

PREA Facility Audit Report: Final

Name of Facility: Denmar Correctional Center and Jail

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/07/2025

Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



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.



Auditor Full Name as Signed: Darla P. OConnor

Date of Signature: 07/07/2025

AUDITOR INFORMATION

Auditor name: OConnor, Darla

Email: doconnor@strategicjusticesolutions.com

Start Date of On-Site Audit: 04/23/2025

End Date of On-Site Audit: 04/25/2025

FACILITY INFORMATION

Facility name: Denmar Correctional Center and Jail

Facility physical address: 4319 Denmar Road, Hillsboro, West Virginia - 24946

Facility mailing address:

Primary Contact

Name:	Amanda McGrew
Email Address:	amanda.d.mcgregw@wv.gov
Telephone Number:	304-558-2036

Warden/Jail Administrator/Sheriff/Director	
Name:	Jason Collins
Email Address:	jason.a.collins@wv.gov
Telephone Number:	304-653-4201

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Tonya Pollack, RN, BSN, HSA
Email Address:	tpollack@wexfordhealth.com
Telephone Number:	304-653-8511

Facility Characteristics	
Designed facility capacity:	240
Current population of facility:	193
Average daily population for the past 12 months:	194
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys

In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	18+
Facility security levels/inmate custody levels:	Medium
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	138
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	35
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	2

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:
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Name:	William K Marshall III
Email Address:	William.K.Marshall@wv.gov
Telephone Number:	304-558-2036

Agency-Wide PREA Coordinator Information			
Name:	Amanda McGrew	Email Address:	amanda.d.mcgreg@wv.gov

Facility AUDIT FINDINGS	
Summary of Audit Findings	
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. Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.	
Number of standards exceeded:	
0	
Number of standards met:	
45	
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:	2025-04-23
2. End date of the onsite portion of the audit:	2025-04-25

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?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Just Detention International was contacted and confirmed that their database showed no record of contact from the facility or its inmates. Pocahontas Memorial Hospital, 150 Duncan Road, Buckeye, WV 24924; 304-799-7400, verified that they maintain a dedicated SANE (Sexual Assault Nurse Examiner) area for conducting forensic examinations. The West Virginia Foundation for Rape Information and Services (WVFRIS) confirmed that they have an agreement with the facility to provide SANE personnel and sexual assault advocacy services. They offer emotional support to inmates regardless of when the sexual abuse occurred. Crisis Center, Inc., confirmed that, through their agreement with WVFRIS, they provide rape crisis services, emotional support, advocacy, and access to SANE personnel for the facility. The 24-hour hotline is 800-656-4673.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	240
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15. Average daily population for the past 12 months:	193
16. Number of inmate/resident/detainee housing units:	3
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☒ No ☐ 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	
18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	192
19. 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
20. 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:	0
21. 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

22. 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
23. 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
24. 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:	0
25. 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:	0
26. 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:	0
27. 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:	0
28. 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:	0

29. 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):	As of the first day of the onsite audit, the facility demonstrated a robust capacity to provide comprehensive, precise, and current data regarding the characteristics of its inmate/resident/detainee population. Facility records included critical demographic details and PREA-related risk factors such as age, gender identity, sexual orientation (when voluntarily disclosed), disability status, and any documented history of sexual victimization or abusiveness. The facility's classification and tracking systems reliably ensured that all PREA-targeted populations were accurately identified, documented, and monitored without exception. The review revealed no gaps or omissions in documentation, and all subpopulations were fully accounted for within the facility's records. Interviews with staff reinforced their thorough understanding of both the overall population makeup and the facility's established protocols for screening, housing, and providing necessary support to individuals deemed at heightened risk or vulnerability. Notably, no obstacles or constraints were observed in the processes related to the collection, classification, or application of population data. Screening and classification instruments were applied consistently, and staff demonstrated proficiency in utilizing this data to make well-informed decisions regarding housing assignments, supervision levels, and the delivery of support services. Collectively, the facility's diligent data management practices, paired with knowledgeable staff and uniform procedural adherence, underpin a comprehensive and equitable implementation of PREA standards throughout the institution's population.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
30. 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:	138

31. 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:	35
32. 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:	10

33. 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:

As of the first day of the on-site audit, the facility reported a small but consistently engaged group of volunteers and contractors actively involved in various facets of institutional programming and daily operations. Documentation reviewed prior to the audit, together with corroborative information gathered during leadership interviews, verified that all volunteers and contractors with direct inmate contact are held to the same Prison Rape Elimination Act (PREA) compliance standards as full-time employees. These standards encompass thorough criminal background checks conducted before granting facility access, documented completion of PREA training tailored to the nature and extent of their inmate interactions, and continuous supervision whenever they are present in secure areas.

The demographic makeup and roles of these volunteers and contractors are diverse. Contractors predominantly support the facility's infrastructure needs—handling maintenance, repairs, and technical services—or provide specialized programming and consulting. Volunteers, though smaller in number, contribute actively through faith-based programs, reentry preparation initiatives, mentoring, and educational offerings developed in collaboration with community partners.

The facility maintains an up-to-date, well-documented roster of all approved volunteers and contractors, which includes records of background clearances, completed training, and facility orientation. Interviews with staff confirmed that entry into the facility by volunteers and contractors is strictly prohibited without appropriate clearance. Furthermore, their activities are closely monitored in accordance with PREA's supervision mandates to ensure a safe and secure environment.

No PREA-related concerns or incidents involving volunteers or contractors were reported in the 12 months preceding the

audit. Observations, interviews, and document reviews collectively demonstrate that the facility consistently and effectively enforces its PREA policies and oversight mechanisms, underscoring its strong commitment to maintaining a secure, respectful, and PREA-compliant environment for all personnel interacting with the inmate population.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:

21

35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)

- ☒ Age
- ☒ Race
- ☒ Ethnicity (e.g., Hispanic, Non-Hispanic)
- ☒ Length of time in the facility
- ☒ Housing assignment
- ☐ Gender
- ☐ Other
- ☐ None

36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	To ensure that the sample of random inmate/resident/detainee interviewees was geographically diverse within the facility, the Auditor utilized the housing unit rosters to identify and select individuals from multiple housing locations across the institution. Random selections were made from each housing unit, rather than from a single unit or area, to ensure that interviewees represented different physical locations within the facility. This approach allowed the Auditor to capture a more comprehensive understanding of facility-wide practices, supervision patterns, and any unit-specific variations in PREA-related implementation. By interviewing individuals from distinct housing units—including general population areas, specialized housing (if applicable), and various security levels—the Auditor ensured that the sample reflected a diverse geographic distribution within the institution. This method aligns with best practices outlined in the PREA Auditor Handbook and supports a balanced, unbiased assessment of facility compliance.
37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No

38. 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):	The institutional count on the first day of the on-site audit was 192 inmates. In accordance with the PREA Auditor Handbook, this population size required a minimum of 10 random and 10 targeted inmate interviews. However, facility staff confirmed—and documentation verified—that no individuals meeting the criteria for targeted interviews were housed at the facility during the on-site audit period. To ensure thoroughness and representation, the Auditor elected to double the number of random inmate interviews in lieu of the unavailable targeted sample. Using the alphabetical housing unit rosters, the Auditor randomly selected inmates representing a broad cross-section of the facility population. The selection process accounted for diversity in age, race, and ethnicity, and included individuals housed in multiple housing units throughout the institution. This approach ensured a balanced and inclusive sample reflective of the overall population demographics.
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0
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".	

40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
40. 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).	At the time of the on-site audit, the facility reported that no inmates meeting the criteria for this specific category were assigned to the institution. This was corroborated through direct observation during the facility tour, during which no individuals from this category were identified. Additionally, staff interviews consistently confirmed that they were not aware of any inmates currently housed at the facility who met the criteria for inclusion in this category. The absence of individuals in this category did not reflect a deficiency in the facility's documentation or screening processes, but rather a confirmation of the current population profile.
41. 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:	0

41. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
41. 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).	See comment above
42. 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:	0
42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
42. 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).	See comment above
43. 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:	0

43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
43. 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).	See comment above
44. 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:	0
44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
44. 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).	See comment above
45. 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:	0

45. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
45. 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).	See comment above
46. 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:	0
46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
46. 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).	See comment above
47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0

47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
47. 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).	See comment above
48. 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:	0
48. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
48. 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).	See comment above

49. 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:	0
49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
49. 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).	See comment above

50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	As part of the comprehensive PREA audit process, the Auditor formally requested a current roster of individuals who met the criteria for targeted interviews, as defined by the PREA Audit Instrument. In response, facility staff informed the Auditor that, at the time of the on-site audit, there were no inmates or residents housed at the facility who fell within the defined targeted populations. These populations include individuals who identify as lesbian, gay, bisexual, transgender, or intersex (LGBTI); those with a documented history of prior sexual victimization; individuals housed in segregated housing for their own protection; and individuals with disabilities affecting their ability to communicate. This information was corroborated through review of intake and classification records, housing assignments, and interviews with facility leadership and specialized staff. The absence of targeted individuals at the time of the audit did not hinder the Auditor’s ability to evaluate the facility’s policies, procedures, and capacity to identify, house, and support such individuals in compliance with PREA standards should they be admitted in the future.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
51. Enter the total number of RANDOM STAFF who were interviewed:	15

52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☒ Length of tenure in the facility ☒ Shift assignment ☐ Work assignment ☒ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
53. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No

54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):

During the on-site audit, the Auditor conducted an in-depth evaluation of staff knowledge and institutional practices related to the Prison Rape Elimination Act (PREA) through a combination of formal interviews and informal staff engagement. Throughout the facility tour, the Auditor initiated numerous spontaneous, conversational interactions with staff members stationed in diverse operational areas, including custody, medical services, mental health, administration, and programming. These informal discussions provided real-time insight into how PREA protocols are integrated into daily operations and allowed the Auditor to observe staff professionalism, communication styles, and comfort levels when discussing their PREA-related responsibilities.

Topics addressed during these informal encounters included inmate sexual safety, incident reporting procedures, mandatory PREA training, staff roles and obligations, and the facility's response to allegations of sexual abuse or sexual harassment. These candid conversations supplemented the formal audit process by offering authentic perspectives on institutional culture, operational consistency, and the day-to-day application of PREA standards.

In addition to these informal exchanges, the Auditor conducted 15 structured interviews with randomly selected staff. Interviewees were drawn from a cross-section of departments, shifts, and job functions to ensure representative feedback. The sample included correctional officers, medical and mental health providers, administrative staff, and supervisory personnel—each possessing varying levels of inmate interaction. This intentional diversity in the interview pool enabled the Auditor to capture a comprehensive understanding of how PREA policies and practices are communicated, understood, and implemented across the facility.

Although the required PREA audit notice had

been publicly posted well in advance of the on-site review—providing both staff and inmates with the opportunity to confidentially reach out to the Auditor—no inquiries, correspondence, or concerns were received prior to or during the audit period.

