailing address:	1409 Greenbrier Street, Charleston, West Virginia - 25311

Primary Contact	
Name:	Amanda McGrew
Email Address:	amanda.d.mcgreg@wv.gov
Telephone Number:	3045506713

Facility Director	
Name:	Pam Baldwin
Email Address:	pamela.g.baldwin@wv.gov
Telephone Number:	304-340-6921

Facility PREA Compliance Manager

Facility Characteristics	
Designed facility capacity:	128
Current population of facility:	106
Average daily population for the past 12 months:	69
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	18-99
Facility security levels/resident custody levels:	Community-Level 1
Number of staff currently employed at the facility who may have contact with residents:	50
Number of individual contractors who have contact with residents, currently	3

authorized to enter the facility:	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	36

AGENCY INFORMATION	
Name of agency:	West Virginia Division of Corrections and Rehabilitation
Governing authority or parent agency (if applicable):	WV Department of Homeland Security
Physical Address:	1409 Greenbrier Street, Charleston, West Virginia - 25311
Mailing Address:	WV Division of Corrections & Rehabilitation, 1409 Greenbrier St., Charleston, West Virginia - 25311
Telephone number:	3045582036

Agency Chief Executive Officer Information:	
Name:	William K Marshall III
Email Address:	William.K.Marshall@wv.gov
Telephone Number:	304-558-2036

Agency-Wide PREA Coordinator Information			
Name:	Tim Harper	Email Address:	Timothy.V.Harper@wv.gov

Facility AUDIT FINDINGS
Summary of Audit Findings
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>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</p>

include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-08-23
2. End date of the onsite portion of the audit:	2023-08-25

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Just Detention International (No information received) WVFRIS (Advocate)

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	128
15. Average daily population for the past 12 months:	69
16. Number of inmate/resident/detainee housing units:	8
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	113
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	3
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>The facility provided the auditor with a list of confined persons containing the population characteristics and identified the confined persons with disabilities. Through conversation with medical and mental health staff, the auditor identified confined persons that disclosed prior victimization during the risk screening process. The auditor had no issues identifying population's characteristics.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>50</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>36</p>

<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>3</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>On day one of the audit, the facility employed (50) staff members to include management, administrative and security. Medical services are contracted through Wexford. Mental health services are offered on-site.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>15</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor selected confined persons by age, race, ethnicity and housing assignment. The interviewees were geographically diverse. During the site tour, the auditor informally interviewed (20) additional confined persons. This facility houses male and female confined persons.</p>

<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The auditor had no barriers completing confined person interviews. Staff ensured interviewees were readily available to the auditor for interview. No confined person refused interview with the auditor. All interviewed confined person were forthcoming and polite, all interviews were conducted in complete privacy.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>4</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There was no confined person housed at the facility that was identified as having a physical disability during the on-site portion of the audit, this was confirmed through discussion with mental health staff.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>3</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There was no confined person housed at the facility that was identified as having a vision disability during the on-site portion of the audit, this was confirmed through discussion with mental health staff.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There was no confined person housed at the facility that was identified as having a hearing disability during the on-site portion of the audit, this was confirmed through discussion with mental health staff.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There was no confined person housed at the facility that was identified as limited English proficient during the on-site portion of the audit, this was confirmed through discussion with mental health staff.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>

<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There was no confined person housed at the facility that identified as transgender during the on-site portion of the audit, this was confirmed through discussion with medical and mental health staff.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There was no confined person housed at the facility that reported sexual abuse to interview during the on-site portion of the audit.</p>

<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There was no confined person housed at the facility that who disclosed prior sexual victimization during risk screening to interview during the on-site portion of the audit.</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility had no confined person housed in segregation for risk of sexual victimization during the 12-months preceding the audit. This was confirmed by reviewing housing logs and discussion with security staff.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The auditor did not over sample any select group, nor did the auditor have any barriers to completing targeted confined persons interviews.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p> <input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None </p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The auditor selected random staff for interview using the Staff Roster; staff was selected by shift assignment, work assignment and rank. The auditor had no barriers completing interviews. All interviews were conducted in complete privacy.</p>

Specialized Staff, Volunteers, and Contractor Interviews

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

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	10
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	The auditor selected specialized staff for interview using the PRC Interview Protocol. During the on-site portion of the audit, there were no volunteers to interview. Medical staff interviewed are contracted to provide services through Wexford.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?

Yes

No

Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

Yes

No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

Yes

No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

Yes

No

88. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

During the site review, the auditor observed insufficient numbers of audit notices posted. This was immediately brought to the attention of administration and was immediately corrected. Additional signage was displayed in the administrative building, counselor's area and medical. The notices were observed in multiple areas accessible to confined persons, staff, contractors, volunteers and visitors. The institution has signage related to PREA and how to report posted throughout the facility in Spanish and English telling confined persons that Sexual Abuse and Harassment are not tolerated and how to report it. PREA Signs were observed prominently posted in all areas of the facility. The auditor informally interviewed confined persons during the site review; all were able to name multiple ways to report sexual abuse and sexual harassment. Many said the information is posted on the walls and that they have learned about PREA at this facility and other facilities they have been housed. Confined persons may report externally by calling the PREA Hotline Number and Office of PREA Compliance. Phones accessible to confined person were tested during the site review. Inmates say they can report to family members by phone, mail, or tablets. Confined persons who were informally interviewed indicated that staff does make rounds and that they see staff in the control rooms in living units and at count times. The facility has cameras to assist with supervision of confined persons and help deter sexual abuse and sexual harassment. Audit notice and PREA signage has been uploaded to all confined persons tablets.

Documentation Sampling

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

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>The auditor reviewed documents uploaded into the Online Audit System, when additional documentation was requested; the facility provided the information expeditiously. All requested documentation was provided to determine compliance with all PREA Standards.</p>
<p>SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY</p>	
<p>Sexual Abuse and Sexual Harassment Allegations and Investigations Overview</p>	
<p>Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.</p>	

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There was no allegation of sexual abuse or sexual abuse during the 12-months preceding the audit.

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There was no allegation of sexual abuse or sexual abuse during the 12-months preceding the audit.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>There was no allegation of sexual abuse or sexual abuse during the 12-months preceding the audit.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

1

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Identify the name of the third-party auditing entity

Diversified Correctional Services, LLC

Standards
<p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • 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)
<p>Auditor Discussion Instructions</p> <p>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.</p>

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>In order to determine compliance for this standard, the following policies and other documentation were reviewed for standard 115.211:</p> <ol style="list-style-type: none"> 1. West Virginia Division of Corrections & Rehabilitation Policy Directive # 430.00 Subject - Prison Rape Elimination Act Compliance (PREA) 2. WV Inspector General Table of Organization 3. WVDCCR Organizational Chart 4. Charleston Correctional Center Organizational Chart 5. Charleston Correctional Center Pre-Audit Questionnaire <p>To decide compliance determination, the following people were interviewed and the following interview findings were considered:</p> <p>Specialized Staff (3)</p> <ol style="list-style-type: none"> 1. Director of Office of PREA Compliance 2. Agency's PREA Coordinator

3. Facility PREA Coordinator

In order to decide compliance determination, the following observations were made during my on-site tour of the facility:

PREA signage posted throughout the facility; near phones in common areas with Hotline number and dialing instruction. Confined persons are issued tablets; sexual abuse can be reported via tablet. Grievances can also be filed via tablet to report sexual abuse or sexual harassment. PREA signage is also uploaded on all confined persons tablets. Phones are located in housing units with Hotline dialing instructions in English and Spanish.

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.211 (a): The agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.

To ensure compliance with the Prison Rape Elimination Act (PREA) by mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the Division of Corrections and Rehabilitation's approach to preventing, detecting, and responding to such conduct.

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.

In response to the Pre-Audit Questionnaire:

The West Virginia Division of Corrections and Rehabilitation has a policy to ensure compliance with the Prison Rape Elimination Act (PREA) by mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the Division of Corrections and Rehabilitation's approach to preventing, detecting, and responding to such conduct.

115.211 (b): The agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

The West Virginia Division of Corrections and Rehabilitation employs an upper-level staff PREA Coordinator that develops, implements, and oversees the agency compliance with all PREA Standards for all facility operated by the agency with all PREA Standards. The agency PREA Coordinator is identified on the WVDCR Organizational Chart.

Policy # 430.00, page 4 A states: WVDCR 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, 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 WVDCR Policy and procedure.

115.211 (c): Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

In response to the Pre-Audit Questionnaire:

The agency contracts with the County Commission of McDowell and Youth Services System for the confinement of confined persons; the agency PREA Coordinator ensure compliance with all PREA Standards.

Policy # 430.00, page 4 C states: Each facility Superintendent within WVDCR 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.

Policy # 430.00, page 4 C states: Each facility Superintendent within WVDCR 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.

The Superintendent at Charleston Correctional Center has designated the Deputy Superintendent as the PREA Compliance Manager.

Policy # 430.00, in its entirety, addresses the agency's approach to ensure prevention, 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

	<p>IX. Staff Discipline</p> <p>X. Offender Discipline</p> <p>XI. Medical and Mental Health</p> <p>XII. Data Collection and Review</p> <p>XIII. Audits</p> <p>XIV. Pertains Only to Juvenile Facilities</p> <p>The goal of the Office of PREA Compliance is to continually make every effort to prevent, detect and respond to such conduct.</p> <p>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 reports to the Assistant Commissioner, Inspector General Bureau. The Office of PREA Compliance is made up of the Director, two (2) PREA Coordinators (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.</p> <p>Confined persons, staff, contractors and volunteers are trained on the zero-tolerance policy. They acknowledge and sign Certificates of Understanding. The auditor reviewed Training Rosters documenting completion of PREA Training.</p> <p>Acknowledgement Statements for employees and contractors and volunteers affirms 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.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.211 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard

Auditor Discussion

In order to determine compliance for this standard, the following policies and other documentation were reviewed for standard 115.212:

1. Policy Directive # 430.00; Subject - Prison Rape Elimination Act Compliance (PREA)
2. Contracts with Youth Service and County Commission of McDowell
3. Charleston Correctional Center Pre-Audit Questionnaire

In order to decide compliance determination, the following person were interviewed, and the following interview findings were considered:

Specialized Staff (1)

1. Agency Contract Administrator

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.212 (a): A public agency that contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.

On or after August 20, 2012 or since the last PREA audit, whichever is later:

The number of contracts for the confinement of inmates that the agency entered into or renewed with private entities or other government agencies: 2

The number of contracts that DID NOT require contractors to adopt and comply with PREA standards: 0

The agency reports that it has entered and/or renewed a contract with Youth Services System 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 the County Commission of McDowell County and Youth Services to adopt the PREA Standards and comply with them. They also acknowledged that the WV Division of Corrections and Rehabilitation monitors the facilities for compliance with all PREA Standards.

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

115.212 (b): Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

Policy # 430.00, pages 4-5 C states: Any new contract or contract renewal for the

	<p>confinement of offenders shall include an obligation to:</p> <ol style="list-style-type: none"> 1. Comply with PREA Standards. 2. Comply with WVDCR policy. 3. Ensure that the contracted facility is complying with the PREA standards by monitoring the facility performance. <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.212 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.213	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>In order to determine compliance for this standard, the following policies and other documentation were reviewed for standard 115:213:</p> <ol style="list-style-type: none"> 1. Policy Directive # 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Charleston Correctional Center 2023 PREA Staffing Review 3. Post Assignment Roster Special Duty Position List 4. Unannounced Rounds 5. Charleston Correctional Center Pre-Audit Questionnaire <p>To decide compliance determination, the following person was interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (3)</p> <ol style="list-style-type: none"> 1. Superintendent 2. PREA Compliance Manager 3. Intermediate or Higher-Level Staff (Unannounced Rounds) <p>In order to decide compliance determination, the following observations were made during my on-site tour of the facility:</p> <p>The auditor observed the number of staff and contractors, including security and non-security staff and staffing patterns during every shift. All areas where confined persons housed at the facility are not allowed movement, and the placement of surveillance cameras' throughout the facility.</p> <p>The auditor observed line staff supervising confined person, staff frequency conduct</p>

room checks in housing dorms every hour.