At the beginning of each formal interview, the Auditor introduced herself, explained her role as an independent, Department of Justice-certified PREA Auditor, and clearly stated that participation in the interview was voluntary. Staff were assured that declining to participate would carry no adverse consequences. All 15 staff members agreed to participate, and each interview followed the standardized PREA staff interview protocol. The Auditor hand-recorded responses to ensure accurate and detailed documentation. Every staff member interviewed participated willingly and answered all questions posed. None of the interviews revealed information that required further inquiry, follow-up interviews, or activation of supplemental protocols. Across the board, staff demonstrated a strong understanding of the agency's zero-tolerance policy toward sexual abuse and sexual harassment. Interviewees were consistently able to describe the facility's reporting mechanisms for incidents involving both staff and inmates and expressed confidence in their ability to appropriately respond to such reports. Moreover, staff articulated a clear understanding of the safeguards in place to protect individuals from retaliation following the reporting of sexual misconduct. They cited monitoring protocols and supervisory practices aimed at identifying and responding to signs of retaliation. When asked about their own experiences, all staff reported feeling safe from sexual abuse or harassment while working within the facility. Their comments reflected a high level of confidence in the facility's leadership, training, and protective infrastructure.

Overall, the interviews confirmed that facility staff are knowledgeable, well-trained, and

	committed to maintaining a safe, secure, and PREA-compliant environment. No gaps, deficiencies, or inconsistencies were identified in staff understanding or implementation of PREA requirements, reinforcing the facility's strong adherence to best practices in the prevention, detection, and response to sexual misconduct.
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.	
55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	21
56. Were you able to interview the Agency Head?	☒ Yes ☐ No
57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No
58. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
59. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

60. 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

	☒ Other
If "Other," provide additional specialized staff roles interviewed:	Classification Staff
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
61. Enter the total number of VOLUNTEERS who were interviewed:	1
61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☒ Religious ☐ Other
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
62. Enter the total number of CONTRACTORS who were interviewed:	1
62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☐ Education/programming ☐ Medical/dental ☒ Food service ☐ Maintenance/construction ☐ Other

63. Provide any additional comments regarding selecting or interviewing specialized staff.

No challenges were encountered in identifying or selecting specialized staff for interviews during the on-site portion of the audit. The Auditor relied on the facility's comprehensive staff roster to identify individuals assigned to positions with PREA-specific responsibilities who were available during the audit period. Careful attention was given to selecting a diverse and representative group of specialized staff, ensuring that perspectives were not duplicated with those of randomly selected staff previously interviewed. The facility provided a detailed list of staff occupying specialized roles, which included investigators, intake personnel, medical and mental health professionals, human resources staff, and others with defined responsibilities under the PREA standards. From this list, the Auditor selected a balanced group of individuals whose job duties aligned with the corresponding specialized staff interview protocols. In total, eighteen specialized staff members were interviewed, and twenty-one specialized interview protocols were administered. Several staff members fulfilled multiple PREA-related functions and were therefore interviewed under more than one protocol to ensure comprehensive coverage of all responsibilities.

Each interviewee exhibited a strong understanding of the duties associated with their specific role and consistently demonstrated familiarity with the facility's PREA policies and procedures. Interview responses adhered closely to the standardized PREA interview protocols and reflected both policy knowledge and practical experience. Staff were able to describe in detail their roles in the prevention, detection, reporting, and response to sexual abuse and sexual harassment. Many interviewees provided situational examples that further illustrated their competency and engagement with PREA requirements.

The interviews confirmed that the facility maintains a high level of operational readiness with regard to the implementation

of PREA standards. Specialized staff conveyed a coordinated, informed approach to managing sexual safety, with clear alignment between individual responsibilities and agency-wide practices. Their responses reinforced the conclusion that PREA compliance is not only well-integrated into daily operations but is also actively supported by staff at all levels. The collective input from specialized staff demonstrated a shared institutional commitment to ensuring inmate safety, promoting accountability, and upholding a zero-tolerance approach to all forms of sexual misconduct.

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.

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

☒ Yes

☐ No

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

65. 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

66. 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
67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	☒ Yes ☐ No
68. Informal conversations with staff during the site review (encouraged, not required)?	☒ Yes ☐ No

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

The site review was conducted in a comprehensive and unrestricted manner. The Auditor was granted full access to all areas of the facility necessary to complete the audit, including housing units, intake and release areas, medical and mental health departments, food service operations, education and program spaces, segregation units, administrative offices, recreational yards, and all designated PREA reporting locations—such as inmate telephones, grievance boxes, and confidential mail drop sites. At no time were any limitations imposed on the Auditor’s movement, and staff demonstrated consistent cooperation, transparency, and professionalism throughout the process.

During the tour, the Auditor engaged in numerous informal conversations with staff and inmates across various areas of the facility. These spontaneous discussions provided additional context regarding institutional operations, staff-inmate interactions, and facility culture. They also offered valuable insight into awareness of PREA policies, familiarity with reporting mechanisms, perceptions of sexual safety, and confidence in the institution’s responsiveness. Both staff and inmates appeared at ease while speaking with the Auditor and were generally open and candid in their remarks.

The Auditor observed that PREA-related informational materials were prominently and strategically displayed throughout the facility. Multilingual posters, brochures, and signage were visible in housing units, intake areas, and common spaces. These materials clearly conveyed the facility’s zero-tolerance stance on sexual abuse and sexual harassment and included instructions for reporting incidents internally or externally, along with contact information for the PREA Ombudsman and other relevant oversight entities.

As part of the site review, the Auditor conducted tests of several critical functions. The operation of inmate telephones

designated for PREA reporting was verified, confirming that individuals could place calls to the PREA Ombudsman and other external agencies without staff assistance or monitoring. Additionally, the Auditor confirmed that grievance boxes and confidential mail drop locations were secure, properly labeled, and emptied routinely by authorized staff, in accordance with facility policy.

Housing units were found to be clean, well-maintained, and adequately supervised. Staff were present and actively engaged in their duties. The Auditor also assessed facility design elements such as supervision patterns, sightlines, and the placement of surveillance cameras. These elements appeared sufficient to enhance inmate safety and reduce or eliminate blind spots within the housing and common areas.

Overall, the site review affirmed that the facility's physical environment, accessibility of reporting tools, and level of staff engagement collectively reflect a strong institutional commitment to PREA compliance.

Observations, informal interactions, and functional testing provided consistent evidence that facility operations align with written policy and support the effective implementation of the Prison Rape Elimination Act's standards.

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.

70. 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?

☒ Yes

☐ No

71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

During the audit process, the Auditor conducted a thorough review of all documentation submitted through the Pre-Audit Questionnaire (PAQ) and determined that the inclusion of supplementary materials would further support and validate the facility's compliance with specific PREA standards. There were no barriers to accessing or selecting additional documentation. Facility leadership and designated staff were consistently cooperative, responsive, and timely in providing all requested materials. To ensure a comprehensive and representative evaluation, the Auditor requested additional documentation in key areas, including:

Incident reports and investigation files related to allegations of sexual abuse or harassment, including supporting documentation such as medical and mental health assessments, witness statements, and administrative review findings.

PREA risk screening tools and reassessment forms, to verify the consistency, accuracy, and timeliness of the screening and classification process.

Training records for staff and contractors, with particular attention to individuals hired within the past 12 months, to confirm completion of initial and ongoing PREA training requirements.

Inmate education materials and documentation, particularly for individuals with limited English proficiency, cognitive impairments, or learning disabilities, to confirm that appropriate accommodations were provided in accordance with agency policy.

Grievance records and third-party reports, to assess how the facility receives, processes, and responds to reports of sexual abuse or harassment submitted through various reporting channels.

The supplemental documentation reviewed was consistent with the facility's written policies and aligned with its self-reported

	practices. These materials provided further confirmation of the institution’s adherence to PREA standards and enhanced the overall reliability of the audit findings. The accessibility of records, coupled with the staff’s willingness to assist with document retrieval and clarification, allowed the Auditor to conduct a detailed and uninterrupted review. Overall, the selection and analysis of additional documentation proved effective in supporting a thorough, well-rounded assessment of the facility’s PREA compliance and reinforced the facility’s operational transparency and preparedness.
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

72. 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	1	0	1	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	1	0	1	0

73. 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	2	0	2	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	2	0	2	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.

74. 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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	1	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.

76. 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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	2	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	2	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

1

79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	2
87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

0

92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☐ Yes

☐ No

☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☐ Yes

☐ No

☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

The facility reported one sexual abuse allegation and two sexual harassment allegations. The Auditor reviewed these each of these files.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

95. 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

96. 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

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

1

AUDITING ARRANGEMENTS AND COMPENSATION

97. 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

Standards	
Auditor Overall Determination Definitions	
- Exceeds Standard (Substantially exceeds requirement of standard) - Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) - Does Not Meet Standard (requires corrective actions)	
Auditor Discussion Instructions	
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> The Auditor conducted an in-depth review of materials submitted both prior to and during the onsite audit as part of the assessment of compliance with the PREA standard concerning zero tolerance for sexual abuse and sexual harassment, and the agency's organizational structure supporting PREA oversight. The following key documents were examined: - The Pre-Audit Questionnaire (PAQ) along with all supporting materials - West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, effective October 7, 2022 - Facility Organizational Chart - Agency Organizational Chart These documents provided valuable insights into the agency's policies, operational

structure, and overall framework for preventing, detecting, and responding to incidents of sexual abuse and sexual harassment across its facilities. The documentation clearly outlined the agency's zero-tolerance stance and delineated the authority and responsibilities of those assigned to PREA compliance oversight.

INTERVIEWS

PREA COORDINATOR INTERVIEW

The Auditor interviewed the agency's designated PREA Coordinator (PC), who confirmed that the facility's PREA Compliance Manager (PCM) is solely responsible for PREA-related functions and does not carry unrelated duties. The PC emphasized that the PCM holds the authority to recommend or initiate institutional changes necessary to maintain compliance with PREA standards. The structure of the PCM role, as explained by the PC, is designed to ensure independence, operational influence, and consistent implementation of agency-wide PREA initiatives. The PC demonstrated a clear understanding of their oversight responsibilities and the collaborative relationship maintained with facility-based PCM staff.

PREA COMPLIANCE MANAGER INTERVIEW

In a separate interview, the facility's PCM affirmed that they are provided with the necessary time, authority, and support to fulfill their PREA responsibilities effectively. The PCM articulated a comprehensive understanding of PREA standards, agency policies, and the facility's operational practices. Responses revealed a deep commitment to trauma-informed practices, proactive risk management, and a safety-centered institutional culture. The PCM's knowledge and confidence in fulfilling this role reflect both robust training and strong organizational support.

PROVISIONS

Provision (a)

The Pre-Audit Questionnaire and supporting documentation confirm that the facility enforces a zero-tolerance policy for all forms of sexual abuse and sexual harassment, applicable to all individuals under agency jurisdiction, including contractors, volunteers, and service providers. WVDCR Policy 430.00 serves as the agency's foundational directive for sexual safety, defining prohibited conduct and outlining the appropriate administrative and criminal responses to violations.

Section A of Policy 430.00 (p. 4) explicitly states that any form of sexual contact or activity—whether or not deemed consensual—between staff, incarcerated individuals, volunteers, or contractors is strictly prohibited. Consequences for violations may include disciplinary action, termination, and/or prosecution under West Virginia Code §61-8B-10.

The policy also requires that each facility designate a PCM who holds primary responsibility for implementing and monitoring PREA compliance. While reporting operationally to the facility's Warden or Superintendent, the PCM is required to maintain a direct reporting relationship with the agency-level PREA Coordinator for all

matters related to PREA, thereby ensuring consistent communication and adherence to agency-wide standards.