Informal interviews were conducted in each housing unit as well as observation of staff supervision.

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.213 (a): The agency shall ensure that each facility it operates shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: (1) Generally accepted detention and correctional practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated); (6) The composition of the inmate population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors.

Policy # 430.00, page 5 A states: WVDCR 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:

1. Generally accepted detention and correctional practices.
2. Any judicial finding of inadequacy.
3. Any findings of inadequacy from federal investigative agencies.
4. Any findings of inadequacy from internal or external oversight bodies.
5. All components of the facility's physical plant (including blind spots or areas where staff or offenders may be isolated).
6. The composition of the offender population.
7. The number and placement of supervisory staff.
8. Facility programs occurring on various shifts.
9. Any applicable State or local laws, regulations or standards.
10. Any prevalence of substantiated and unsubstantiated incidents of sexual abuse; and.
11. Any other relevant factors.

115.213 (b): In circumstances where the staffing plan is not complied with, the facility documents and justifies all deviations from the plan.

In response to the Pre-Audit Questionnaire:

Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of inmates: 70

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.

There have been no deviations from the staffing during the 12-months preceding the audit. The facility maintains staffing plan by overtime, freezing staff and calling staff in. The facility does not drop below minimum requirements.

115.213 (c): Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.211, the agency shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan established pursuant to paragraph (a) of this section; (2) The facility's deployment of video monitoring systems and other monitoring technologies; and (3) The resources the facility has available to commit to ensure adherence to the staffing plan.

Policy # 430.00, pages 5-6 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 ensure adherence to the staffing plan.

115.213 (d): Each agency operating a facility shall implement a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shifts as well as day shifts.

Unannounced rounds are conducted four (4) times per month by upper-level staff.

Such policy and practice shall be implemented for night shifts as well as day shifts. Each agency shall have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related

to the legitimate operational functions of the facility.

The auditor reviewed unannounced rounds sheets completed in 2023. The facility documents the times and facility locations the rounds occur, per policy the facility completes rounds on holidays, weekends, and on all shifts.

Each agency shall have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.

Policy # 430.00, page 6 D states: In an 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: In an effort to identify and deter staff sexual abuse and sexual harassment a minimum of four (4) unannounced rounds must be completed each month, two of those unannounced rounds must occur during the evening/overnight hours between 7:00 pm and 7:00 am. The overnight rounds must be completed by someone who arrives at the facility for the sole purpose of conducting the unannounced round. Two (2) rounds must be completed between the hours of 7:00 am and 7:00 pm. The unannounced rounds will be documented using PREA Compliance Manual Attachment 16 and submitted to the facility PCM monthly.

Policy # 430.00, page 6 F 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.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.213 based upon documentation provided and interviews conducted.

Corrective Action: (None)

Auditor Overall Determination: Meets Standard

Auditor Discussion

In order to determine compliance for this standard, the following policies and other documentation were reviewed for standard 115.215:

1. Policy Directive # 430.00; Subject - Prison Rape Elimination Act Compliance (PREA)
2. Policy Directive # 411.00; Subject: Gender Nonconforming Inmates/Residents
3. Policy Directive # 111; Subject - Training and Employee Development Training Curriculum Searches
4. Charleston Correctional Center Pre-Audit Questionnaire

In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:

1. Random Staff (12)
2. Confined Persons (18)
3. Informal Staff (12)
4. Informal Confined Persons (15)

In order to decide compliance determination, the following observations were made during my on-site tour of the facility:

The auditor reviewed camera placement and staff monitoring from the tower, all showers have doors, with partial openings at top and bottom of doors.

Toilet areas are located in the confined person's rooms behind doors, and cameras do not monitor confined persons rooms. All confined persons are required to be dressed while present in the dayrooms.

During the site-tour, the auditor informally interviewed both male and female confined persons; all stated they are never naked in view of the opposite sex. Informally interviewed staff confirmed shower and toilet areas are not monitor via cameras and these areas are behind closed doors.

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.215 (a): The facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

In response to the Pre-Audit Questionnaire:

In the past 12 months:

The number of cross-gender strip or cross-gender visual body cavity searches of inmates: 0

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

115.215 (b): As of August 20, 2015, or August 20, 2017 for a facility whose rated capacity does not exceed 50 inmates, the facility shall not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. Facilities shall not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision.

WVDCR Prohibits cross gender searches.

In the past 12 months:

The number of pat-down searches of female inmates conducted by male staff: 0

The number of pat-down searches of female inmates conducted by male staff that did not involve exigent circumstances: 0

115.215 (c): The facility documents all cross-gender strip searches and cross-gender visual body cavity searches and shall document all cross-gender pat-down searches of female inmates.

Policy # 430.00, pages 6-7 H 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. For 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 offender's access to regularly available programming or other out of cell opportunities to comply with this provision. If these searches occur, they shall be documented.

115.215 (d): The facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit.

Showers are located in the back of the dorms; the showers have curtains to provide privacy. Toilets are behind closed doors. Interviewed confined person affirmed, they are never naked in full view of staff.

Policy # 430.00, page 7 I states: Offenders shall be able 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. This limitation not only applies to in-person viewing, but also all forms of remote viewing as well.

Policy # 430.00, page 7 J states: Staff shall announce their presence every time they enter an offender housing unit of the opposite gender to indicate that there will be someone of the opposite gender on the unit.

Staff makes rounds every hour. Supervisory staff makes daily rounds.

115.215 (e): The facility will not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

Policy # 430.00, page 7 K 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.

During the on-site portion of the audit, there was no Confined Person that identified as transgender.

115.215 (f): The agency has trained security staff how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

One hundred percent of all security staff 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.

Policy # 430.00, page 7 L 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.

There were no confined persons housed at the facility during the on-site portion of the audit that identified as transgender/intersex to interview.

Random staff interviewed stated that no cross-gender searches, visual body cavity searches or pat-downs have occurred at the facility; however, all staff has been trained to conduct searches. The facility provided training records for auditor's review.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.215 based upon documentation provided and interviews conducted.

Corrective Action: None

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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>To determine compliance for this standard, the following policies and other documentation were reviewed for standard 115.216:</p> <ol style="list-style-type: none"> 1. Policy Directive # 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Homeland Language Services Contract 3. WV Interpreter Directory 4. Homeland Language Services, LLC. (effective 10-15-2022 - 10-14-2023) 5. End The Silence Brochures (English and Spanish) 6. Charleston Correctional Center Pre-Audit Questionnaire <p>To decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (1)</p> <ol style="list-style-type: none"> 1. Agency Head 2. Random Staff (12) 3. Confined Persons with Cognitive disabilities (3) 4. LEP Confined Person (0) <p>In order to decide compliance determination, the following observations were made during my on-site tour of the facility:</p> <p>Observed PREA signage in English and Spanish prolifically posted throughout the facility, phones with Hotline dialing instructions in English and Spanish.</p> <p>The auditor placed a call to the Homeland Language Services to verify availability.</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.216 (a) (b): The agency has taken appropriate steps to ensure that confined persons with disabilities who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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</p>

harassment. Such steps shall include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The agency ensures that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.

Policy # 430.00, page 7 M 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 WVDCR'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.

Policy # 430.00, page 7 N 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.

115.216 (b) (c): The agency shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

In response to the Pre-Audit Questionnaire:

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 §115.264, or the investigation of the inmate's allegations: 0

Policy # 430.00, page 7 O states: Only staff members or qualified contractors will provide translation for offenders. The WVDCR 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

	<p>offender's safety, the performance of first-response duties, or the investigation of the offender's allegations.</p> <p>Interviews with staff and Confined Persons related that inmate interpreters are not used. When someone needs an interpreter, Homeland Language Services is utilized. Written materials are given to inmates when they arrive at the facility and PREA signage is posted throughout the facility, this information can also be found on the confined person's tablets. Those Confined Persons interviewed with cognitive disabilities knew about PREA and were able to answer related questions. Most identified an individual that provides support when needed.</p> <p>There was no LEP Confined Person to interview during the on-site portion of the audit. The auditor tested access to Homeland Language Services.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.216 based upon documentation provided and interviews conducted.</p> <p>Corrective Action (None)</p>
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115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to determine compliance for this standard, the following policies and other documentation were reviewed for standard 115.217:</p> <ol style="list-style-type: none"> 1. Policy Directive # 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Policy Directive # 132.02 3. Personnel Files of Staff New Hires (15) 4. Personnel Files Contractors (5) 5. Charleston Correctional Center Pre-Audit Questionnaire <p>In order to decide compliance determination, the following person was interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (1)</p> <ol style="list-style-type: none"> 1. HR Staff <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p>

115.217 (a): The agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who— (1) 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); (2) 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 (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

Potential employees, volunteers, and contractors who may have contact with confined persons are required to complete the “Sexual Misconduct Questionnaire”.

Policy # 430.00, pages 7 - 8 P 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 any such misconduct. WVDCR 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 WVDCR 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.

(115.217 (a) (b) (f) (g))

The WVDCR shall not hire or promote anyone who may have contact with inmates and shall not enlist the services of any contractor or vendor who may have contact with inmates who has: (PREA 115.17(a))

1. Engaged in sexual abuse in a prison, jail lock-up, community confinement facility, juvenile facility or other institution.
2. 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.
3. Been civilly or administratively adjudicated to have engaged in the activity described in this section.

115.215 (b): The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, that may have contact with inmates.

The WVDCR considers 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.

Potential contractors are required to complete the "Sexual Misconduct Questionnaire" as part the application process.

115.217 (c): Before hiring new employees who may have contact with inmates, the agency shall: (1) Perform a criminal background records check; and (2) 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.

Policy # 430.00, page 8 S states: Consistent with Federal, State, and local law, the WVDCR 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 WVDCR 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. (115.217 (c) (h))

In response to the Pre-Audit Questionnaire:

In the past 12 months, the number of persons hired who may have contact with Confined Persons who have had criminal background record checks: 11

115.217 (d): The agency shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates.

Policy # 430.00, page 8 R states: A background investigation will be completed before hiring or promoting employees, enlisting the services of contractors, interns, or volunteers. The WVDCR shall conduct criminal background checks of all employees, volunteers, interns and contractors every four (4) years. (115.17 (d) (e))

In response to the Pre-Audit Questionnaire:

In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract that might have contact with inmates: 13

115.217 (e): The agency shall conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees.

WVDCR conduct background checks every four years for all staff.