Provision (b)

Documentation and interviews verified the presence of a full-time agency-wide PREA Coordinator position, housed within the Office of Professional Standards. This role is assigned executive-level authority and is charged with leading the agency's PREA compliance program. The organizational chart reflects this structure, positioning the PC with a direct reporting line to the Director of PREA Compliance.

The PC confirmed that the position is exclusively dedicated to managing all PREA-related functions across the agency. Responsibilities include developing and revising policy, coordinating training efforts, overseeing compliance monitoring, and initiating corrective actions when necessary.

This structure—confirmed through review of the organizational charts and corroborated through interviews—ensures that each facility's PCM has support and oversight at the agency level. In accordance with Policy 430.00 (p. 4, Section B), the Office of PREA Compliance is composed of the Director, designated Coordinators, and supporting staff, all of whom are granted the authority, institutional backing, and time necessary to uphold the requirements of the PREA standards at every level of the organization.

Provision (c)

Policy 430.00 (p. 4, Section C) mandates that each facility Superintendent, in collaboration with the Director of PREA Compliance, appoint a PREA Compliance Manager. This position must be provided adequate time and authority to coordinate and oversee all aspects of PREA implementation at the facility level. This localized leadership ensures that PREA compliance strategies are executed effectively within each institution while remaining aligned with the agency's overarching policies and goals.

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CONCLUSION

Based on a thorough evaluation of the Pre-Audit Questionnaire, supporting documentation, relevant policies, organizational charts, and interviews with key staff, the Auditor concludes that the agency and facility meet the requirements of the PREA standard addressing zero tolerance and organizational support for PREA compliance. The presence of a full-time, executive-level PREA Coordinator at the agency and a dedicated, empowered PREA Compliance Manager at the facility level demonstrates a clearly defined, accountable structure for managing PREA implementation. This infrastructure reflects a strong institutional commitment to ensuring the safety and dignity of all individuals in custody.

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To evaluate the agency's compliance with the PREA standard concerning the contracting of confinement services, the Auditor conducted a thorough review of the following documents:

- The Pre-Audit Questionnaire (PAQ) and all associated supporting materials
- West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, effective October 7, 2022

These materials formed the foundation for assessing how the agency integrates PREA compliance into its contracting processes and the extent to which oversight mechanisms are applied to external confinement entities. The reviewed documents demonstrated the agency's commitment to ensuring that all contractual partners uphold the same zero-tolerance stance toward sexual abuse and sexual harassment as agency-operated facilities.

INTERVIEWS

Agency Contract Administrator

The Auditor conducted an in-depth interview with the agency's Contract Administrator to gain additional clarity on the procedures and safeguards in place for contracted confinement services. The Contract Administrator confirmed that every contract entered into—or renewed—by the WVDCR for the purpose of housing individuals in its custody includes explicit provisions mandating full compliance with the federal PREA standards.

These contractual requirements are not optional or subject to negotiation; they are embedded in the core language of each agreement. The Contract Administrator also outlined the agency's approach to contractor oversight, which includes systematic monitoring of contractor performance and rigorous follow-up in the event of any PREA-related incident involving a contracted facility. This proactive monitoring strategy ensures that expectations are not only stated, but also enforced.

PROVISIONS

Provision (a)

As outlined in the PAQ, the agency currently maintains two contracts for the confinement of individuals in its custody. Each of these contracts was either initiated or renewed on or after August 20, 2012, or since the agency's most recent PREA audit—whichever date is more recent.

WVDCR Policy 430.00, specifically Section D (items 1–3, page 4), provides clear and enforceable directives for incorporating PREA standards into all applicable contracts. These provisions require that:

All contracts must include an obligation to comply with the U.S. Department of Justice’s National PREA Standards;

Contracted entities must also follow all relevant WVDCR policies and procedures related to the prevention, detection, and response to sexual misconduct;

The agency must actively monitor PREA compliance by reviewing contractor performance and associated documentation on a regular basis.

Through this policy framework, WVDCR establishes consistent expectations across all contracted facilities—whether public or private—ensuring accountability, transparency, and a shared responsibility for maintaining sexual safety.

Provision (b)

The PAQ confirms that both current contractual agreements require contracted facilities to adopt operational policies and procedures that mirror the intent and scope of the PREA standards. These requirements are designed to ensure a unified, agency-wide approach to the prevention, detection, and response to sexual abuse and sexual harassment, regardless of whether individuals are housed in state-run or contracted settings.

During the interview, the Contract Administrator explained that the agency reviews the PREA-related policies and procedures of each contracted entity as part of the pre-award process and during ongoing contract oversight. This review ensures that the contractor’s practices are fully aligned with national PREA standards and WVDCR expectations.

Furthermore, contracted facilities are required to report all PREA-related allegations to the agency. These reports must include the nature of the allegation, a summary of the investigative steps taken, and the final findings. This information is formally submitted to the WVDCR Director of PREA Compliance, who is responsible for reviewing the incident and ensuring that appropriate follow-up measures are taken. This centralized reporting mechanism allows the agency to maintain comprehensive oversight of PREA-related activities within contracted environments and reinforces consistent accountability.

CONCLUSION

Based on the Auditor’s detailed review of policies, contractual documentation, and the interview with the agency’s Contract Administrator, it is concluded that the West Virginia Division of Corrections and Rehabilitation fully complies with the PREA standard regarding contracts for the confinement of individuals in custody. The agency has established clear contractual language requiring adherence to PREA, actively monitors contractor compliance, and maintains robust oversight through centralized reporting and structured policy review. This approach reflects the agency’s commitment to ensuring that all persons in its custody—regardless of where

	they are housed—are protected from sexual abuse and sexual harassment.
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To evaluate compliance with the PREA standard addressing supervision and monitoring, the Auditor conducted a detailed and comprehensive review of documentation provided both prior to and during the onsite audit. The reviewed materials included: • Pre-Audit Questionnaire (PAQ) and supporting documentation • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 • Facility Staffing Plan • Facility Staffing Plan Review • PREA Compliance Manual Attachment 16 (Unannounced Rounds Log) • Staffing Plan Deviation Logs These materials served as the foundation for determining how the facility develops, implements, and reviews its staffing plans, supervises incarcerated individuals, deploys monitoring technology, and utilizes supervisory rounds to deter and detect sexual abuse and harassment. <u>INTERVIEWS</u> Facility Head During the interview, the Facility Head confirmed that staffing levels, video monitoring coverage, and staffing plan compliance are standing agenda items during routine staff meetings. The Facility Head plays a key role in reviewing how staffing levels impact program delivery, as well as identifying any areas of concern related to the physical plant, population composition, or incident trends. The review process also incorporates the placement of supervisory personnel, staff availability, and internal or external oversight recommendations. Any proposed changes to staffing or monitoring are discussed collaboratively with agency leadership. Intermediate- or Higher-Level Staff Supervisory staff interviewed confirmed they are required to conduct regular tours of their assigned areas throughout each shift. These tours involve active engagement

with staff and incarcerated individuals, logbook reviews, and overall visibility across housing units and program spaces. During the onsite audit, the Auditor observed managers and supervisors walking throughout the facility in various roles.

Staff affirmed that unannounced rounds are expected and routinely conducted, in accordance with PREA standards. Documentation of these rounds is completed using PREA Compliance Manual Attachment 16 and submitted monthly to the facility's PREA Compliance Manager (PCM). The Auditor reviewed these logs and verified consistent documentation and submission practices.

Random Staff

In interviews with random staff, it was clearly communicated that notifying colleagues of an impending supervisory round is strictly prohibited. Staff demonstrated awareness of this prohibition and confirmed that unannounced rounds occur regularly and without prior notice.

PROVISION

Provision (a)

According to the PAQ and corroborated through documentation and interviews, the facility has developed a staffing plan that is reviewed at least annually. The current plan addresses all thirteen required elements outlined in the standard and aligns with the facility's operational needs. The plan reflects the institution's commitment to maintaining sufficient staffing and video monitoring coverage to prevent and respond to incidents of sexual abuse and sexual harassment.

The facility's average daily population over the past 12 months was reported as 194, with a rated capacity of 240. This was confirmed during the interview with the Facility Head. The staffing plan emphasizes the importance of maintaining minimum staffing levels for all critical posts and is reviewed annually to ensure relevance and effectiveness.

WVDCR Policy 430.00 (p. 5, Section A, items 1-11) requires that each facility develop and document a PREA staffing plan that accounts for:

1. Generally accepted detention and correctional practices
2. Judicial findings of inadequacy
3. Federal investigative findings
4. Internal/external oversight reports
5. Facility physical plant configuration, including blind spots
6. Offender population composition
7. Supervisory staff placement
8. Facility programs occurring on all shifts
9. Applicable laws, regulations, and standards
10. History of substantiated and unsubstantiated sexual abuse incidents
11. Any other relevant factors

Provision (b)

The PAQ reported that common causes for staffing deviations include staff call-offs, approved leave (e.g., vacation, medical), and other emergent absences. In response, the facility employs contingency measures such as overtime, staff "freezing" (holdovers), and call-ins to maintain minimum staffing requirements. It was confirmed that the facility does not allow staffing levels to fall below established minimums.

As required by WVDCR Policy 430.00 (p. 5, Section B), any deviation from the staffing plan must be documented in writing by the facility PCM or designee, including justification for the variance. This documentation is forwarded to the Superintendent, appropriate Assistant Commissioner, and the Office of PREA Compliance for review. The Auditor reviewed examples of these deviation logs and confirmed they were consistently completed and submitted in accordance with policy.

Provision (c)

The facility reported that, in conjunction with the Director of PREA Compliance, an annual review of the staffing plan is conducted to assess the need for any modifications. This includes potential adjustments to staffing patterns, the use or expansion of video monitoring, and the reallocation of agency resources to support full compliance.

Policy 430.00 (p. 5, Section C) outlines that this review must involve consultation with the PCM and agency executive staff and must evaluate:

- The adequacy of the current staffing plan
- Prevailing staffing patterns
- The deployment and placement of video monitoring technologies
- Resource availability to support adherence to the plan

Additionally, an internal audit of the staffing plan is conducted annually. This process includes a comprehensive inspection of areas where incarcerated individuals are housed or present, and a justification for any proposed changes to staff deployment or monitoring technologies. The annual staffing plan review includes facility and department leadership, including the PCM and other executive team members.

The Auditor reviewed shift rosters and confirmed that all mandatory posts were consistently staffed during the audit period.

Provision (d)

According to the PAQ and confirmed through interviews and documentation, intermediate- and higher-level staff conduct unannounced rounds across all shifts for the purpose of identifying and deterring staff sexual misconduct. These rounds are required to be documented on PREA Compliance Manual Attachment 16 and submitted monthly to the PCM.

WVDCR Policy 430.00 (p. 5, Section E) specifies that at least four unannounced

	rounds must be conducted monthly, with two rounds occurring during overnight hours (7:00 PM–7:00 AM). These overnight rounds must be completed by a staff member whose sole purpose for arriving at the facility is to conduct the round. Two additional rounds must be conducted during daytime hours (7:00 AM–7:00 PM). Policy also mandates (Section F) that staff may not alert others that unannounced rounds are being conducted, except where necessary for legitimate operational reasons. Staff found violating this directive are subject to disciplinary action. During the onsite audit, the Auditor observed supervisory staff actively conducting rounds and engaging with staff and incarcerated individuals. Staff interviews and documentation confirmed that these rounds are a routine and expected component of facility operations. <u>CONCLUSION</u> After a thorough review of documentation, policies, and interviews with staff at multiple levels, the Auditor concludes that the facility and the West Virginia Division of Corrections and Rehabilitation are in full compliance with the PREA standard related to supervision and monitoring. The facility maintains a current and comprehensive staffing plan, adheres to established minimum staffing levels, documents and justifies deviations, reviews the plan annually with appropriate oversight, and conducts unannounced supervisory rounds in a manner consistent with policy and best practices.
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115.14 Youthful inmates	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To assess compliance with the PREA standard pertaining to youthful inmates, the Auditor conducted a detailed review of the following documents and sources: • Pre-Audit Questionnaire (PAQ) and all supporting documentation • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, effective October 7, 2022 • On-site observations conducted during the facility tour <u>OBSERVATIONS</u> During the facility tour, the Auditor did not observe the presence of any youthful individuals. A review of the inmate roster confirmed that no one currently housed at the facility was born after the year 2006, which would indicate the presence of a

youthful offender. No youth under the age of 18 were listed as being in custody.

INTERVIEWS

FACILITY HEAD

During a formal interview, the Facility Head confirmed that the institution does not house youthful inmates. The Facility Head further stated that the facility's design, programming, and classification protocols are intended exclusively for adult populations, and that any youthful individuals sentenced to the care of the WVDCR would be housed in designated juvenile or specialized facilities.

PREA COMPLIANCE MANAGER (PCM)

The PREA Compliance Manager also affirmed that the facility does not accept or house youthful inmates under any circumstance. The PCM indicated that the facility's admission process includes an immediate review of age and birthdate at intake, ensuring that youthful individuals are identified and redirected to age-appropriate placements in accordance with agency policy.

PROVISIONS

Provision (a)

The Pre-Audit Questionnaire (PAQ) affirms that the facility does not house youthful inmates. This information was consistently verified through interviews with the Facility Head and PCM and was supported by the facility's inmate roster.

WVDCR Policy 430.00 (p. 6, Section G) outlines specific protections for youthful inmates in the event that they are housed within a Division facility. The policy prohibits placing youthful inmates in any housing unit where they would have sight, sound, or physical contact with adult inmates. This includes the use of shared dayrooms, showers, sleeping quarters, or any common areas located outside of housing units.

Although the policy is clear in its guidance, its provisions were not applicable during the audit period, as no youthful inmates were housed at the facility.

Provision (b)

WVDCR Policy 430.00 (p. 6, Section G) also requires that, if youthful inmates were ever temporarily present, the agency must ensure either sight and sound separation from adults or provide continuous direct staff supervision to prevent any visual, auditory, or physical contact between youthful and adult populations.

Again, while these requirements are embedded in agency policy, they were not enacted during the audit period, as the facility reported zero youthful inmates over the past twelve months.

	Provision (c) The policy further mandates that efforts must be made to avoid placing youthful inmates in isolation as a method of ensuring separation. In the absence of exigent circumstances, youthful individuals must not be denied access to large-muscle exercise, required special education services, or other rehabilitative and programmatic opportunities. The intent of this provision is to balance safety with developmental and educational needs. According to the PAQ, the facility has not housed any youthful inmates during the past twelve months; therefore, there was no need to implement this provision during the reporting period. - <u>CONCLUSION</u> Based on the Auditor's comprehensive review of facility records, observations, policy documents, and staff interviews, it has been determined that the West Virginia Division of Corrections and Rehabilitation and the audited facility are fully compliant with all provisions of the PREA standard regarding youthful inmates. The facility's classification and intake procedures, along with its alignment with WVDCR Policy 430.00, demonstrate a clear understanding of the requirements and a commitment to ensuring the safety, dignity, and legal protections of youthful individuals should they ever enter custody.
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To assess compliance with the PREA standard related to limits on cross-gender viewing and searches, the Auditor reviewed the following documents: • Pre-Audit Questionnaire (PAQ) and all supporting documentation • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, effective October 7, 2022 • WVDCR Policy 411.00, Gender Nonconforming Inmates/Residents, effective February 1, 2020 • WVDCR Policy 111, Training and Employee Development, effective January 1, 2019 • Staff training records related to cross-gender and transgender search procedures <u>OBSERVATIONS</u> During the onsite facility tour, the Auditor observed staff of a different gender

entering housing units and making the required verbal announcements of their presence. These announcements were made clearly and audibly, in accordance with policy. The Auditor, being of a different gender than many of the individuals housed at the facility, was also properly announced by staff before entering any living or restroom area, demonstrating consistent compliance with PREA expectations.

INTERVIEWS

Staff

Staff interviews confirmed a strong understanding of and adherence to the facility's policies regarding searches and privacy. Staff consistently reported that:

- They have received training on how to properly conduct cross-gender pat-down searches.
- Cross-gender strip searches or visual body cavity searches are not conducted at the facility.
- Sufficient staffing levels of both male and female personnel are maintained to ensure that searches requiring same-gender staff can be accommodated at all times.
- When opposite-gender staff enter housing units, they are required to announce their presence.
- No searches are ever performed for the sole purpose of identifying a person's genital status.
- Inmates
- Inmates interviewed corroborated the facility's practices, reporting that:
- Opposite-gender staff do not perform cross-gender searches.
- Announcements are consistently made when opposite-gender staff enter restrooms or housing units.
- They are able to shower and change clothing without being viewed by staff of a different gender.

PROVISIONS

Provision (a)

According to the PAQ and confirmed during interviews and documentation review, there were no cross-gender strip searches or visual body cavity searches conducted in the twelve months preceding the audit.

WVDCR Policy 430.00 (p. 6, Section H) prohibits staff from conducting cross-gender pat-down, strip, or visual body cavity searches, except in exigent circumstances or when performed by qualified medical practitioners. Any such searches must be documented via an incident report. For facilities with a rated capacity of 50 or fewer individuals, cross-gender pat-down searches of females are strictly prohibited except in emergencies. This policy also ensures that programming or out-of-cell opportunities are not restricted in order to comply with these search limitations.

A review of training records confirmed that all staff have received appropriate instruction on the conduct of cross-gender searches, including the policy expectations and documentation requirements.

Provision (b)

The PAQ affirms that the facility does not allow cross-gender pat-down searches of female individuals unless exigent circumstances exist. Staff reiterated this in interviews, stating that if such a situation were to arise, it would be rare and must be immediately documented and reported.

Provision (c)

The PAQ also verifies that all cross-gender strip searches and visual body cavity searches, if ever conducted, must be fully documented.

At the time of the onsite audit, there were no transgender individuals housed at the facility. As such, no transgender individuals were interviewed regarding their experiences with searches.

Provision (d)

Facility policies and practices ensure that individuals can shower, use the restroom, and change clothing without being viewed by non-medical staff of a different gender—except in exigent situations or when incidental to routine cell checks.

WVDCR Policy 430.00 (pp. 6–7, Section I) explicitly states that incarcerated persons must be afforded the ability to engage in these private functions without exposure to cross-gender observation. This applies to both in-person and video-based observation.

In addition, WVDCR Policy 411.00 (p. 3, Section III.B) provides that transgender and intersex individuals are to be given the opportunity to shower separately from others, further reinforcing privacy protections.

Policy 430.00 (p. 7, Section J) also requires staff to announce their presence when entering a housing unit occupied by individuals of the opposite gender. This practice was consistently observed during the audit and confirmed by both staff and incarcerated individuals.

No transgender individuals were housed at the facility at the time of the audit, and thus, no interviews were conducted regarding their privacy during personal activities.

Provision (e)

WVDCR policies strictly prohibit conducting physical examinations or searches of transgender or intersex individuals solely for the purpose of determining genital status.

WVDCR Policy 430.00 (p. 7, Section K) instructs staff to determine genital status through respectful conversation or a review of medical records if such information is necessary for classification or housing.

Additionally, WVDCR Policy 411.00 (p. 3, Section III.D) emphasizes consideration of an

	individual's preference in assigning staff to conduct strip searches and allows for cross-gender searches only in exigent circumstances. Provision (f) WVDCR Policy 430.00 (p. 7, Section L) requires that all staff be trained to conduct searches of transgender and intersex individuals in a respectful, professional, and minimally intrusive manner consistent with institutional security requirements. WVDCR Policy 111, Training and Employee Development (pp. 5-6), outlines the mandatory content of staff training, including: 1. The agency's zero-tolerance policy for sexual abuse and sexual harassment 2. Responsibilities under PREA policies and procedures 3. The rights of individuals to be free from sexual abuse, harassment, and retaliation 4. Dynamics of sexual abuse in confinement settings 5. Victim responses and behaviors 6. Appropriate communication with LGBTQIA+ and gender nonconforming individuals 7. Requirements for mandatory reporting 8. The importance of professionalism and boundaries in staff-resident relationships Training is tailored to the gender composition of the facility's population and includes refresher sessions at least every two years, with interim refresher materials provided annually. All training is documented and verified through staff signatures or electronic acknowledgment. CONCLUSION After a thorough review of facility policies, staff training records, onsite observations, and interviews with staff and incarcerated individuals, the Auditor concludes that the facility and the West Virginia Division of Corrections and Rehabilitation are in full compliance with the PREA standard related to limits on cross-gender viewing and searches. The facility has implemented strong safeguards to protect the dignity and privacy of all individuals in custody, and staff are trained and equipped to perform their duties in accordance with the highest standards of professionalism and respect.
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENT REVIEW

To assess compliance with the PREA standard concerning individuals with disabilities and those with limited English proficiency (LEP), the Auditor conducted an extensive review of the following materials:

- Pre-Audit Questionnaire (PAQ) and accompanying documentation
- West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, effective October 7, 2022
- Contract with Homeland Language Services, LLC for interpreter and translation services
- Staff refresher training materials on use of Homeland Language Services
- PREA educational materials in English and Spanish

OBSERVATIONS

During the facility tour, the Auditor observed PREA-related informational posters clearly displayed in English and Spanish across all housing units, program areas, hallways, visitation rooms, and other accessible areas throughout the facility. The facility also provided written PREA resources and training content for residents, all of which were made available in both English and Spanish.

INTERVIEWS

Facility Head

The Facility Head confirmed that procedures are firmly in place to ensure that individuals with disabilities and those who are LEP can effectively engage in the facility's PREA education and reporting processes. These procedures include access to staff interpreters, contracted language services, written communication methods, and other accommodations based on individual need.

Random Staff

Staff interviewed reported that when language assistance is required, they first attempt to locate a bilingual staff member. If none are available, they then utilize Homeland Language Services. Staff were knowledgeable about the appropriate protocols and the importance of not using residents as interpreters in PREA-related situations.

Inmates with Disabilities

Individuals with disabilities reported feeling safe and well-informed. All stated that they had been provided PREA-related information in ways that were clear and easy to understand. When asked whether they understood their rights related to sexual abuse and how to report concerns, each person interviewed responded affirmatively.

LEP Inmates

An LEP individual interviewed reported receiving PREA education in Spanish and confirmed their understanding of how to report sexual abuse or harassment.

PROVISIONS

Provision (a)

The facility reported, and the Auditor confirmed through interviews and document review, that comprehensive procedures are in place to ensure individuals with disabilities and LEP individuals have full and equal access to all PREA-related protections, education, and reporting mechanisms.