115.217 (f): The agency shall ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current

	<p>employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.</p> <p>Employee, contractors, and volunteers understand that they have continuing duty to disclose any misconduct information.</p> <p>115.217 (g): Material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination.</p> <p>Omission of misconduct is grounds for termination.</p> <p>115.217 (h): Unless prohibited by law, the agency shall 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.</p> <p>The agency shall provide information to other institutional employers, as requested, on substantiated allegations of sexual abuse or sexual harassment involving a former or current employee who is seeking employment with the requesting institution.</p> <p>The interview with the HR Staff indicated when asked they provide this information to other facilities.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.217 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: None</p>
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to determine compliance for this standard, the following policies and other documentation were reviewed for standard 115.218:</p> <ol style="list-style-type: none"> 1. Policy Directive # 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Charleston Correctional Center Pre-Audit Questionnaire <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (2)</p> <ol style="list-style-type: none"> 1. Agency Head 2. Superintendent

	<p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.218 (a): When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect inmates from sexual abuse.</p> <p>In response to the PAQ, Charleston Correctional Center has had no expansion or modification during the 12-months preceding the audit.</p> <p>115.218 (b): When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency’s ability to protect inmates from sexual abuse.</p> <p>In response to the PAQ, the facility indicated they have not installed additional cameras or video monitoring systems since the last PREA Audit conducted in 2021.</p> <p>The interview with the Superintendent confirmed there have been no expansions or upgrades at the facility during the 12-months preceding the audit.</p> <p>Policy # 430.00, page 8 T: When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the WVDCR shall consider the effect of the design, acquisition, expansion, or modification upon the WVDCR’s ability to protect offenders from sexual abuse. The facility PCM will be responsible for consulting with the Office of PREA Compliance, when the facility is installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology; the WVDCR shall consider how such technology may enhance the WVDCR’s ability to protect offenders from sexual abuse. (115.18 (a) (b))</p> <p>The facility in compliance with PREA Provision with based upon documentation provided and interviews conducted. Current operations and practices meet the requirements of PREA Standard 115.218.</p> <p>Corrective Action: (None)</p>
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115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to determine compliance for this standard, the following policies and other documentation were reviewed for standard 115.221:</p> <p>1. Policy Directive # 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)</p>

2. Notification to Confined Persons (0) (the facility had no allegation of sexual abuse)
3. West Virginia Protocol Responding to Victims of Sexual Abuse
4. Contract with WVFRIS
5. Charleston Correctional Center Pre-Audit Questionnaire

In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:

Specialized Staff (2)

1. PREA Compliance Manager
2. SANE (prior interview)
3. Random Staff (12)
4. Confined Persons who Reported Sexual Abuse (0)

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.221 (a): To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

Administrative investigations are conducted in accordance with best practice for the investigation of sexual assault following a uniform evidence protocol for obtaining usable physical evidence.

115.221 (b): The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, 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.

The protocol has been adapted from 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".

Policy # 430.00, page 19 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. (115.21 (a) (b))

115.221 (c): The agency shall offer all victims of sexual abuse access to forensic

medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

Confined persons victims of sexual assault are transported to the local hospital where a SANE nurse will be called to conduct the exam.

Policy # 430.00, page 23 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 an outside facility; such examinations shall be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where possible. Offenders who may require a SAFE/SANE exam may not refuse such exams at the facility level. The WVDCR shall document efforts to provide a SAFE or SANE, 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.

The facility shall maintain a SAFE/SANE log documenting when these services were attempted or utilized. (115.82 (a) (d)), (115.83 (g)), (115.21 (c))

In response to the Pre-Audit Questionnaire:

The number of forensic medical exams conducted during the past 12 months: 0

115.221 (d): The agency 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 agency makes available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g (b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

The agency has a contract with West Virginia Foundation for Rape Information Services to provide victims of sexual assault an advocate to accompany them during a SANE exam and provide emotional support.

115.221 (h): For the purposes of this section, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been

screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

115.221 (g): The requirements of paragraphs (a) through (f) of this section shall also apply to: (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in prisons or jails; and (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in prisons or jails.

The interview with the facility PREA Investigator verified the protocol taken in evidence collection. The interviews with staff confirmed that they were aware of the format to collect evidence if required to do so.

115.221 (e): 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.

Policy # 430.00, pages 23 - 24 D states: The WVDCR 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 WVDCR 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 WVDCR 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 WVDCR itself is not responsible for investigating allegations of sexual abuse' the WVDCR shall request that the investigating agency follow the requirements within policy. (115.21 (d) (e))

115.221 (f): To the extent the agency itself is not responsible for investigating allegations of sexual abuse; the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.

Policy # 430.00, page 19 E states: When an outside agency investigates sexual abuse, the WVDCR 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 the Office of PREA Compliance throughout the investigative progress. (115.21 (f) (g)) (115.71 (I)) (115.22 (b))

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.221 based upon documentation provided and interviews conducted.

Corrective Action: (None)

115.222	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In order to determine compliance for this standard, the following policies and other documentation were reviewed for standard 115.222:</p> <ol style="list-style-type: none"> 1. West Virginia Division of Corrections & Rehabilitation Policy Directive # 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Charleston Correctional Center Pre-Audit Questionnaire <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff: (2)</p> <ol style="list-style-type: none"> 1. Agency Head 2. CID Investigative Staff <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.222 (a): The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. 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"> 1. Individuals conducting these investigations will receive specialized training. 2. Staff members, as designated by the Superintendent, shall do an inquiry on offender-on-offender harassment allegations. 3. CID investigators will conduct investigations on all staff on offender allegations and offender-on-offender sexual abuse allegations. 4. CID investigators will be primarily responsible for contacting and referring criminal allegations and assisting as needed with the investigation. 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. 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.

In response to the Pre-Audit Questionnaire:

In the past 12 months, the number of allegations referred for criminal investigation:
0

115.222 (b): The agency has in place a policy 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. The agency publishes policy on its website or, if it does not have one, makes the policy available through other means. The agency documents all such referrals.

Policy # 430.00, page 19 E states: When an outside agency investigates sexual abuse, the WVDCR 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.

115.222 (c): If a separate entity is responsible for conducting criminal investigations, publication describes the responsibilities of both the agency and the investigating entity.

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 appear to be criminal shall be referred for prosecution.

115.222 (c): WVDCR conducts its own criminal investigations and therefore, its investigative responsibilities pertain only to the agency itself. Provision (c) is not applicable in determining compliance with Standard 115.222.

All PREA allegations are filtered through the PREA Compliance Manager. He forwards reports to the investigator and the Office of PREA Compliance. All allegations are investigated. All completed Sexual Assault Investigations, whether substantiated or unsubstantiated are sent to the West Virginia State Police.

115.222 (d): For purposes of this audit, this auditor is not required to make a compliance determination for provision (d) of this standard.

115.222 (e): For purposes of this audit, this auditor is not required to make compliance determination for provision (e) of this standard.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.222 based upon documentation provided and interviews conducted.

Corrective Action: (None)

115.231	Employee training
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1458 416">In order to determine compliance for this standard, the following policies and other documentation were reviewed for standard 115.231:</p> <ol data-bbox="280 456 1437 864" style="list-style-type: none"> 1. West Virginia Division of Corrections & Rehabilitation Policy Directive # 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Policy Directive # 111; Subject: Training and Employee Development 3. Homeland Language Services Instructions 4. WVDCR Orientation PREA Training Curriculum 5. Instruction Cross Gender Viewing Searches Curriculum 6. Lesson Plans Prison Rape Elimination Act for Employees and Contract Staff 7. PREA Training Orientation Handout 8. Certificates of Understanding 9. Charleston Correctional Center Pre- Audit Questionnaire <p data-bbox="280 904 1477 981">In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <ol data-bbox="280 1021 576 1057" style="list-style-type: none"> 1. Random Staff (12) <p data-bbox="280 1088 1437 1164">The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p data-bbox="280 1205 1445 1281">115.231 (a): The agency trains all employees who may have contact with inmates on:</p> <p data-bbox="280 1312 1477 2065">(1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Inmates' rights to be free from sexual abuse and sexual harassment; (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with inmates; (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The PREA Lesson Plan Performance Objectives include: Defining WVDCR's Zero Tolerance Policy and key definitions; Learn about inmate's right to be free of abuse, harassment and retaliation; Defining your responsibilities under WVDCR policy; Understand announcements and searches; List which inmates 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</p>

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 inmates, including LGBTI inmates; and Define how to avoid (in) appropriate relationships.

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

115.231 (b): Training is tailored to the gender of the inmates at the employee's facility. The employee receives additional training if the employee is reassigned from a facility that houses only female inmates, or vice versa.

Policy # 430.00, page 9 D states: Staff training shall be appropriate to the gender of

the offenders within the facility.

115.231 (c): Current employees who have not received training are trained within one year of the effective date of the PREA standards, and the agency provides 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

Employees receive PREA training annually. New hires receive PREA training during In Service training, security staff also receives PREA training at the Division's Training Academy.

Policy # 430.00, page 9 E states: The WVDCR 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 WVDCR'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 WVDCR's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

115.231 (d): The agency documents, through employee signature or electronic verification, that employees understand the training they have received.

Policy # 430.00, page 9 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.

Training files were reviewed during the onsite visit. All files reviewed confirmed that training is up to date and signatures were readily available. Interviews with staff confirmed they are aware of the components of PREA.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.231 based upon documentation provided and interviews conducted.

Corrective Action: None

115.232	Volunteer and contractor training
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Auditor Overall Determination: Meets Standard

Auditor Discussion

In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.232:

1. West Virginia Division of Corrections & Rehabilitation Policy Directive # 430.00; Subject - Prison Rape Elimination Act Compliance (PREA)
2. PREA Handout for Contractors and Volunteers
3. Training for Volunteers and Contractors
4. Certificates of Understanding
5. Charleston Correctional Center Pre-Audit Questionnaire

In order to decide compliance determination, the following people was interviewed, and the following interview finding was considered:

Specialized Staff (1)

1. Contractors (2)

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.232 (a): The agency ensures that all volunteers and contractors who have contact with inmates are trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

Policy # 430.00, page 8 A states: A. All employees, contractors, volunteers and interns will receive training regarding WVDCR'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.

115.232 (b): The level and type of training provided to volunteers and contractors is be based on the services they provide and level of contact they have with inmates, but all volunteers and contractors who have contact with inmates are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Policy # 430.00, page 9 E states: 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 WVDCR's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

115.232 (c): The agency maintains documentation confirming that volunteers and contractors understand the training they have received.

	<p>Policy # 430.00, page 9 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 9 E states: The WVDCR shall provide employees with a yearly refresher to ensure that all employees know the WVDCR'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 WVDCR's sexual abuse and sexual harassment prevention, detection and response policies and procedures.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.232 based upon documentation provided and interviews conducted.</p> <p>Corrective Action (None)</p>
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115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.233:</p> <ol style="list-style-type: none"> 1. West Virginia Division of Corrections & Rehabilitation Policy Directive # 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Certificates of Understanding (50) 3. Review of Confined Person Files 4. PREA Posters 5. Brochure "End the Silence" (English and Spanish) 6. Hotline Dialing Instructions 7. Homeland Language Services User Guide 8. Confined Persons Intake Packet with PREA Education 9. PREA Posters, Charleston Correctional Center Pre-Audit Questionnaire

In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:

Specialized Staff (1)

1. Intake Staff
2. Cognitive (3)
3. Informally Confined Person (15)

In order to decide compliance determination, the following observations were made during my on-site tour of the facility:

The auditor was able to observe the intake process, confined person's orientation, and the risk screening process. The auditor concluded, the initial risk screenings are conducted by several staff members, and staff needs additional training on how to conduct risk screenings. In addition, the initial screening and reassessments need to be completed in a timely manner for compliance with standard 115.241.

Phones are located in the dorms, posted next to the phones on metal signs are hotline dialing instructions.

During the in process, the auditor was able to informally interview new arrivals to the facility.

The auditor observed the risk screening process and determined additional training is needed for staff conducting the screenings.

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.233 (a): During the intake process, inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

Policy # 430.00, page 9 - 10 A states: During the intake process, offenders shall receive educational information explaining, in an age appropriate fashion, the WVDCR'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:

1. Information regarding the agencies reporting procedures.
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.
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.

In response to the PAQ, the facility reported (148) confined persons were orientated in the 12 months preceding the audit and 100% received the facility's information on its zero-tolerance policy regarding sexual abuse and sexual harassment.

The Superintendent conducts orientation with all new arrivals.

115.233 (b): Within 30 days of intake, the agency provided comprehensive education to inmates in person and through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

115.233 (c): Current inmates who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility.

All confined persons receive PREA education upon arrival to the facility.

Offenders shall receive PREA education upon each transfer to a different facility. The offender shall be provided a handbook, in addition to PREA training. Documentation of offender participation in these education sessions shall be scanned into the offender's record in OIS Document Management and maintained by the facility PCM as directed.

The facility had three (3) confined persons with cognitive disabilities, the auditor interview these confined persons. All could name multiple ways to report sexual abuse.

115.233 (d): The agency provides inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills.

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 he or she understands 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.

115.233 (e): The agency maintains documentation of inmate participation in these education sessions.

The offender shall sign an acknowledgement of receiving the PREA training and

	<p>PREA related materials. This documentation shall be scanned into the offender's record in Offender Information System (OIS) Document Management and retained by the facility PCM as directed.</p> <p>115.233 (f): The agency ensures that PREA information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats.</p> <p>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>The auditor observed the intake/orientation. Inmates receive PREA information via handout, discussion and video. For those inmates who have limited English proficiency, the Homeland Language Services are utilized. In case of visually impaired or an inmate with cognitive disabilities, staff related counselors are there to review the information with them. All inmates are required to view PREA video on kiosk prior to gaining initial access to equipment. PREA information is also on the confined persons tablets. All interviewed inmates confirmed they received PREA information. The auditor reviewed booking packets containing "Certificate of Understanding" signed by the inmates.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.233 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.234:</p> <ol style="list-style-type: none"> 1. West Virginia Division of Corrections & Rehabilitation Policy Directive # 430.00; pages 9 - 10 F -G Subject - Prison Rape Elimination Act Compliance (PREA) 2. Verification of Training of Investigators Records Miranda, Garrity, PREA, Training Curriculum 3. Review of Sexual Assault Victims in A Confinement Setting Training PREA 4. Report Writing Training 5. Charleston Correctional Center Pre-Audit Questionnaire <p>In order to decide compliance determination, the following person was interviewed,</p>

and the following interview findings were considered:

Specialized Staff (1)

1. Investigator CID

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.234 (a): In addition to the general training provided to all employees pursuant to § 115.231, the agency ensures that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

The facility employs seven (7) investigators; all have completed the required NIC training.

115.234 (b): Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

115.234 (c): The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

115.234 (d): Any State entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations.

115.234 (d). For purposes of this audit, this auditor is not required to make a compliance determination for provision (d) of this standard.

Policy # 430.00, pages 9 - 10 F states: In addition to the general training provided to all employees pursuant to § 115.231, the WVDCR shall ensure that, to the extent the WVDCR 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.

	<p>4. The criteria and evidence required to substantiate a case for administrative action or prosecutorial referral.</p> <p>The number of investigators currently employed who have completed the required training: (7)</p> <p>The facility provided certificates for investigators. 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.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.234 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.235:</p> <ol style="list-style-type: none"> 1. West Virginia Division of Corrections & Rehabilitation Policy Directive # 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Charleston Correctional Center Pre-Audit Questionnaire <p>In order to decide compliance determination, the following person was interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (1)</p> <ol style="list-style-type: none"> 1. Medical <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p>

115.235 (a): The agency ensures that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

In response to the Pre-Audit Questionnaire:

The number of all medical and mental health care practitioners who work regularly at this facility who received the training: 0

The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: NA

One (1) contracted medical staff provides services to the RSAT female confined persons. Other confined persons receive medical services in the community.

Policy # 430.00, page 10 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.

115.235 (b): If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.

Medical staff do not conduct forensic exams.

115.235 (c): The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.

The part-time medical staff has received the required training.

115.235 (d): Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.231 or for contractors and volunteers under § 115.232, depending upon the practitioner's status at the agency.

Medical staff receives the same training as all other staff members. The facility does not employ mental health staff on-site. Mental health services are provided to confined persons via Skype.

Contracted medical staff employed by the WVDCR will not conduct forensic examinations. This specialized training will include, but is not limited to:

1. How to detect and assess signs of sexual abuse and sexual harassment.
2. How to preserve physical evidence of sexual abuse.

	<p>3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment.</p> <p>4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.235 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.241:</p> <ol style="list-style-type: none"> 1. West Virginia Division of Corrections & Rehabilitation Policy Directive # 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Screening Instrument 3. Initial and Reassessments of Confined Persons Interviewed (post on-site) 4. Charleston Correctional Center Pre-Audit Questionnaire <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (2)</p> <ol style="list-style-type: none"> 1. Staff Responsible for Risk Screening 2. PREA Compliance Manager 3. Confined Persons (18) <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.241:</p> <p>In order to decide compliance determination, the following observations were made during my on-site tour of the facility:</p> <p>The auditor observed the Initial Intake PREA screening process, the risk screening is conducted by several staff members. The auditor determined, staff needs additional training in how to conduct risk screening as well as making sure the initial and reassessments are conducted in a timely manner. The auditor discussed with the facility Administration and the Office of PREA Compliance.</p>

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.241 (a): All inmates are assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates.

115.241 (b): Intake screening shall ordinarily take place within 72 hours of arrival at the facility.

The number of inmates entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility: 148

The percent of inmates entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility: Undetermined

Reviewed initial and reassessments were determined to be non-compliant.

115.241 (c): Assessments are conducted using an objective screening instrument.

The auditor has recommended the screening form be revised to include the confined person's sexual orientation.

115.241 (d): The intake screening shall consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate's criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child;

(7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; (9) The inmate's own perception of vulnerability; and (10) Whether the inmate is detained solely for civil immigration purposes.

115.241 (e): The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive.

115.241 (g): An inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

Policy # 430.00, pages 11-12 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.

Policy # 430.00, page 10 B states: The screening will occur:

1. Within 72 hours of intake.
2. Upon transfer to a new facility.
3. After an incident of sexual abuse.
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.

Policy # 430.00, page 11 C states: This shall be accomplished by using an objective PREA Screening Instrument to gather the following information:

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.
2. Whether the offender has a mental, physical, or developmental disability.
3. Offender's age and physical build.
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.
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 WVDCR, in assessing offenders for risk of being sexually abusive. This information shall be ascertained through:

- I. Conversations with the offenders during the intake process.
 1. Medical and mental health screenings.
 2. During classification assessments.
 3. By reviewing court records, case files, facility behavioral records, and other

relevant documentation from the offender's files.

Policy # 430.00, page 13 F states: Facility staff and contractors involved in the assessment process will not disseminate responses to the screening are 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 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.

115.241 (f): Within a set time period, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

Policy # 430.00, page 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.

An inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions.

The auditor has determined current operations and practices did not meet the requirements of PREA Standard 115.241 based upon documentation provided. The auditor determined the facility was not conducting 30-day reassessment, the auditor provided a 60-day corrective action period. Within the designated period the facility demonstrated to the auditor compliance with the standard. The facility provided an adequate number of assessment and reassessment based on their population.

Corrective Action:

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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.242:</p> <ol style="list-style-type: none"> 1. West Virginia Division of Corrections & Rehabilitation Policy Directive # 430.00 Subject - Prison Rape Elimination Act Compliance (PREA) 2. Policy Directive # 411.00; Subject: Gender Nonconforming Inmates/Residents 3. Charleston Correctional Center Pre-Audit Questionnaire <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (4)</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager 2. Staff Responsible for Risk Screening 3. Transgender/Intersex Confined Person (0) <p>In order to decide compliance determination, the following observations were made during my on-site tour of the facility:</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.242 (a): The agency uses information from the risk screening required by § 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>115.242 (b): The agency makes individualized determinations about how to ensure the safety of each inmate.</p> <p>Policy # 430.00, page 14 states: The PREA screening assessment information shall be used to make decisions regarding, housing, bed, and work, education, and program assignments. The goal of the WVDCR is to keep offenders that are at high risk for being sexually victimized from those at high risk of being sexually abusive.</p>

The facility shall make individualized determinations about how to ensure the safety of each offender.

115.242 (c): In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems.

Policy # 430.00, page 14 K states: The WVDCR 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 WVDCR 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.

115.242 (d): Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate.

The interviews with the Facility PREA Compliance Manager and staff who conduct risk assessments confirmed transgender and intersex confined persons are reassessed every six months and as needed.

115.242 (e): A transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration.

115.242 (f): Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.

115.242 (g): The agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such inmates.

Policy # 430.00, page 14 L 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>When Assessments and Reassessments are completed, the forms are placed in the inmate files. These files are kept behind a locked door with limited access. The information is also entered into the Inmate Database. LGBTI offenders are not housed in dedicated housing units; they are housed in general population. 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 WVDCR 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 security problems.</p> <p>The interview with staff that performs risk assessments indicated the agency/facility uses information from screening to make informed decisions on housing, bed, work, education and program assignments with the goal of keeping those at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>The facility had no confined person that identified as transgender or intersex to interview during the on-site portion of the audit.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.242 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.251:</p> <ol style="list-style-type: none"> 1. West Virginia Division of Corrections & Rehabilitation Policy Directive # 430.00; Subject – Prison Rape Elimination Act Compliance (PREA) 2. Training Brochures (English and Spanish) 3. Orientation Information with PREA Information 4. Confined Person’s Handbook with PREA Reporting Information 5. Charleston Correctional Center Pre-Audit Questionnaire <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (1)</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager 2. Random Staff (12) 3. Random Confined Persons (18)

4. Targeted Confined Persons (4)

In order to decide compliance determination, the following observations were made during on-site tour of the facility:

PREA signage was not posted; notification of the PREA audit was not posted in the facility, staff related that confined persons have access to PREA information on their tablets.

Using their tablets, confined persons can contact emotional support, access PREA hotline, PREA handouts, file grievance, and request staff assistance.

Confined persons are allowed to send legal and personnel mail to outside parties. Confined persons can also send mail electronically via email.

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.251 (a): The agency provides multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Confined persons have multiple ways to report sexual abuse and sexual harassment. They have access to staff, PREA Hotline, file grievances, contact the Office of PREA Compliance, and using their tablets.

115.251 (b): The agency shall also provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Inmates 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 facility does not house confined persons solely for civil immigration purposes.

Policy # 430.00, page 15 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 WVDCR 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 WVDCR, and that is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to WVDCR 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 WVDCR shall distribute publicly through the WVDCR website the e-mail, address and information on how to report sexual abuse

and sexual harassment on behalf of the offender and the WVDCR policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigations.

115.251 (c): Staff accepts all reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

Inmates interviewed stated, they would report sexual abuse or sexual harassment to a trusted staff member or call the hotline.

Policy # 430.00, page 15 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 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.

115.251 (d): The agency provides a method for staff to privately report sexual abuse and sexual harassment of inmates.

Staff can report sexual abuse or sexual harassment by submitting a private report to the PREA Compliance Manager, Superintendent, or Supervisor.

Policy # 430.00, page 15 C states: Staff can privately report information about sexual assault and sexual harassment by submitting a confidential report to the Superintendent, facility PCM or the Office of PREA Compliance.

Interviews staff and confined persons were able to share the different ways they could report privately and anonymously. 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 housing unit has a minimum of one telephone and table that can be utilized to call a rape crisis hotline and outside PREA reporting line that would allow for anonymous reporting. The calls are at no cost. A test of the phone by the auditor confirmed that it connected to the crisis line.

Confined persons are provided the following information of ways to report sexual abuse and sexual harassment during orientation, the information is also found in the Confined Persons Handbook:

Report the information to anyone you trust, staff member, facility PREA Compliance Manager, family members, and attorneys or outside advocates.