WVDCR Policy 430.00 (p. 7, Section M) requires that all facilities take reasonable steps to guarantee meaningful access and equal opportunity for individuals with disabilities or LEP status. This includes providing interpretation through contracted providers and delivering information in formats that meet individuals' communication needs.

Provision (b)

The facility employs a variety of communication tools and formats to support the diverse needs of its population. These include:

- Interpreter and translation services through Homeland Language Services, LLC
- PREA videos with closed captions in both English and Spanish
- Written PREA materials in both English and Spanish
- Access to LanguageLine services, including support for a wide range of languages and American Sign Language (ASL)
- Video Remote Interpreting (VRI) for hearing-impaired individuals
- Audio presentations and staff-read materials for individuals who are visually impaired, cognitively impaired, or have limited reading proficiency
- Braille materials, when necessary

WVDCR Policy 430.00 (p. 7, Section N) directs facilities to deliver PREA education in a manner appropriate to each individual's learning and communication needs. Whether through alternative written formats, verbal communication, or the use of interpreters, the policy ensures effective access to PREA-related information for all residents. The policy also mandates the continuous availability of this information throughout the facility via postings and other accessible formats.

Provision (c)

The PAQ confirms that within the twelve months preceding the audit, there were no instances in which incarcerated individuals were used as interpreters, readers, or assistants in any PREA-related matter.

In alignment with PREA standards, WVDCR Policy 430.00 (p. 7, Section O) prohibits reliance on incarcerated individuals to interpret or assist in PREA-related communication, except in rare, exigent circumstances. Such exceptions are permitted only when delays in obtaining a professional interpreter would jeopardize resident safety, hinder the response to an incident, or compromise an ongoing investigation.

	<u>CONCLUSION</u> Based on a thorough review of policies, procedures, supporting documentation, visual observations, and interviews with staff and residents, the Auditor concludes that the West Virginia Division of Corrections and Rehabilitation is in full compliance with the PREA standard addressing individuals with disabilities and limited English proficiency. The agency has developed and implemented strong, inclusive practices that ensure meaningful access to PREA protections for all individuals in its custody. Through strategic partnerships with professional language service providers, tailored communication approaches, and appropriate staff training, the facility has demonstrated a clear and consistent commitment to upholding the rights and safety of every resident, regardless of their language ability or disability status.
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> As part of the PREA audit process, the Auditor reviewed multiple documents to evaluate compliance with standards related to hiring and promotion practices, with particular attention to safeguards against employing individuals with a history of sexual abuse or harassment. The reviewed materials included: • Pre-Audit Questionnaire (PAQ) and supporting documentation • WVDCR Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 • WVDCR Policy 132.00 – Non-Uniform Promotion Guidelines, dated April 18, 2022 • WVDCR Policy 135.00 – Pre-Employment Processing, dated March 22, 2021 <u>INTERVIEW</u> Administrative (HR) Staff During interviews with administrative human resources staff, the following key points were confirmed: • All applicants are required to complete personnel documentation that includes the three PREA-related questions, as outlined in Provision (a). These questions are also asked and documented on an annual basis for current staff. • The agency proactively ensures compliance with PREA standards through a robust system of checks and tracking. This includes conducting required

criminal background investigations for all new hires, promotions, and every four years for existing employees and contractors.

- The HR department maintains a centralized database that tracks the completion and due dates of all background checks and four-year re-check cycles.
- Applicants are informed that continued employment is contingent upon the disclosure of any criminal activity, including arrests or substantiated allegations of sexual misconduct.
- If another institution inquires about a former employee, the agency provides any known information related to substantiated allegations of sexual abuse or sexual harassment, unless prohibited by law.
- A review of 45 randomly selected personnel files revealed full compliance with documentation requirements, including completed background checks and PREA-related disclosures.

PROVISIONS

Provision (a)

According to the PAQ and confirmed through interviews, the agency prohibits the hiring, promotion, or contracting of individuals who may have contact with incarcerated persons if they:

- Have 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);
- Have been convicted of engaging or attempting to engage in sexual activity in the community that was facilitated by force, coercion, threats, or occurred without consent;
- Have been civilly or administratively adjudicated as having engaged in such conduct.
- These prohibitions apply to all staff, contractors, and volunteers who may have direct or indirect contact with individuals in custody.

The Auditor verified that each of the 45 personnel files reviewed included proper documentation of background checks and PREA-related disclosures.

Relevant Policies:

Policy 430.00 (pp. 7-8): Requires PREA-related questions to be asked during hiring, promotion, and four-year background rechecks. Employees are under a continuing obligation to report any related misconduct.

Policy 132.00 (p. 2): Reinforces that no individual may be hired or promoted if they have a history of certain sexual misconduct, as defined in the PREA standard.

Provision (b)

The agency considers any history of sexual harassment when making hiring, promotion, or contractor decisions. This was affirmed by HR staff and supported in the documentation reviewed.

The facility reported 38 hires within the past 12 months, and background checks were completed on each before hire and promotion, and as part of the four-year review process.

Provision (c)

Before hiring new employees, the agency:

- Conducts criminal background record checks; and
- Makes a good-faith effort, consistent with applicable law, to contact previous institutional employers for information about substantiated allegations of sexual abuse or resignations during an open investigation.

This process was verified during interviews with HR, and reflected in documentation for 52 individuals hired within the past year.

Relevant Policy:

Policy 430.00 (p. 8, Section S): Establishes the agency's obligation to seek information from previous institutional employers and to disclose similar information when requested by future employers, barring legal constraints.

Provision (d)

The facility requires criminal background checks for all contractors who may have contact with incarcerated individuals. The PAQ reports two active contracts involving such contact, with background checks conducted on all associated personnel. Rechecks are conducted every four years thereafter.

Relevant Policy:

Policy 430.00 (p. 8, Section Q): Also requires consultation with applicable child abuse registries when a contractor will be working with juveniles.

Provision (e)

The agency conducts criminal background checks for all current employees, contractors, and volunteers at a minimum of once every four years. This was confirmed during HR interviews and supported by documentation.

Relevant Policy:

Policy 430.00 (p. 8, Section R): Requires comprehensive background checks during pre-employment, promotion, and on a four-year recurring basis for all applicable individuals.

Provision (f)

	All applicants and employees with potential contact with inmates are required to answer questions regarding prior misconduct on their application forms, during interviews, and in annual written self-disclosures. There is an ongoing duty to report any future incidents. Relevant Policies: Policy 132.00 (p. 2, Section E): Includes required disclosures of past sexual misconduct and specifies grounds for disqualification. Provision (g) The agency has a zero-tolerance policy for material omissions or false statements related to sexual misconduct. Any such action is grounds for termination. This was verified by HR staff during the interview process. <u>CONCLUSION</u> Based on a thorough review of all available documentation, interviews with administrative staff, and direct examination of personnel records, the Auditor concludes that the agency/facility is in full compliance with all PREA provisions related to hiring and promotion practices. The West Virginia Division of Corrections and Rehabilitation has implemented a strong, systematic approach to screening prospective and current staff, ensuring that individuals with a history of sexual misconduct are not placed in positions of trust or authority over incarcerated persons. The agency's layered system of background checks, annual self-disclosures, and ongoing monitoring provides a solid framework for upholding safety, accountability, and PREA compliance.
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENTS</u> In support of compliance with PREA Standard §115.18, the following documents were reviewed: Pre-Audit Questionnaire (PAQ) and supporting documentation submitted by the facility West Virginia Division of Correctional and Rehabilitation Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, with specific reference to Section T, page 8

OBSERVATIONS

During the facility tour, the auditor directly observed the presence of multiple technologies that contribute to supervision and the prevention of sexual abuse, including:

- Widespread use of surveillance cameras throughout inmate housing units, program areas, and common spaces
- Installation of security mirrors in blind spots and transitional areas, enhancing visibility for staff and reducing opportunities for undetected misconduct
- These observations confirm the facility's strategic placement and ongoing use of monitoring technologies consistent with PREA requirements.

INTERVIEWS

Facility Head

The auditor interviewed the facility head, who confirmed the following:

The facility maintains comprehensive video surveillance coverage, supported by additional physical security tools such as convex mirrors.

In alignment with PREA standards, any planned construction, renovation, or modification projects are reviewed through the lens of inmate safety and sexual abuse prevention.

Meetings are routinely held involving executive staff and key supervisory personnel to evaluate physical plant changes, technology needs (including surveillance), and operational practices that may impact safety.

These multidisciplinary meetings also address institutional safety data and trends, including sexual abuse incidents, use of force events, grievances, and staff-related metrics, further demonstrating a systemic approach to identifying and mitigating risks.

PROVISIONS

Provision (a):

According to the PAQ, the facility has not acquired new buildings or made substantial expansions or modifications to existing structures since August 20, 2012, or since the previous PREA audit, whichever is later.

Policy Reference:

Policy 430.00, Section T affirms that the DCR incorporates PREA considerations when designing, acquiring, or modifying facilities. Specifically, the PREA Compliance Manager (PCM) is required to coordinate with the Office of PREA Compliance to ensure that changes to video monitoring or other technologies support the agency's ability to protect offenders.

Provision (b):

	The PAQ also states that the facility has not installed or updated its video monitoring systems, electronic surveillance systems, or other monitoring technologies during the same timeframe. Although no recent updates have occurred, the facility maintains a comprehensive monitoring infrastructure and has mechanisms in place for planning and implementing technological enhancements when necessary. <u>CONCLUSION</u> Based on the thorough review of documentation, direct facility observations, and interviews with key staff, the auditor finds sufficient evidence of compliance with Standard §115.18. The facility has established appropriate procedures and oversight mechanisms to ensure that any future upgrades, construction projects, or technology implementations are guided by PREA principles. While no recent physical modifications or technological updates have occurred, the facility’s current practices and infrastructure meet the intent and letter of the standard
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To assess compliance with PREA Standard §115.21 – Evidence Protocol and Forensic Medical Examinations, the following documents were reviewed: • Pre-Audit Questionnaire (PAQ) and all related supporting documentation submitted by the facility • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 • Contract with the West Virginia Foundation for Rape Information and Services (FRIS) for the provision of sexual assault advocacy and support services These documents collectively outline the agency’s policies, procedures, and agreements designed to ensure a coordinated, victim-centered response to sexual abuse, including forensic medical services and advocacy support. <u>INTERVIEWS</u> PREA Coordinator / Director of PREA Compliance

The agency's PREA Coordinator (or Director of PREA Compliance) confirmed that WVDCR adheres to a uniform evidence protocol aimed at preserving and maximizing the collection of usable physical evidence for administrative and criminal proceedings. The Coordinator further explained the agency's procedures related to forensic medical examinations, including coordination with qualified Sexual Assault Nurse Examiners (SANEs) and external advocacy resources.

PREA Compliance Manager (PCM)

The PREA Compliance Manager confirmed that three forensic medical examinations had been conducted in the past twelve months. All were completed on-site by SANE professionals. The PCM also verified that victim advocacy services are consistently made available to incarcerated survivors of sexual abuse through the facility's contractual relationship with FRIS.

SAFE/SANE Personnel

Medical personnel certified as Sexual Assault Forensic Examiners (SAFEs) or SANEs described the trauma-informed, victim-sensitive approach taken during forensic examinations. They noted that, upon request, a victim advocate is contacted to meet with the survivor and remain present before, during, and after the examination process. Follow-up care and counseling are offered in coordination with mental health staff, ensuring continuity of support.