	<p>Request to see medical or mental health. Submit a written complaint.</p> <p>Notify outside law enforcement, local, county or state. Call the Office of PREA Compliance 304-558-2036.</p> <p>Mail the complaint to WVDCR Office of PREA Compliance 1409 Greenbrier Street, Charleston WV 25311.</p> <p>You can also visit https://dcr.wv.gov/aboutus/Pages/prea.aspx. Email your complaint to dcrprea@wv.gov.</p> <p>And other methods described in your offender handbook.</p> <p>The auditor has determined current operations and practices do not meet the requirements of PREA Standard 115.251 based upon documentation provided, site review, and interviews conducted. Although the agency determined that the PREA information uploaded to confined person's tablets, this does not ensure all confined persons utilized the tablets. The auditor requested PREA information be posted throughout the facility to ensure all confined persons have the information available at at times, not just when utilizing the tablet. The facility was given 60 days to comply with standard 115.251. The facility provided photos of posted PREA information and how to report.</p> <p>Corrective Action:</p>
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115.252	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.252:</p> <ol style="list-style-type: none"> 1. West Virginia Division of Corrections & Rehabilitation Policy Directive # 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Confined Person's Handbook 3. Charleston Correctional Center Pre-Audit Questionnaire <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Targeted Confined persons that reported a Sexual Abuse (0)</p> <p>In order to decide compliance determination, the following observations were made during on-site tour of the facility:</p> <p>Hotline dialing instructions were posted on metal signs next to phones accessible to confined person. Numbers and addresses, and the email address are on confined</p>

person's tables for the PREA Compliance Office. PREA information can be found on the confined person's tablets. Tablets can be used to file grievance reporting sexual abuse and sexual harassment.

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.252 (a): An agency shall be exempt from this standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse.

The agency has a policy allowing confined persons to submit grievance reporting sexual abuse.

115.252 (b): (1) The agency does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. (2) The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. (3) The agency shall not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. (4) Nothing in this section shall restrict the agency's ability to defend against an inmate lawsuit on the ground that the applicable statute of limitations has expired.

Policy # 430.00, page 16 D states: An offender may also report abuse by using the WVDCR grievance process. There is no time limit on when an offender may submit a grievance regarding an allegation of sexual abuse. The WVDCR may apply otherwise- applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. The WVDCR 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 WVDCR's ability to defend against an offender lawsuit on the ground that the applicable statute of limitations has expired. The agency shall ensure that:

1. An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and.
2. Such grievance is not referred to a staff member who is the subject of the complaint.

115.252 (c): The agency shall ensure that— (1) An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and (2) Such grievance is not referred to a staff member who is the subject of the complaint.

115.252 (d): (1) The agency issues 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. (2) Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal. (3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify

the inmate in writing of any such extension and provide a date by which a decision will be made. (4) At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, the inmate may consider the absence of a response to be a denial at that level.

Policy # 430.00, page 16 E states: WVDCR 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.

115.252 (f): (1) The agency establish procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. (2) After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision documents the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

Policy # 430.00, page 16 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.

115.252 (f): (1) The agency establish procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. (2) After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision documents the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

In response to the Pre-Audit Questionnaire:

The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0

The number of those grievances in 115.252(e)-3 that had an initial response within

	<p>48 hours: 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>115.252 (g): The agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith.</p> <p>Policy # 430.00, page 16 H states: Offenders may be disciplined for filing a grievance related to alleged sexual abuse only where the WVDCR demonstrates that the offender filed the grievance in bad faith. The inmate handbook states: If you have been assaulted or witness an assault, or if you are a victim of sexual abuse or witnessed inmate-on-inmate 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 inmate 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 WVDCRPREA@WV.GOV.</p> <p>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 WVDCR does not require an offender to use any informal grievance process when reporting sexual abuse or sexual harassment.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.252 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.253:

1. West Virginia Division of Corrections & Rehabilitation Policy Directive # 430.00; Subject - Prison Rape Elimination Act Compliance (PREA)
2. Confined Person's Orientation
3. Contract with WVFRIS (outside advocate)
4. PREA Brochures "End the Silence" (English and Spanish)
5. Charleston Correctional Center Pre-Audit Questionnaire

In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:

1. Random Confined Persons
2. Confined Persons who Reported Sexual Abuse (0)

In order to decide compliance determination, the following observations were made during on-site tour of the facility:

Hotline dialing instructions were posted on metal signs next to phones accessible to confined person. Numbers and addresses, and the email address are on confined person's tablets for the PREA Compliance Office. PREA information can be found on the confined person's tablets. Tablets can be used to file grievance reporting sexual abuse and sexual harassment.

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.253 (a): The facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.

WVDCR has a contract with West Virginia Foundation Rape Information Services to provide advocate services to confined persons that are victim of sexual abuse; contact information for WVFRIS is found on the tablet.

115.253 (b): The facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

Confined persons are informed the communications is monitored when reporting sexual abuse.

115.253 (c): The agency maintains or attempt to enter into memorandum of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual

abuse.

The agency maintains a copy of the contract with WVFRIS to provide an advocate for victim of sexual assault .

Policy and Materials Reviewed: West Virginia Division of Corrections & Rehabilitation Policy Directive # 430.00; Subject - Prison Rape Elimination Act Compliance (PREA), Handbook, Brochure, Charleston Correctional Center Pre-Audit Questionnaire

Policy # 430.00, page 16 I states: I. The WVDCR shall maintain or attempt to enter into memorandum of understanding or other agreements with community service providers that are able to provide offenders with confidential emotional support services related to sexual abuse. The WVDCR shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

1. Information regarding the agency's reporting procedures.
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.
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 WVDCR 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 or who may have other good cause to find the training too difficult in a group setting.

	<p>Policy # 430.00, page 16 I states: The WVDCR shall maintain or attempt to enter into memorandum 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 WVDCR shall maintain copies of agreements or documentation showing attempts to enter into such agreements.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.252 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.254:</p> <ol style="list-style-type: none"> 1. West Virginia Division of Corrections & Rehabilitation Policy Directive # 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Confined Person Handbook 3. Orientation Information 4. WVFRIS Contract 5. PREA Brochures "End the Silence" (English and Spanish) 6. Charleston Correctional Center Pre-Audit Questionnaire <p>In order to decide compliance determination, the following observations were made during on-site tour of the facility:</p> <p>Hotline dialing instructions were posted on metal signs next to phones accessible to confined person. Numbers and addresses, and the email address are on confined person's tables for the PREA Compliance Office. PREA information can be found on the confined person's tablets. Tablets can be used to file grievance reporting sexual abuse and sexual harassment.</p> <p>The following describes how the evidence above was used to draw the conclusion</p>

regarding compliance (By Provision):

115.254 (a): The agency has establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate.

Policy # 430.00, page 15 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 WVDCR 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 WVDCR, and that is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to WVDCR 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 WVDCR shall distribute publicly through the WVDCR website the e- mail, address and information on how to report sexual abuse and sexual harassment on behalf of the offender and the WVDCR policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigations.

Policy and Materials Reviewed: West Virginia Division of Corrections & Rehabilitation Policy Directive # 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) West Virginia Division of Corrections and Rehabilitation, Charleston Correctional Center Pre-Audit Questionnaire

Site Review: Inmate Handbook, phones with Hotline dialing instructions, PREA signage is posted throughout the facility, third-party contact information for reporting methods were also posted throughout the facility.

The inmate handbook states: If you have been assaulted or witness an assault, or if you are a victim of sexual abuse or witnessed inmate-on-inmate 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 #01 on the inmate 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 DCRPREA@WV.GOV.

A search of the West Virginia Division of Corrections and Rehabilitation confirmed 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:

- If you were, or are, in custody at a WV juvenile center or facility, please call 1-855-366-0015.

- 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 dcrprea@wv.gov.
- 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 dcrprea@wv.gov.

In case of email communications, please include the following:

- Incident that occurred.
- Who was the victim?
- Who was the suspect?
- Time and date of sexual abuse.
- If requested, your anonymity will be protected.

Policy # 430.00, page 15 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 15 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.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.254 based upon documentation provided and interviews conducted.

Corrective Action: None

115.261	Staff and agency reporting duties
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 297">Auditor Discussion</p> <p data-bbox="280 340 1469 416">In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.261:</p> <p data-bbox="280 454 1461 488">Policy Directive # 430.00; Subject - Prison Rape Elimination Act Compliance (PREA)</p> <p data-bbox="280 526 1477 602">In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p data-bbox="280 640 564 674">Specialized Staff (3)</p> <ol data-bbox="280 712 699 909" style="list-style-type: none"> 1. PREA Compliance Manager 2. Superintendent 3. Medical Staff 4. Informal Staff (12) 5. Random Staff (12) <p data-bbox="280 947 1437 1023">The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p data-bbox="280 1061 1430 1305">115.261 (a): The agency requires 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; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p data-bbox="280 1344 1477 1711">Policy # 430.00, page 15 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 data-bbox="280 1749 1469 1993">In response to the PAQ, staff reported the agency requires all staff to immediately report any knowledge, suspicion, or information they received regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not is part of the agency; retaliation against confined persons or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p data-bbox="280 2031 1350 2065">Random staff interviewed confirmed all staff knew of their requirements for</p>

reporting instances or allegations of sexual abuse, retaliation, or staff neglect. All staff were adamant they would not hesitate to report to their supervisor.

115.261 (b): Staff reporting sexual abuse or harassment to designated supervisors or officials, staff shall not reveal 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.

Policy # 430.00, page 17 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.

The interviews with random staff and informal staff confirmed they would disclose any information they knew of or heard of to their immediate supervisors and would not discuss it with other staff members.

115261 (c): Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

Policy # 430.00, page 22 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 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.

Interviews with medical staff confirmed they were aware of their duty to report, and the confidentiality limitations at the beginning of services.

Mental health services are not provide on-site.

During interview with the Facility Superintendent, she confirmed all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports are reported and investigated.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.261 based upon documentation provided and interviews conducted.

Corrective Action: None

115.262	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.262:</p> <p>Policy Directive # 430.00; Subject - Prison Rape Elimination Act Compliance (PREA)</p> <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (2)</p> <ol style="list-style-type: none"> 1. Superintendent 2. Agency Head 3. Informal Staff (12) 4. Random Staff (12) <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.262 (a): When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate.</p> <p>Policy # 430.00, page 17 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>In response to the PAQ, the facility reported the number of times the agency or facility determined that a confined person was subject to a substantial risk of imminent sexual abuse.</p> <p>In the past 12 months, the number of times the agency or facility determined that an inmate was subject to a substantial risk of imminent sexual abuse: 0</p> <p>The interviews with random staff confirmed all staff knew to act and respond immediately to the situation taking protective measures separate the confined persons and move the victim to a safe place in view of staff.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.262 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: None</p>

115.263	Reporting to other confinement facilities
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Auditor Overall Determination: Meets Standard

Auditor Discussion

In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 116.263:

1. Policy Directive # 430.00; Subject - Prison Rape Elimination Act Compliance (PREA)
2. Charleston Correctional Center Pre-Audit Questionnaire

In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:

Specialized Staff (1)

1. Superintendent

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.263 (a): Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.

In response to the Pre-Audit Questionnaire:

In the past 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility: 0

115.263 (b): Notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

115.263 (c): The agency shall document that it has provided such notification.

115.263 (d): The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

In response to the Pre-Audit Questionnaire:

In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0

Policy # 430.00, page 17 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

	<p>investigated in accordance with PREA standards.</p> <p>During the interview, the Superintendent confirmed that all instances of previous incidents of abuse that occurred at other facilities were reported to the facility where the abuse occurred. Documentation would occur and the receiving location would initiate an investigation.</p> <p>Based on the interview, the auditor is confident the facility leadership would take appropriate action if a notification is received. In response to the PAQ, the facility reported zero allegations of sexual abuse the facility received from other facilities.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.263 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.264	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.264:</p> <ol style="list-style-type: none"> 1. Policy Directive # 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Coordinated Response Plan 3. Charleston Correctional Center Pre-Audit Questionnaire <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (1)</p> <ol style="list-style-type: none"> 1. Security Staff and Non-Security Staff First Responders 2. Inmates who Reported a Sexual Abuse (0) 4. Random Confined Persons (12) <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.264 (a): Upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence,</p>

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; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.