Facility Staff

Staff interviewed were knowledgeable about evidence preservation protocols and demonstrated an understanding of their responsibilities in responding to reports of sexual abuse. Staff were able to clearly articulate procedures for protecting the evidence, safeguarding the dignity of the victim, and transferring responsibility to trained medical or investigative personnel.

Inmates Who Reported Sexual Abuse

At the time of the on-site audit, there were no individuals currently housed at the facility who had reported sexual abuse within the past twelve months. As a result, no inmate interviews related to this standard were conducted during this audit.

PROVISIONS

Provision (a)

The facility conducts administrative investigations internally, while the West Virginia State Police assume responsibility for any criminal investigations. All investigations follow a uniform evidence protocol consistent with national best practices.

Policy References:

WVDCR Policy 430.00, p. 18, Section VIII, A.2 – outlining internal procedures for administrative inquiries

WVDCR Policy 430.00, p. 20, Section D – requiring attempts to make victim advocates available during the process

Provision (b)

Although the facility does not house youthful offenders, the PCM confirmed that investigative protocols are developmentally appropriate for youth, should the need arise in the future.

Policy Reference:

WVDCR Policy 430.00, p. 19, Section F – adopting federal best practices for sexual assault investigations, based on the U.S. Department of Justice’s “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents”

Provision (c)

As documented in the PAQ, three forensic examinations were performed in the past year. Each was conducted on-site by qualified SANE personnel, at no cost to the victim. If SANE/SAFE staff are unavailable, an ER physician may be utilized as a backup. Victims are offered comprehensive care and advocacy services as part of the response protocol.

Policy References:

WVDCR Policy 430.00, p. 20, Section I – describing the role of victim advocates during medical exams and interviews

WVDCR Policy 430.00, p. 23, Section B – ensuring forensic exams are performed by SANE/SAFE professionals where possible, at no cost to the victim

Provision (d)

A formal contract between the facility and FRIS verifies that victim advocacy services have been secured for survivors of sexual abuse.

Policy Reference:

WVDCR Policy 430.00, p. 23, Section D – requiring the facility to attempt to make available a victim advocate from a rape crisis center

Provision (e)

Advocacy services are accessible and ongoing through the agency’s agreement with FRIS. Victims may request accompaniment by a trained advocate during the forensic examination and investigatory interviews, and support includes emotional care, information, referrals, and crisis intervention.

Policy Reference:

WVDCR Policy 430.00, p. 23, Section D – outlining the process for providing advocacy services upon request

Provision (f)

As previously stated, administrative PREA-related investigations are handled by the facility, while criminal allegations are referred to the West Virginia State Police. The agency requests that investigative procedures align with PREA standards.

Policy Reference:

	WVDCR Policy 430.00, p. 23, Section D – directing the DCR to collaborate with outside agencies on investigations to ensure policy alignment Provision (g) This provision is not applicable for auditor review, per PREA audit guidelines. Provision (h) Victim advocacy services are delivered by specially trained professionals through the contract with FRIS, ensuring that incarcerated individuals who experience sexual abuse have access to qualified, trauma-informed support personnel. <u>CONCLUSION</u> Based on the comprehensive review of policies, supporting documentation, interviews with relevant personnel, and available data, the Auditor concludes that the agency and facility meet all requirements of PREA Standard §115.21 – Evidence Protocol and Forensic Medical Examinations. The agency’s strong partnership with FRIS, clear investigative procedures, access to qualified forensic medical providers, and staff understanding of evidence handling collectively ensure that survivors of sexual abuse receive appropriate, respectful, and effective care and support.
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To assess the facility’s compliance with PREA Standard §115.71 – Criminal and Administrative Investigations, the Auditor conducted a thorough review of the following materials: • Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted prior to the on-site visit • West Virginia Division of Correctional and Rehabilitation (WVDCR) Policy 430.00, titled Prison Rape Elimination Act (PREA) Compliance, with an effective date of October 7, 2022 • Investigation Files Related to PREA Allegations, including administrative reviews and referrals for criminal investigation • Training Curriculum for Investigative Personnel, outlining instruction on PREA requirements, trauma-informed interviewing techniques, and standards of professional conduct • Training Records for Designated Investigative Staff, demonstrating compliance with mandatory training and ongoing education requirements for personnel responsible for handling PREA-related cases

INTERVIEWS

Facility Head

During a one-on-one interview, the Facility Head clearly communicated the agency's zero-tolerance stance on sexual abuse and sexual harassment. The Facility Head affirmed that every allegation is treated with immediacy and seriousness, regardless of the source or perceived credibility. The facility follows agency-wide procedures ensuring that all reports of sexual abuse and harassment are promptly and thoroughly investigated, whether administratively or criminally, in full compliance with policy and PREA mandates.

Randomly Selected Staff

Staff chosen for random interviews demonstrated a solid understanding of their obligation to report any knowledge, suspicion, or direct disclosure of sexual abuse or harassment. Staff consistently reported that such information must be relayed immediately upon becoming aware of it, and in all cases, before the end of their shift. Staff members articulated their responsibilities with clarity and reflected a culture of accountability and survivor-centered responsiveness.

Investigative Staff

Personnel responsible for investigations described a comprehensive and systematic process for reviewing allegations of sexual misconduct. They confirmed that all allegations are investigated without exception. Administrative investigations are conducted by trained facility staff, while allegations that may involve criminal behavior are promptly referred to the West Virginia State Police, which has the legal authority to conduct criminal investigations.

PROVISIONS

Provision (a): Investigative Protocols and Case Disposition

The PAQ indicates that the facility received two allegations of inmate-on-inmate sexual abuse within the past twelve months. Both allegations were subject to administrative investigations, and neither was referred for criminal investigation, as the facts did not support criminal behavior. After a thorough review of evidence, both cases were determined to be unsubstantiated.

All investigations were fully completed and closed during the audit review period. The PAQ also indicates that no forensic medical examinations were required or conducted in connection with these cases over the past year.

Provision (b): Referral for Criminal Investigation

According to the PAQ, the agency maintains a formal policy and practice that ensures all allegations involving potential criminal behavior are referred to the appropriate law enforcement authority. The West Virginia State Police is the designated agency for handling such referrals.

	This commitment to transparency and accountability is also demonstrated by the agency's public posting of its referral policy on its official PREA webpage: ? https://dcr.wv.gov/resources/Pages/prea.aspx The Facility Head confirmed that the agency maintains a centralized system of documentation to track and retain records of all referrals for criminal investigation, in accordance with internal policies. Policy Reference: WVDCR Policy 430.00, p. 18, Section VIII.4 – outlines that the Centralized Investigations Division (CID) is responsible for making referrals to law enforcement and assisting in investigations when criminal allegations are reported. Provision (c): Division of Investigative Responsibility As documented in Provision (a), administrative investigations are managed internally by trained facility staff, while criminal allegations are formally referred to the West Virginia State Police. This separation of roles is consistent with federal expectations for impartiality and legal compliance. Provisions (d) and (e): Auditor Exclusions Per the PREA Audit Instrument, auditors are not required to assess Provisions (d) and (e) under this standard. <u>CONCLUSION</u> Based on a comprehensive evaluation of all investigative records, agency policies, training documentation, and interviews with facility leadership, staff, and investigators, the Auditor concludes that the facility is in full compliance with PREA Standard §115.71 – Criminal and Administrative Investigations. The facility has demonstrated a robust, well-documented process for responding to allegations of sexual abuse and harassment. Investigative protocols are clearly defined, and referrals to external law enforcement are made when necessary. Staff are trained, knowledgeable, and committed to carrying out their responsibilities with professionalism and a trauma-informed approach. The Auditor finds that the agency's practices align with both the letter and spirit of PREA, ensuring that all allegations are taken seriously and investigated with diligence, integrity, and due process.
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u>

To assess the facility's compliance with PREA Standard §115.31 – Employee Training, the following documentation was thoroughly reviewed:

- Pre-Audit Questionnaire (PAQ) and supporting documentation submitted by the facility
- West Virginia Division of Correctional and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022
- Staff Training Curriculum, detailing PREA-specific content for new hires and existing employees
- Training Records for Staff, including documentation of initial, annual, and supplemental PREA training sessions

INTERVIEWS

Random Staff

Through the interview process, randomly selected staff members confirmed that they received comprehensive PREA training during their initial orientation, either at the time of hire or when PREA requirements were adopted. All interviewed staff also affirmed that they receive annual in-service refresher training, supplemented by regular shift briefings and turnout trainings to reinforce key principles and procedures.

PROVISIONS

Provision (a): Initial Training Requirements

According to WVDCR Policy 430.00, p. 8, Section A, all employees, contractors, volunteers, mentors, and interns are required to receive PREA training within thirty (30) days of hire or engagement of services. This training reinforces the agency's zero-tolerance policy and educates staff on how to detect, prevent, report, and appropriately respond to incidents of sexual abuse and sexual harassment.

WVDCR Policy 430.00, p. 8, Section B, outlines the mandatory training elements, which include (but are not limited to):

- Prohibition of sexual contact with incarcerated individuals
- Incarcerated individuals' right to report sexual misconduct
- Zero tolerance for sexual abuse and sexual harassment
- Staff responsibilities under PREA-related policies
- Rights of individuals to be free from sexual misconduct
- Protection against retaliation
- Dynamics of sexual abuse in confinement settings
- Typical reactions of survivors
- Identifying and responding to signs of sexual abuse

- Avoidance of inappropriate relationships
- Professional communication with all incarcerated individuals, including those who are LGBTQI+ or gender nonconforming
- Legal obligations for reporting sexual abuse
- The nature and consequences of sexual misconduct in confinement

The Auditor reviewed the agency's core PREA training curriculum and verified that all required elements were addressed. The training materials were clearly organized, incorporating numbered content sections for ease of comprehension and retention. The complexity and depth of training were tailored according to each employee's role, with more detailed instruction provided to those with direct or investigative responsibilities.

Training records for a sample of staff confirmed completion of initial training, with documentation including training logs, certificates, and staff signatures. The Auditor also reviewed sign-in sheets for annual refresher training sessions conducted during the prior twelve months, all of which contained staff signatures confirming participation.

Provision (b): Gender-Responsive Training Content

WVDCR Policy 430.00, p. 9, Section D, stipulates that training content must be appropriate to the gender composition of the incarcerated population at the facility. The training curriculum reviewed by the Auditor included gender-responsive content relevant to working with male and female populations and also addressed the needs of transgender and gender nonconforming individuals.

The policy further requires that if an employee is transferred to a facility with a different population, they must receive retraining or refresher instruction tailored to the specific needs of the new setting prior to interacting with the population.

The curriculum includes guidance on cross-gender supervision, searches, communication practices, and the importance of maintaining professional boundaries in gender-diverse correctional environments.

Provision (c): Annual Refresher Training

WVDCR Policy 430.00, p. 9, Section E, mandates annual refresher training to ensure all staff remain informed of the most current sexual abuse and harassment prevention policies and response procedures. In addition, volunteers and contractors who have contact with incarcerated individuals must also receive PREA training appropriate to their roles.