In response to the Pre-Audit Questionnaire:

In the past 12 months, the number of allegations that an inmate was sexually abused: 0

Of these allegations of sexual abuse in the past 12 months, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 0

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: 0

115.264 (b): If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

In response to the Pre-Audit Questionnaire:

Of the allegations that an inmate was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0

Policy # 430.00, page 17 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 WVDCR coordinated response plan.

The Coordinated Response Plan, first steps details actions to be taken in the event of an incident of sexual abuse which include the following elements required in this standard provision:

- Ensure the victim is separated from the abuser.
- Secure the crime scene if applicable to restrict access to the area and to prevent handling of evidence until an internal investigator arrives.

	<ul style="list-style-type: none"> - Instruct the alleged victim to refrain from changing clothes, drinking, eating, brushing teeth, or any other activity that could destroy any physical evidence. - Instruct the alleged perpetrator to refrain from changing clothes, drinking, eating, brushing teeth, or any other activity that could destroy any physical evidence. <p>Interviewed staff, including non-uniformed staff, explained the steps required as a first responder. Their responses were consistent with the Policy and the WVDCR Coordinated Response Plan.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.264 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: None</p>
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.265:</p> <ol style="list-style-type: none"> 1. Policy Directive # 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Coordinated Response Plan 3. Charleston Correctional Center Pre-Audit Questionnaire <p>In order to decide compliance determination, the following person was interviewed, and the following interview finding was considered:</p> <p>Specialized Staff (1)</p> <ol style="list-style-type: none"> 1. Superintendent <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.265 (a): The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>Policy # 430.00, page 17 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</p>

	<p>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 incidents of sexual abuse, all first responders are required to follow the WVDCR coordinated response plan.</p> <p>The facility has a Coordinated Response Plan to ensure that during an emergency, like other emergency plans required for secure facilities, the WVDCR Checklists serves as a coordinated response plan as well. The Coordinated Response Plan identifies actions to be taken by various components of the facility in response to an allegation of sexual abuse. If there was a sexual assault allegation, the facility, will comply with WVDCR Policy and initiate actions required in incidents of sexual abuse or of sexual misconduct.</p> <p>The interview with the Facility Superintendent indicated the Coordinated Response Plan serves as a guide for each first responder, medical and mental health staff as well as all participants in the event of a sexual assault.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.265 based upon documentation provided and Interview conducted.</p> <p>Corrective Action: (None)</p>
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115.266	Preservation of ability to protect residents from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.266:</p> <p>1. Charleston Correctional Center Pre-Audit Questionnaire</p> <p>In order to decide compliance determination, the following person was interviewed, and the following interview finding was considered:</p> <p>Specialized Staff (1)</p> <p>1. Agency Head</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.266 (a): In response to the PAQ, the facility reported the agency, facility, or any</p>

	<p>other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit.</p> <p>Policy # 430.00, page 17 E states: WVDCR does not have the authority to enter into collective bargaining agreements pursuant to WV State Code.</p> <p>The Agency Head reported that Collective Bargaining, as it is known in many states, does not occur in the Corrections in the state of West Virginia. Individuals may join CWA (union) that allows for grievances, but it does not allow bargaining for wage or working conditions.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.266 based upon documentation provided and Interview conducted.</p> <p>Corrective Action: (None)</p>
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115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.267:</p> <ol style="list-style-type: none"> 1. Policy Directive # 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Coordinated Response Plan 3. Retaliation Forms 4. Charleston Correctional Center Pre-Audit Questionnaire <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (3)</p> <ol style="list-style-type: none"> 1. Agency Head 2. Superintendent 3. Designated Staff Member Charged with Monitoring Retaliation 4. Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) NA 5. Inmates who Reported a Sexual Abuse (0) <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p>

115.267 (a): The agency has established policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff and shall designate which staff members or departments are charged with monitoring retaliation.

115.267 (b): The agency employs multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Policy # 430.00, page 17 F states: The WVDCR 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.

115.267 (c): For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff and shall act promptly to remedy any such retaliation. Items the agency should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

In response to the Pre-Audit Questionnaire:

The number of times an incident of retaliation occurred in the past 12 months: 0

115.267 (d): In the case of inmates, monitoring also includes periodic status checks.

115.267 (f): The auditor is not required to audit the provision.

Policy # 430.00, page 18 G states: The WVDCR 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 WVDCR should monitor include any offender disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The WVDCR 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 WVDCR shall take appropriate measures to protect that individual against retaliation. The facility shall act promptly to remedy any such retaliation.

	<p>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. (115.267(a) (b) (c) (d) (e) (f))</p> <p>The facility has named the PREA Compliance Manager (Deputy Superintendent) at the Charleston Correctional Center & Jail as the staff member who shall monitor retaliation. Interviews confirmed staff knows that retaliation is not allowed. Staff is aware that they can be removed from their jobs. It was also stated that any known retaliation would be reported to their Compliance Manager. The same steps can occur for retaliation as could occur for sexual abuse/harassment or imminent danger with housing moves or facility transfers.</p> <p>The interviews with the agency head designee and Facility Superintendent confirmed if any individual confined person or staff, fears retaliation for cooperating with investigations, protective measures will be instituted. All allegations are monitored for retaliation and WVDCR's zero-tolerance for retaliation is a deterrent for anyone to retaliate. If retaliation occurs, the person retaliating will be disciplined.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.267 (e) based upon interviews conducted and documentation provided.</p> <p>Corrective Action: (None)</p>
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115.271 Criminal and administrative agency investigations	
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.271:</p> <ol style="list-style-type: none"> 1. Policy Directive # 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Charleston Correctional Center Pre-Audit Questionnaire <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (4)</p> <ol style="list-style-type: none"> 1. Investigator 2. Agency Head 3. Superintendent 4. PREA Compliance Manager 5. Confined Person who Reported Sexual Abuse (0)

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.271 (a): The agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

Policy # 430.00, pages 18 - 19 A (6) states: 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. (115.22 (a)) (115.271 (a) (g))

115.271 (b): Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.234.

Policy # 430.00, page 9 F states: F. In addition to the general training provided to all employees pursuant to §115.31, the WVDCR 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 Investigation Division (CID) investigative staff shall receive additional specialized training on conducting sexual abuse investigations in confinement settings. Documentation will be kept in the employee's training file and a copy will be sent to the Office of PREA Compliance. (115.234 (a) (b) (c)) (115.271 (b)) 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; and.
4. The criteria and evidence required to substantiate a case for administrative action or prosecutorial referral.

115.271 (c): Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Policy # 430.00, page 20 H states: The WVDCR shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. (115.272)(115.271 (c)(f))

115.271 (d): When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

115.271 (e): The credibility of a victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

115.271 (f): Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) 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.

115.271 (h): Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

Policy # 430.00, page 20 J states: When the quality of evidence appears to support criminal prosecution, the WVDCR 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 WVDCR 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. (115.271 (c) (d) (e) (f) (h))

In response to the Pre-Audit Questionnaire:

The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit: 0

115.271 (g): Criminal investigations are 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.

Policy # 430.00, page 19 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. (115.271 (g) (h))

115.271 (i): The agency retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Policy # 430.00, page 19 D states: The WVDCR shall retains all written reports for as long as the alleged abuser is incarcerated or employed by the WVDCR, plus five (5) years. (115.271 (i))

115.271 (j): The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

Policy # 430.00, page 21 A states: The departure of the alleged abuser or victim from the employment or control of the WVDCR shall not provide a basis for terminating an investigation.

115.271 (k): Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

Policy # 430.00, page 20 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. (115.271 (h) (k)) (115.273 (b))

115.271 (l): When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Policy # 430.00, page 19 E states: When an outside agency investigates sexual abuse, the WVDCR 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 the Office of PREA Compliance throughout the investigative progress. (115.21 (t) (g)) (115.271 (1)) (115.22 (b))

The facility uses curriculum's written for DCR 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.

	<p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.271 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.272	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.272:</p> <ol style="list-style-type: none"> 1. Policy Directive # 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Charleston Correctional Center Pre-Audit Questionnaire <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (1)</p> <ol style="list-style-type: none"> 1. Investigator (CID) <p>The following describes how the evidence above was used to draw the conclusion regarding compliance:</p> <p>115.272 (a): The agency imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Policy # 430.00, page 20 H states: The WVDCR 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>Review of the investigation files shows that all are fact and evidence driven. The auditor saw no statements of opinions. The WVDCR 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>

	<p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.272 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.273	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.273:</p> <ol style="list-style-type: none"> 1. Policy Directive # 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Charleston Correctional Center Pre-Audit Questionnaire <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (2)</p> <ol style="list-style-type: none"> 1. Superintendent 2. Investigator CID <p>The following describes how the evidence above was used to draw the conclusion regarding compliance:</p> <p>115.273 (a): Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>Policy # 430.00, page 20 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>(115.273 (a) (b))</p> <p>In response to the Pre-Audit Questionnaire:</p> <p>The number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months: 0</p> <p>Of the alleged sexual abuse investigations that were completed in the past 12</p>

months, the number of inmates who were notified, verbally or in writing, of the results of the investigation: 0

115.273 (b): If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate.

In response to the Pre-Audit Questionnaire:

The number of investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency in the past 12 months: 0

The agency conducts its own investigations in conjunction with the West Virginia State Police.

115.273 (c): Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the inmate's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Policy # 430.00, page 20 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: (115.273(c)).

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; and/or.
4. The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. (115.273 (d)).

115.273 (d): Following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Policy # 430.00, page 21 N states: Following an offender's allegation that he or she has been sexually abused by another offender, the WVDCR shall subsequently inform the alleged victim whenever:

1. The WVDCR learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; and/or.

	<p>2. The WVDCR learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</p> <p>115.273 (e): All notifications or attempted notifications shall be documented.</p> <p>115.273 (f): The agency's obligation to report under this standard shall terminate if the inmate is released from the agency's custody.</p> <p>Policy # 430.00, page 21 O states: All notifications or attempted notifications shall be documented and sent to the offender's current WVDCR 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. (115.273 (e) (f))</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.273 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.276:</p> <ol style="list-style-type: none"> 1. Policy Directive # 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Charleston Correctional Center Pre-Audit Questionnaire <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.276 (a): Staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. 115.276 (b): Termination will be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.</p> <p>In response to the Pre-Audit Questionnaire:</p> <p>In the past 12 months, the number of staff from the facility who has violated agency sexual abuse or sexual harassment policies: 0</p> <p>In the past 12 months, the number of those staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or</p>

sexual harassment policies: 0

115.276 (c): Disciplinary sanctions for violations of agency 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.

In response to the Pre-Audit Questionnaire:

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 (other than actually engaging in sexual abuse): 0

115.276 (d): 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

In response to the Pre-Audit Questionnaire:

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

Policy # 430.00, page 21 A states: The staff member shall be subject to disciplinary sanctions up to and including termination for violating WVDCR 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 WVDCR 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 WVDCR shall not provide a basis for terminating an investigation. (115.276 (a) (b) (c) (d)) (115.271 (G))

There have been no disciplinary sanctions or terminations of staff members, contractor or volunteers within the past 12 months. Staff and contractors found to have engaged in sexual misconduct/abuse will be banned from correctional institutions or subject to disciplinary sanctions up to and including termination and staff may be referred for criminal prosecution. Contractors and volunteers will be banned from any contact with inmates and reported to law enforcement agencies, unless the activity was not criminal. Appropriate licensing agencies will be notified.

	<p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.276 based upon documentation provided.</p> <p>Corrective Action: (None)</p>
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115.277	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.277:</p> <ol style="list-style-type: none"> 1. Policy Directive # 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Charleston Correctional Center Pre-Audit Questionnaire <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (1)</p> <ol style="list-style-type: none"> 1. Superintendent <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.277 (a): Any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>In response to the Pre-Audit Questionnaire:</p> <p>In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates: 0</p> <p>115.277 (b): The facility takes appropriate remedial measures, and considers whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>Policy # 430.00, page 21 B states: Any contractor, volunteer, intern or any individual who conducts business with or uses the resources of the WVDCR, who engages in, fails to report, or knowingly condones sexual abuse or sexual harassment of an offender shall be subject to appropriate disciplinary action.</p> <p>Retaliatory action against any individual who reports or is involved in a sexual abuse</p>

	<p>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. (115.277 ((a) (b))</p> <p>An interview with the Superintendent she related; there have been no allegations made against any volunteer or contractor. If there have been; 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 the volunteer for prosecution. Interviewed contractor confirmed understanding zero tolerance and potential sanctions for violating WVDCR Policies.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.277 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.278:</p> <ol style="list-style-type: none"> 1. Policy Directive # 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Charleston Correctional Center Pre-Audit Questionnaire <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (3)</p> <ol style="list-style-type: none"> 1. Superintendent 2. Medical Staff <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.278 (a): Inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in</p>

inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.

In response to the Pre-Audit Questionnaire:

In the past 12 months, the number of administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility: 0

In the past 12 months, the number of criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility: 0

115.278 (b): Sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.

115.278 (c): The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

115.278 (e): The agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

115.278 (g): An agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Policy # 430.00, page 22 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 his/her 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. (115.278 (a) (b) (c) (e) (g))

115.278 (d): If 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 inmate to participate in such interventions as a condition of access to programming or other benefits.

	<p>The facility does not have mental health services at the facility.</p> <p>Policy # 430.00, page 22 A states: When an adult 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 offender to participate in such interventions as a condition of access to programming or other benefits. (115.278 (d))</p> <p>115.278 (f): For the purpose of disciplinary action, 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>Policy # 430.00, page 22 C 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. (115.278 (f))</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 offer the offending inmate 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.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.278 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>1. Policy Directive # 430.00; Subject - Prison Rape Elimination Act Compliance (PREA)</p> <p>2. Charleston Correctional Center Pre-Audit Questionnaire</p> <p>In order to decide compliance determination, the following people were interviewed,</p>

and the following interview findings were considered:

Specialized Staff (1)

1. Medical Staff
2. Confined Persons (12)

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.282 (a): 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.

115.282 (d): Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Policy # 430.00, page 23 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 an outside facility such examinations shall be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where possible. Offenders who may require SAFE/SANE exam may not refuse such exams at the facility level. The WVDCR shall document efforts to provide a SAFE or SANE, 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.

The facility shall maintain a SAFE/SANE log documenting when these services were attempted or utilized. (115.282 (a) (d)), (115.283 (g)), (115.21 (c))

Medical staff at the facility does not conduct SANE exams, if a confined person is sexual assaulted, he is transported to the local hospital and a SANE nurse will conduct the examination.

115.282 (b): If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify the appropriate medical and mental health practitioners.

The facility does not employ SAFE/SANE staff, the confined person would be treated in the community.

Policy # 430.00, page 23 C states: The facility will use the list of local hospitals that employ a SANE, to determine the appropriate medical provider to transport to. Any refusal by the offender to undergo the forensic exam must be documented. If no

	<p>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. (115.21 (c)) (115.282 (b))</p> <p>115.282 (c): Inmate victims of sexual abuse while incarcerated shall be 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.</p> <p>Policy # 430.00, page 23 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 sexually abusive vaginal penetration while incarcerated such victims shall be receive timely and comprehensive information about access to all lawful pregnancy related medical services. (115.282 (c)) (115.283 (d) (e) (f))</p> <p>Sexual Assault Nurse Examiners are provided through local hospitals. 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 inmate 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. Inmates are never charged for medical care cost associated with a sexual assault.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.282 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.283:</p> <ol style="list-style-type: none"> 1. Policy Directive # 430.00; Subject - Prison Rape Elimination Act Compliance

(PREA)

2. Charleston Correctional Center Pre-Audit Questionnaire

In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:

Specialized Staff (2)

1. Medical Staff
2. Confined Person who Reported Sexual Abuse (NA)

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.283 (a): The facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

The facility does not provide mental health services to confined persons.

115.283 (b): Evaluation and treatment of victims includes, 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.

115.283 (c): The facility provides victims with medical and mental health services consistent with the community level of care.

Policy # 430.00, pages 23 - 24 F states: WVDCR 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. (115.283 (a) (b) (c))

115.283 (d): Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

115.283 (e): If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

115.283 (f): Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

Policy # 430.00, pages 23 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. (115.282 (c)) (115.283 (d) (e) (f))

115.283 (g): Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Policy # 430.00, pages 23 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 an outside facility; such examinations shall be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where possible. Offenders who may require SAFE/SANE exam may not refuse such exams at the facility level. The WVDCR shall document efforts to provide a SAFE or SANE, 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.

The facility shall maintain a SAFE/SANE log documenting when these services were attempted or utilized. (115.282 (a) (d)), (115.283 (g)), (115.21 (c))

115.283 (h): All prisons attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Policy # 430.00, pages 24 G states: The facility shall attempt to conduct a mental health evaluation of all known offender-on-offender abusers within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. 115.283 (h)

The does not have medical staff on-site.

The facility does not offer mental health services on-site.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.283 based upon documentation provided and interviews conducted.

Corrective Action: (None)

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard

Auditor Discussion

In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.286:

1. Policy Directive # 430.00; Subject - Prison Rape Elimination Act Compliance (PREA)
2. Investigation Sexual Abuse (0)
3. Investigation of Sexual Harassment (0)
4. Charleston Correctional Center Pre-Audit Questionnaire

In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:

Specialized Staff (1)

1. Superintendent

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.286 (a): The facility conducts 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.

In response to the Pre-Audit Questionnaire:

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: 0

115.286 (b): Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

In response to the Pre-Audit Questionnaire:

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

115.286 (c): The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

Policy # 430.00, page 24 A states: The Office of PREA Compliance, in collaboration with the facility PCM shall conduct a Sexual Abuse Incident Review within thirty (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. (115.286 (a) (b) (c))

115.286 (d): The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (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; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

Policy # 430.00, page 24 B states: The review committee shall: (115.286 (d)).

1. Consider whether the allegation or investigation indicates need to change policy or practice to better detect, or respond to sexual abuse.
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.
3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
4. Assess the adequacy of staffing levels in that area during different shifts; and.
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

115.286 (e): The facility implements recommendations for improvement, or shall document its reasons for not doing so.

Policy # 430.00, page 24 C states: The facility shall document the recommendations for improvement or reasons for not doing at the conclusion of the Sexual Abuse Incident Review. (115.286 (e)) The Office of PREA Compliance shall prepare a report of its findings and ensure that any deficiencies are promptly identified and corrected.

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 and review of Incident Reviews.

	<p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.286 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.287	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.287:</p> <ol style="list-style-type: none"> 1. Policy Directive # 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Annual PREA Report 2022 3. Charleston Correctional Center 2021 4. Ronald Mulholland Juvenile Center 2018 (private facility) <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.287 (a): The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>Policy # 430.00, pages 31 - 32 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 his/ her facility. Incident-based data reports shall be generated each month.</p> <p>The data collected shall include at a minimum:</p> <ol style="list-style-type: none"> 1. The total number of allegations. 2. Investigation number and the disposition. 3. The WVDCR shall maintain, review, and collect data as needed from all available incident- based documents, including reports, investigation files, and sexual abuse incident reviews. 4. The WVDCR also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its offenders. 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.

115.287 (b): The agency aggregates the incident-based sexual abuse data at least annually.

Policy # 430.00, page 32 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 WVDCR 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 WVDCR's progress in addressing sexual abuse. The annual report shall be approved by the WVDCR Commissioner and made readily available to the public annually through the WVDCR website. The WVDCR 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 WVDCR shall provide all such data from the previous calendar year to the Department of Justice. (115.287 (b) (f)) (115.288 (b) (c) (d)) (115.289 (b) (c))

115.287 (c): The incident-based data collected shall 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.

Policy # 430.00, page 32 E (5) & F states: 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. (115.287 (c))

The WVDCR shall use the data to:

1. Identify areas of concern.
2. Determine corrective action on an ongoing basis.
3. Assess and improve the effectiveness of the agencies sexual abuse prevention, detection, and response policies, practices, and training; and.
4. Create an annual report of findings and corrective actions for each facility and WVDCR.

115.287 (d): The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Policy # 430.00, page 32 E (3) states: The WVDCR shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews; and (115.287 (d)).

115.287 (f): Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Policy # 430.00, page 32 H states: H. 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 WVDCR 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 WVDCR's progress in addressing sexual abuse. The annual report shall be approved by the WVDCR Commissioner and made readily available to the public annually through the WVDCR website. The WVDCR 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 WVDCR shall provide all such data from the previous calendar year to the Department of Justice. (115.287 (b) (f)) (115.288 (b) (c) (d)) (115.289 (b) (c))

The agency/facility utilizes a PREA Monthly Statistical report that is provided to WVDCR. The form is extensive. It covers:

- Inmate-on-Inmate Sexual Acts (including definitions for Non-consensual Sexual Acts, Abusive Sexual Contacts and Sexual Harassment).
- Staff Sexual Misconduct (including definitions for Staff Sexual Misconduct and Staff Sexual Harassment).

Each of these individual areas is 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 (inmate-on-inmate), an Inmate-on-Inmate Questionnaire for the Predator and a Staff-on- Inmate Questionnaire. Each of these three (3) documents must be completed for each occurrence. Annual reports are placed on the agency website. The facility provides its data to the Department of Justice as requested.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.287 based upon documentation provided and interviews conducted.

Corrective Action: (None)

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.288:

1. Policy Directive # 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)
2. Annual Reports 2021 & 2022

In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:

Specialized Staff: (2)

1. Agency Head
2. PREA Compliance Manager

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.288 (a): The agency reviews 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:

- (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and
- (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

115.288 (b): Such report includes a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

Policy # 430.00, page 26 G states: G. All sexual abuse data shall be securely retained for at least ten (10) years after the date of the initial collection.

115.288 (d): The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

Policy # 430.00, page 26 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 WVDCR 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 WVDCR's progress in addressing sexual abuse. The annual report shall be approved by the WVDCR Commissioner and made readily available to the public annually through the WVDCR website. The WVDCR 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 WVDCR shall provide all such data from the previous calendar year to the Department of Justice.

The WVDCR shall use the data to:

	<ol style="list-style-type: none"> 1. Identify areas of concern. 2. Determine corrective action on an ongoing basis. 3. Assess and improve the effectiveness of the agency's sexual abuse prevention, detection, and response policies, practices, and training. 4. Create an annual report of findings and corrective actions for each facility. <p>115.288 (c): The agency's reports 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.</p> <p>Interviews with the PREA Compliance Manager and Agency Head 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 is headed by the Office of PREA Compliance. As noted in the policy above, the annual report is available on the Website, https://dcv.wv.gov/Pages/default.aspx.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.288 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.289:</p> <ol style="list-style-type: none"> 1. Policy Directive # 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Annual Reports 2012 & 2022 <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (2)</p> <ol style="list-style-type: none"> 1. Agency Head 2. PREA Compliance Manager <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p>

115.289 (a): The agency ensures that data collected pursuant to § 115.287 are securely retained.

Data collection is securely stored in locked cabinets behind lock doors with limited access.

Policy # 430.00, page 26 G states: G. All sexual abuse data shall be securely retained for at least ten (10) years after the date of the initial collection.

In response to the PAQ, the facility reported its agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Investigations files are retained to ten years.

115.289 (b): The agency makes 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.