Of the 138 staff currently assigned to the facility, the Auditor reviewed a sample of 65 training records. In 100% of the files reviewed, staff had received PREA training within the past 12 months. The Auditor verified the most recent facility-wide refresher training was conducted in 2024. Staff also receive regular reinforcement through

	turnout briefings, team meetings, educational bulletins, and posters strategically placed in staff-only areas. Provision (d): Documentation of Training Completion Per WVDCR Policy 430.00, p. 9, Section C, the agency requires that all training be formally documented. Staff, contractors, and volunteers must sign a Certificate of Understanding or Acknowledgment of Receipt, confirming that they received and understood the training provided. These records are retained in each individual's training file, and copies are forwarded to the Office of PREA Compliance. The Auditor reviewed the training files of staff across multiple roles and verified the presence of signed documentation for both initial and annual trainings. In cases where a formal receipt was not utilized, staff signed an attendance log to verify their participation in scheduled training sessions. These logs were maintained in organized records for each training event conducted within the review period. <u>CONCLUSION</u> Based on the comprehensive review of policies, training curricula, staff records, and interviews, the Auditor finds that the West Virginia Division of Correctional and Rehabilitation facility is in full compliance with PREA Standard §115.31 – Employee Training. The facility has developed and implemented a well-structured, policy-driven approach to staff training on sexual abuse and sexual harassment prevention, detection, reporting, and response. Training is responsive to the unique characteristics of the facility's population and job functions, and records confirm ongoing compliance with both initial and refresher training mandates. Staff consistently demonstrated familiarity with PREA principles and confidence in fulfilling their responsibilities, further reinforcing that training has been effectively delivered and retained.
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To assess the facility's compliance with PREA Standard §115.32 regarding volunteer and contractor training, the following documents were reviewed:

- Pre-Audit Questionnaire (PAQ)
- West Virginia Division of Correctional and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022
- Volunteer and Contractor PREA Training Curriculum, outlining role-specific content
- Volunteer and Contractor Training Records, including signed documentation and acknowledgments

The documentation confirmed that all individuals classified as volunteers or contractors with access to incarcerated individuals received PREA training appropriate to their level of contact and assigned duties.

INTERVIEWS

Contractor

During the on-site audit, contractors were interviewed to verify the implementation and effectiveness of PREA training. The contractor interviewed confirmed they had received PREA training prior to beginning work in the facility. The contractor articulated a clear understanding of the PREA standards and accurately described their responsibilities, particularly regarding how to respond appropriately if they witness or become aware of sexual abuse or sexual harassment.

Volunteer

A volunteer interview further validated the agency's training practices. The volunteer clearly recalled the training they received and stated that it was tailored to their specific duties. The volunteer could confidently explain their responsibilities in the event of an incident involving sexual abuse or sexual harassment and demonstrated familiarity with reporting protocols.

PROVISIONS

Provision (a): Training on Responsibilities and Policy

According to the PAQ and interviews, all volunteers and contractors with direct or potential contact with incarcerated individuals are trained on their responsibilities under the agency's policies to prevent, detect, and respond to sexual abuse and sexual harassment.

The facility identified 37 total volunteers and contractors, with 12 actively working at the time of the audit.

PREA training records were reviewed for all 12 active individuals, and documentation confirmed that each had received training within the past 12 months.

Contractors reportedly receive the same PREA orientation training as newly hired WVDCR staff, ensuring consistency in content and expectations across all personnel types.

Interview responses from both volunteers and contractors aligned with this documentation and confirmed recent, relevant PREA training.

Policy Reference:

WVDCR Policy 430.00, Section E, mandates annual refresher training for employees and requires that all volunteers and contractors with offender contact receive training on their responsibilities. The training must address the agency's zero-tolerance policy and provide clear instructions on how to report incidents. The level and content of training must be proportional to the individual's role and level of interaction with incarcerated persons.

Provision (b): Role- and Contact-Specific Training

The PAQ states—and interviews confirmed—that training provided to volunteers and contractors is tailored based on the nature of the services they perform and the degree of contact they have with incarcerated individuals.

At a minimum, all volunteers and contractors are trained on:

- The agency's zero-tolerance policy regarding sexual abuse and sexual harassment
- Reporting procedures for incidents they may witness or learn about

Both interviewees were able to describe these two core elements, reinforcing the facility's effective implementation of this requirement.

Provision (c): Documented Confirmation of Training

The agency maintains signed acknowledgments in each volunteer and contractor file to document receipt and understanding of the PREA training. The PAQ reported—and the Auditor confirmed through file review—that each volunteer and contractor had signed and dated an acknowledgment form following the training.

Policy Reference:

WVDCR Policy 430.00, Section C, affirms that facilities must document that staff, volunteers, and contractors have received and understood PREA training through a Certificate of Understanding. These certificates are placed in individual training files, and a copy is forwarded to the Office of PREA Compliance.

CONCLUSION

Based on a comprehensive review of policy documents, training records, and staff interviews, the Auditor concludes that the facility is in full compliance with PREA Standard §115.32 – Volunteer and Contractor Training.

The facility has successfully implemented a structured, policy-driven approach to ensuring that all volunteers and contractors who interact with incarcerated individuals receive PREA training that is both appropriate to their role and consistent with federal standards. Interviews confirmed that volunteers and contractors not only received the required training but also retained a clear understanding of their

	responsibilities under PREA. The facility's efforts reflect a strong commitment to PREA compliance and to maintaining a safe, respectful, and abuse-free environment for all incarcerated individuals.
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To assess the facility's compliance with PREA Standard §115.33 – Inmate Education, the following documentation was reviewed: • Pre-Audit Questionnaire (PAQ) and supporting materials • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 • WVDCR PREA Education Brochure (available in English and Spanish) • Inmate PREA Educational Materials, including intake handouts and the Inmate Handbook These documents outline the agency's expectations and practices regarding inmate education on the prevention, detection, reporting, and response to sexual abuse and sexual harassment. – <u>OBSERVATIONS</u> During the on-site audit, the Auditor observed PREA-related materials posted throughout inmate-accessible areas, including housing units, dayrooms, and other shared spaces. PREA posters were clearly displayed in both English and Spanish. In addition, the Auditor reviewed physical copies of inmate orientation materials, handbooks, and brochures, verifying their accessibility and compliance with agency policy. <u>INTERVIEWS</u> Intake Staff Intake staff confirmed that every new arrival receives the Admission and Orientation (A&O) Handbook at intake. Each inmate signs an acknowledgment form confirming receipt, which is then filed in the inmate's institutional record. Random Inmates A total of 30 randomly selected inmates were interviewed. All 30 reported receiving

PREA information upon intake. They affirmed that the materials explained the facility's zero-tolerance policy toward sexual abuse and harassment, and included multiple options for reporting concerns.

PROVISIONS

Provision (a): Information at Intake

According to the PAQ, all inmates are provided PREA-related information at the time of intake. This includes an overview of the agency's zero-tolerance policy and multiple ways inmates can report sexual abuse or sexual harassment. Intake staff verified that this information is provided immediately upon arrival, before inmates are assigned to housing units.

The facility reported that 240 inmates were admitted over the past 12 months, and that 100% received PREA information at intake. The Auditor reviewed 70 inmate intake files, confirming that all contained documentation of PREA education being provided within 24 hours of arrival.

Policy Reference:

WVDCR Policy 430.00, p. 10, IV.A, states that at intake and annually thereafter, inmates shall receive educational information—communicated in verbal, written, and understandable language—explaining the zero-tolerance policy and methods for reporting incidents or suspicions of sexual abuse or harassment.

Provision (b): Comprehensive PREA Education

The PAQ confirms that all inmates who remained at the facility for more than 30 days received comprehensive PREA education. This education is conducted during orientation and includes information on:

- The agency's zero-tolerance policy (PREA Brochure)
- How to report sexual abuse and harassment (Inmate Handbook)
- Inmate rights to be free from abuse and harassment (Inmate Handbook)
- Protection from retaliation (PREA Brochure)
- Tips for avoiding victimization (Inmate Handbook)
- An overview of agency response procedures (Inmate Handbook)

Intake staff also shared that inmates are informed during orientation of the presence of male and female staff in housing units, anti-retaliation protections, and a basic overview of the investigative process.

The PAQ reported that 240 inmates were eligible for comprehensive education in the past 12 months, and 100% received it. The Auditor's review of 70 records confirmed that all inmates received the required education within 24 hours of arrival.

Provision (c): Timely Delivery of Education

The agency ensures comprehensive PREA education is delivered within 30 days of

arrival, but in practice, this education is often delivered on the day of intake. Intake staff confirmed that regardless of whether an individual is a new commitment or a facility transfer, they receive the same intake education, including PREA content, before being housed.

Policy Reference:

WVDCR Policy 430.00, p. 11, B, mandates that offenders receive comprehensive PREA education upon each transfer to a different facility, including the provision of a handbook and staff-led orientation.

Provision (d): Accessible Education for All Inmates

The facility reported, and the Auditor confirmed, that PREA education is accessible to all inmates, including those who:

- Are limited English proficient
- Are hearing or visually impaired
- Have cognitive disabilities
- Have limited literacy skills

Methods of Accommodation Include:

- Spanish-language materials for LEP individuals
- LanguageLine and Video Remote Interpreting, including American Sign Language
- Written materials, Braille, and verbal instruction for visually impaired individuals
- Recorded or staff-read materials for those with reading challenges or cognitive limitations

Policy Reference:

WVDCR Policy 430.00, p. 10, IV.A, states that PREA education shall be provided in formats that accommodate individual needs and ensure clear understanding by all inmates.

Provision (e): Documentation of Education

The PAQ confirms—and the PREA Compliance Manager verified—that documentation of inmate participation in both intake and comprehensive PREA education is maintained by the facility. All educational sessions are logged, and signed acknowledgment forms are placed in the inmate's institutional file.

The Auditor reviewed 70 inmate files and confirmed that each contained documentation reflecting completion of both intake education and comprehensive orientation.

Policy Reference:

WVDCR Policy 430.00, p. 7, N, directs that written materials be provided in accessible

	formats and that documentation of training be maintained. Key information must also be made continuously available through posters or other written formats. Provision (f): Ongoing Access to Key Information The facility reported, and the Auditor observed, that key information regarding the agency's PREA policies is continuously and readily available throughout the facility via: • Wall-mounted PREA posters • PREA brochures in housing units and common areas • Inmate handbooks issued at intake These materials reinforce the facility's zero-tolerance policy and provide consistent reminders of inmates' rights and reporting options. CONCLUSION After a thorough review of documentation, interviews, observations, and applicable policy, the Auditor concludes that the facility is in full compliance with PREA Standard §115.33 – Inmate Education. The facility has implemented a comprehensive, consistent, and accessible PREA education process. Inmates receive clear, timely information about their rights and the agency's zero-tolerance stance on sexual abuse and harassment. Educational content is tailored to individual needs and reinforced through multiple communication channels, ensuring ongoing awareness throughout the facility.
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>Document Review</u> The Auditor reviewed the facility's completed Pre-Audit Questionnaire (PAQ) along with a wide range of supporting documentation, which included: • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022; • Investigative Staff Training Records; and • Investigative Staff Training Curriculum. This review confirmed that the agency has established policies and procedures in line

with PREA standards and has implemented a structured training protocol for investigative staff.

Interviews

Interviews were conducted with facility-based investigative staff who are responsible for conducting administrative investigations of sexual abuse and harassment allegations. Through these discussions, the Auditor was able to corroborate the documentation and confirm that each investigator has received the appropriate specialized training in accordance with PREA requirements.