115.289 (c): Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

Policy # 430.00, page 26 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 WVDCR 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 WVDCR's progress in addressing sexual abuse. The annual report shall be approved by the WVDCR Commissioner and made readily available to the public annually through the WVDCR website at <https://dcr.wv.gov/resources/Pages/prea.aspx>. The WVDCR 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 WVDCR shall provide all such data from the previous calendar year to the Department of Justice.

115.289 (d): The agency shall 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.

Policy # 430.00, page 26 G states: All sexual abuse data shall be securely retained for at least ten (10) years after the date of the initial collection.

The annual report shall be approved by the WVDCR Commissioner and made readily available to the public annually through the WVDCR website. The WVDCR 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 WVDCR shall provide all such data from the previous calendar year to the

	<p>Department of Justice. The agency securely retains the information for ten years.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.289 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.401:</p> <ol style="list-style-type: none"> 1. Policy Directive # 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Annual Reports 2012 - 2022 3. Charleston Correctional Center April 12, 2021 PREA Report 4. WVDCR Website https://dcr.wv.gov/resources/Pages/prea.aspx <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>Policy # 430.00, page 26 - 27 A, B and C 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 WVDCR's control is audited during each year of the three-year audit cycle. (115.401 (a) (b))</p> <p>A. The auditor will review and have access to all relevant information listed below:</p> <ol style="list-style-type: none"> 1. Policies, procedures, reports, internal and external audits, and accreditations for each facility type. <ol style="list-style-type: none"> 1. A sampling of relevant documents and other records and information for the most recent one-year period. 2. Shall observe, all areas of the audited facilities. 3. Shall be permitted to request and receive copies of any relevant documents (including electronically stored information). 4. 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.

5. Shall interview a representative sample of offenders and of staff, supervisors, and administrators.
6. Shall review a sampling of any available videotapes and other electronically available data that may be relevant to the provisions being audited.
7. Shall be permitted to conduct private interviews with offenders; and.
8. Shall attempt to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility.

115.401 (a): During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.

Charleston Correctional Center was last audit April 2021 with compliance in all standards. The final report dated April 12, 2021 has been posted on the agency's website at [https:// dcr.wv.gov/resources/Pages/prea.aspx](https://dcr.wv.gov/resources/Pages/prea.aspx).

115.401 (b): During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.

Review of the agency website confirmed all West Virginia Department of Corrections and Rehabilitation facilities are audited within three year cycle. The auditor reviewed the last audit for Charleston Correctional Center.

115.401 (h): The auditor shall have access to, and shall observe, all areas of the audited facilities.

During the on-site portion of the audit, the auditor had complete access to all areas of the facility. The auditor was accompanied by facility staff and the agency's Office of PREA Compliance personnel. During the review, the auditor observed PREA Audit Notices posted throughout the facility accessible to all confined persons, visitors, volunteers, and contractors.

The auditor informally interviewed confined persons, contractors, and staff during the site tour.

PREA signage in English and Spanish was posted in all living units, medical kitchen, dining hall, recreation area, and administration. Metal signs with PREA Hotline dialing instructions were post next to all phones accessible to confined persons. The auditor tested multiple phones to ensure they were operational. Confined person have access to paper and writing utensils. The auditor observed confined persons with tablets. Grievance Boxes were observed in multiple areas accessible to confined persons, the agency has an administrative procedure that allows confined person to report sexual abuse and harassment. Cameras are strategically placed

	<p>throughout the facility; staff stated the facility is monitored by surveillance cameras 24/7.</p> <p>The auditor observed the secure file room located in classification file room where confined persons records are stored, the area has limited access to program staff and administration staff has access to enter this area and review confined persons files.</p> <p>115.401 (i): The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information).</p> <p>The auditor reviewed documents uploaded into the Online Audit System, when additional documentation was requested the facility provided the information expeditiously. After the on-site portion of the audit, additional documentation was received via mail and uploaded into the Supplement File in the Online Audit System. All requested documentation was provided.</p> <p>115.401 (m): The auditor was permitted to conduct private interviews with inmates.</p> <p>The facility provided the auditor was a private area to conduct interviews with random confined persons, targeted confined persons, contractors, random staff, and specialized administrative staff. The auditor was unable to interview any volunteers during the on-site portion of the audit. All individuals interviewed were forthcoming and polite. Facility staff ensured that confined persons were readily available for interview.</p> <p>115.401 (n): Inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.</p> <p>The audit notices was posted 45 days prior to the on-site portion of the audit with the auditor contact information, providing the confined persons, visitors, volunteers, contractor, staff, and other outside interested parties to privately correspond with the auditor. The auditor received no corresponds from a confined person, staff, contractor, or other outside parties.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.401 based upon documentation provided.</p> <p>Corrective Action: (None)</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	In order to decide compliance determination for this standard, the following policies

and other documentation were reviewed for standard 115.403:

1. Pre-Audit Questionnaire (PAQ)
2. <https://dcr.wv.gov/resources/Pages/prea.aspx>.

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

The Agency PREA Coordinator ensures that all PREA Reports are published on the agency's website within 90 days of the completion of the report. Reports for all facilities for all reporting periods are posted on the agency's website, <https://dcr.wv.gov/resources/Pages/prea.aspx> and are easily accessible to the public. The auditor reviewed the Agency's website and reviewed the previous PREA reports, as well as, annual reports that were posted on the website.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.403 based upon documentation provided.

Corrective Action: (None)

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
115.212 (a)	Contracting with other entities for the confinement of residents	
	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
115.212 (b)	Contracting with other entities for the confinement of residents	
	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
115.212 (c)	Contracting with other entities for the confinement of residents	
	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	yes

	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.)	
	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
115.213 (a)	Supervision and monitoring	
	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
115.213 (b)	Supervision and monitoring	
	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
115.213 (c)	Supervision and monitoring	
	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	yes

	staffing patterns?	
	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
115.215 (a)	Limits to cross-gender viewing and searches	
	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
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	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 the facility does not have female inmates.)	yes
115.215 (c)	Limits to cross-gender viewing and searches	
	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
115.215 (d)	Limits to cross-gender viewing and searches	
	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,	yes

	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?	
	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
115.215 (e)	Limits to cross-gender viewing and searches	
	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
115.215 (f)	Limits to cross-gender viewing and searches	
	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
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	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 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?	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 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
115.216 (b)	Residents with disabilities and residents who are limited English proficient	

	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
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	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
115.217 (a)	Hiring and promotion decisions	
	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	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	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
115.217 (b)	Hiring and promotion decisions	
	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
115.217 (c)	Hiring and promotion decisions	
	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
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	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
115.217	Hiring and promotion decisions	

(f)		
	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
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	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
115.218 (a)	Upgrades to facilities and technology	
	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.)	na
115.218 (b)	Upgrades to facilities and technology	
	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	na

	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.)	
115.221 (a)	Evidence protocol and forensic medical examinations	
	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
115.221 (b)	Evidence protocol and forensic medical examinations	
	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
115.221 (c)	Evidence protocol and forensic medical examinations	
	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
115.221 (d)	Evidence protocol and forensic medical examinations	
	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
115.221 (e)	Evidence protocol and forensic medical examinations	
	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
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	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

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	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
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	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
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	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
115.231 (a)	Employee training	
	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	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	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
115.231 (b)	Employee training	
	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
115.231 (c)	Employee training	
	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,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	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
115.232 (b)	Volunteer and contractor training	
	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
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	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
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	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
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	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
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	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)).	
115.234 (b)	Specialized training: Investigations	
	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
115.234 (c)	Specialized training: Investigations	
	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
115.235 (a)	Specialized training: Medical and mental health care	
	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
115.235 (b)	Specialized training: Medical and mental health care	
	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.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	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
115.235 (d)	Specialized training: Medical and mental health care	
	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	yes

	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.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	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
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	no
115.241 (c)	Screening for risk of victimization and abusiveness	
	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:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	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
115.241 (e)	Screening for risk of victimization and abusiveness	
	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
115.241 (f)	Screening for risk of victimization and abusiveness	
	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?	no

115.241 (g)	Screening for risk of victimization and abusiveness	
	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
115.241 (h)	Screening for risk of victimization and abusiveness	
	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
115.241 (i)	Screening for risk of victimization and abusiveness	
	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
115.242 (a)	Use of screening information	
	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
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	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
115.242 (d)	Use of screening information	
	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
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	Use of screening information	

(f)		
	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
115.251 (a)	Resident reporting	
	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
115.251 (b)	Resident reporting	

	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
115.251 (c)	Resident reporting	
	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
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	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
115.252 (b)	Exhaustion of administrative remedies	
	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	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	Exhaustion of administrative remedies	
	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
115.252 (d)	Exhaustion of administrative remedies	
	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	
	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	yes

	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.)	
	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
115.252 (f)	Exhaustion of administrative remedies	
	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
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	yes

	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.)	
115.253 (a)	Resident access to outside confidential support services	
	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
115.253 (b)	Resident access to outside confidential support services	
	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
115.253 (c)	Resident access to outside confidential support services	
	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
115.254 (a)	Third party reporting	
	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
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	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
115.261 (b)	Staff and agency reporting duties	
	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
115.261 (c)	Staff and agency reporting duties	
	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
115.261 (d)	Staff and agency reporting duties	
	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
115.261 (e)	Staff and agency reporting duties	
	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

115.262 (a)	Agency protection duties	
	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
115.263 (a)	Reporting to other confinement facilities	
	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
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	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,	yes

	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?	
	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
115.264 (b)	Staff first responder duties	
	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
115.265 (a)	Coordinated response	
	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
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	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
115.267 (a)	Agency protection against retaliation	
	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
115.267 (b)	Agency protection against retaliation	
	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
115.267 (c)	Agency protection against retaliation	
	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
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	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
115.271 (a)	Criminal and administrative agency investigations	
	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
115.271 (b)	Criminal and administrative agency investigations	
	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
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	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
115.271 (d)	Criminal and administrative agency investigations	
	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
115.271 (e)	Criminal and administrative agency investigations	
	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
115.271 (f)	Criminal and administrative agency investigations	
	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
115.271 (g)	Criminal and administrative agency investigations	
	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
115.271	Criminal and administrative agency investigations	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	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
115.271 (j)	Criminal and administrative agency investigations	
	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
115.271 (l)	Criminal and administrative agency investigations	
	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 any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	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
115.273 (a)	Reporting to residents	
	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
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

	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.)	
115.273 (c)	Reporting to residents	
	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
115.273 (d)	Reporting to residents	
	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	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	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
115.276 (d)	Disciplinary sanctions for staff	
	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
115.277 (a)	Corrective action for contractors and volunteers	

	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
115.277 (b)	Corrective action for contractors and volunteers	
	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
115.278 (a)	Disciplinary sanctions for residents	
	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
115.278 (b)	Disciplinary sanctions for residents	
	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
115.278 (c)	Disciplinary sanctions for residents	
	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
115.278 (d)	Disciplinary sanctions for residents	
	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	yes

	condition of access to programming and other benefits?	
115.278 (e)	Disciplinary sanctions for residents	
	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
115.278 (f)	Disciplinary sanctions for residents	
	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
115.278 (g)	Disciplinary sanctions for residents	
	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
115.282 (a)	Access to emergency medical and mental health services	
	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
115.282 (b)	Access to emergency medical and mental health services	
	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
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	Access to emergency medical and mental health services	
	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
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	yes

	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.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.286 (a)	Sexual abuse incident reviews	
	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
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	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
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	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
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	Data collection	

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	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
115.287 (e)	Data collection	
	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
115.287 (f)	Data collection	
	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
115.288 (a)	Data review for corrective action	
	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

115.288 (b)	Data review for corrective action	
	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
115.288 (c)	Data review for corrective action	
	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
115.288 (d)	Data review for corrective action	
	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
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	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
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	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

115.401 (a)	Frequency and scope of audits	
	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
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	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.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
115.403 (f)	Audit contents and findings	
	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