Provision (a)

The PAQ and supporting documentation confirm that, in addition to the general PREA training required for all employees, WVDCR ensures its investigators receive comprehensive specialized training specifically focused on conducting sexual abuse investigations in confinement settings. Training documentation, including sign-in sheets and curriculum outlines, demonstrated that investigative personnel had successfully completed both general and specialized training modules.

WVDCR Policy 430.00, PREA Compliance, dated October 7, 2022, outlines these requirements explicitly. Section F (pp. 9–10) mandates that investigators employed by the Division of Corrections and Rehabilitation (DCR) receive additional instruction beyond the standard PREA training. Specifically, investigators assigned to the Corrections Investigation Division (CID) must complete specialized instruction that includes:

- Techniques for interviewing sexual abuse victims;
- Proper application of Miranda and Garrity warnings;
- Procedures for collecting and preserving sexual abuse evidence within confinement settings; and
- Understanding the criteria and evidence necessary to support administrative actions or referrals for criminal prosecution.

All training is documented and maintained in each employee's personnel file. A copy of the documentation is also forwarded to the Office of PREA Compliance, ensuring centralized oversight and accountability.

Provision (b)

The PAQ further outlines that the specialized training described in Provision (a) is comprehensive and includes the specific areas required by the PREA standard. These areas include victim-sensitive interviewing, legal protections for staff and inmates during questioning, evidence collection protocols in confinement settings, and the threshold for substantiating an allegation for either administrative or prosecutorial resolution.

These elements are reflected in the curriculum reviewed by the Auditor and are also captured within WVDCR Policy 430.00, supporting the agency's commitment to equipping investigators with the necessary skills and knowledge.

	Provision (c) Documentation reviewed on site demonstrated that the agency maintains accurate and complete training records for all investigative staff. At the time of the audit, the facility employed five investigators who had all successfully completed the required specialized training. Training records for each investigator were available for Auditor review, confirming compliance with this provision. These records are maintained in accordance with WVDCR policy, ensuring a reliable system for verifying staff qualifications. Provision (d) Provision (d) of this standard is not applicable to the audit process and was therefore not assessed. <u>Conclusion</u> Based on the interviews conducted, documents reviewed, and training records evaluated, the Auditor concludes that the agency is in full compliance with all applicable provisions of Standard §115.34 – Specialized Training: Investigations. The facility has demonstrated that its investigators are well-trained and prepared to conduct investigations of sexual abuse and harassment in confinement settings, consistent with both PREA requirements and agency policy.
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>Document Review</u> The following documents were reviewed in support of this standard: • Pre-Audit Questionnaire (PAQ) and related supporting documentation • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 • Medical and Mental Health Training Curriculum • Medical Training Certificates and Staff Sign-In Sheets • Medical and Mental Health Staff Interviews The Auditor conducted interviews with medical and mental health professionals who regularly provide services within the facility. Through both the interview process and the review of training documentation, it was confirmed that all current medical and mental health care practitioners assigned to the facility have completed the required PREA training as outlined in agency policy and meet all training expectations. <u>Provisions</u>

Provision (a)

According to the PAQ and facility administrators, WVDCR has a policy in place requiring that all medical and mental health care providers who work regularly in its correctional facilities receive specialized PREA training. At this facility, there are 18 practitioners who fall under this category. The facility reported that all 18 individuals have successfully completed the specialized training required under policy.

The Auditor reviewed the agency's medical and mental health training curriculum and lesson plans, which confirmed that the training includes the content required by the standard. The applicable policy, WVDCR Policy 430.00 (PREA Compliance), dated October 7, 2022, Section G (p. 10), states that in addition to the general training provided to all employees during orientation, full- and part-time medical and mental health care staff must complete specialized training focused on sexual abuse and sexual harassment. This training must be coordinated through a qualified provider and completed no later than one month from the date of hire. The policy also specifies that contractual medical providers are not permitted to conduct forensic medical exams.

The specialized training for these practitioners includes the following essential topics:

Techniques for preserving physical evidence of sexual abuse

Appropriate and professional responses to victims of sexual abuse and sexual harassment

Procedures for reporting allegations or suspicions of sexual abuse and harassment, including identifying the appropriate staff and channels

A clear understanding of how and to whom to report any such allegations or suspicions

These training elements help ensure that all medical and mental health practitioners can respond to sexual abuse disclosures in a trauma-informed and legally compliant manner.

Provision (b)

This provision does not apply to the facility. The PAQ indicates, and the Auditor confirmed, that under WVDCR procedures, medical staff at the facility are prohibited from conducting forensic examinations on victims of sexual abuse. Such examinations are referred to external medical professionals who are specifically trained and credentialed to perform these services.

Provision (c)

The PAQ indicates that the agency maintains complete documentation verifying that all medical and mental health care practitioners have completed the required specialized training. The Auditor reviewed this documentation during the on-site audit, which included training certificates and signed attendance sheets. Additionally, staff interviews supported these records, with each medical and mental health care practitioner confirming that they had participated in the required PREA-related training sessions.

	Provision (d) According to the PAQ and as verified through interviews, medical and mental health care providers employed by or contracted with WVDCR are also required to complete the general PREA training that is mandated for all employees, contractors, and volunteers. The Auditor reviewed sign-in sheets and training logs that validated this requirement had been fulfilled. In addition to their specialized training, both contracted and directly employed medical and mental health professionals at the facility have received the general PREA training required by policy and the PREA standards. Conclusion Following the comprehensive review of policies, training documentation, and staff interviews, the Auditor has determined that the facility is in full compliance with all provisions of Standard §115.35 – Specialized Training: Medical and Mental Health Care. The agency has demonstrated a strong commitment to ensuring that medical and mental health staff are equipped with the knowledge and skills necessary to appropriately and professionally respond to allegations of sexual abuse and harassment within confinement settings.
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review As part of the PREA audit process, the Auditor conducted a thorough review of the following documentation to assess compliance with Standard §115.41: • Pre-Audit Questionnaire (PAQ) and related supporting materials • West Virginia Division of Corrections and Rehabilitation (WVDCR), Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 • WVDCR Policy 401.13, Special Attention & Special Needs Alerts, dated August 29, 2022 • Risk Screening Instrument (PREA Manual Attachment 3DCR) • 30-Day Risk Reassessment Instrument Observations During the on-site audit, the Auditor engaged in informal conversations with facility staff, gaining insight into the intake and classification process. These discussions helped to further clarify how screening tools are applied and how risk-related data is used to guide housing, classification, and programming decisions.

Interviews

PREA Director / PREA Compliance Coordinator (DPC)

During the interview, the Director of PREA Compliance (DPC) affirmed that access to screening results is limited strictly to personnel with a need to know—specifically for treatment, security, or management purposes. This includes medical and mental health practitioners, classification personnel, and the PREA Compliance Manager (PCM). The DPC also verified that WVDCR does not detain individuals solely for civil immigration purposes.

Risk Screening Staff

Staff members responsible for completing risk screenings confirmed that the initial screening is conducted within 24 hours of an individual's arrival at the facility. This assessment captures critical information such as prior sexual victimization, convictions for violent or sexual offenses, and past institutional violence. A follow-up reassessment occurs within 30 days. Additional screenings are performed if there is a report of sexual abuse, the resident returns after a release or transfer, or if any new information becomes available that could affect the individual's safety.

Transgender individuals receive a screening within 24 hours of arrival, a follow-up within 30 days, and regular reassessments at least every six months thereafter.

Screening staff emphasized that individuals are not disciplined for refusing to answer questions. Instead, staff attempt to engage the individual respectfully, explain the purpose of the questions, and encourage participation. If a resident declines, no punitive action is taken.

PREA Compliance Manager (PCM)

According to the PCM, the goal of the risk assessment process is to identify those who may be at increased risk of sexual victimization or who may pose a risk to others, in order to make informed housing and placement decisions. This practice enhances safety within the facility. The PCM confirmed that only designated staff—such as medical, mental health, and classification personnel—have access to risk screening information, and that access is strictly limited to necessary purposes only.

Randomly Selected Inmates

Individuals interviewed during the audit reported they remembered being asked questions about their safety concerns, past victimization, suicidal thoughts, prior incarcerations, sexual orientation, and gender identity. They generally recalled undergoing their initial screening within 72 hours of intake, followed by a reassessment within several weeks.

Classification Staff

Classification staff echoed the statement that individuals are not penalized for declining to answer screening questions. Staff noted they take time to explain the importance of each question and work to establish rapport. Refusal to respond does not result in disciplinary measures.

PROVISIONS

Provision (a)

The PAQ indicates that the agency maintains policies requiring the assessment of all incarcerated individuals upon admission or transfer to determine their risk of being sexually victimized or sexually abusive. This process is outlined in:

WVDCR Policy 430.00, PREA Compliance, pp. 11-12, which mandates private, individual assessments during intake or upon facility transfer.

WVDCR Policy 401.13, Special Attention & Special Needs Alerts, p. 2, which directs the use of an alert system in the Offender Information System (OIS) to flag individuals requiring heightened supervision or special placement.

Provision (b)

The PAQ and supporting data indicate 100% of the 240 individuals admitted over the past 12 months were screened within 72 hours of intake, in compliance with:

WVDCR Policy 430.00, p. 12, B(1), which mandates screening within 72 hours.

Provision (c)

The facility uses an objective screening tool—PREA Manual Attachment 3DCR—to conduct assessments. The Auditor reviewed the instrument and confirmed its use. Reassessments are conducted within 30 days of intake.

Provision (d)

The screening instrument addresses several required factors, including but not limited to:

- Mental, physical, or developmental disabilities
- Age and physical build
- Criminal history and offense type
- Prior incarceration
- History of sexual offenses or victimization
- Perceived or self-identified sexual orientation and gender identity
- The individual's self-perception of vulnerability

Provision (e)

Initial screenings include, at a minimum:

- Known history of sexual abuse
- Prior violent convictions
- Institutional history of violence or sexual abuse

Provision (f)

Reassessments are completed within 30 days of arrival and when new information is received. This is aligned with:

WVDCR Policy 430.00, p. 13, G, which specifies reassessment between 20-30 days of initial screening and mandates review of multiple sources of information, including mental health screenings, facility behavior records, and case files.

	Provision (g) Reassessments are triggered by transfers, incidents of sexual abuse, referrals, or new relevant information. This is supported by: WVDCR Policy 430.00, pp. 12–13, which outlines specific triggers for reassessment and requires annual reassessments for individuals who remain in custody. Provision (h) The PAQ and staff interviews confirm that individuals are not disciplined for choosing not to respond to screening questions. In such cases, placement decisions are made using available data. This is supported by: WVDCR Policy 430.00, p. 13, F, which explicitly prohibits disciplinary action for refusal to respond. Provision (i) Facility records confirm that 100% of individuals with a stay of 30 days or longer were reassessed within that timeframe based on any additional information received. This aligns with: WVDCR Policy 430.00, p. 13, F, which requires timely documentation, safeguards the confidentiality of sensitive information, and mandates placement based on individual safety needs. <u>CONCLUSION</u> After a comprehensive review of all documentation, observations, and interviews, the Auditor finds the agency/facility to be in full compliance with every provision of Standard §115.41 – Screening for Risk of Sexual Victimization and Abusiveness. The screening and reassessment practices are consistent, well-documented, and thoughtfully implemented to enhance the safety and well-being of all individuals in custody.
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>Document Review</u> To evaluate the facility’s compliance with PREA Standard §115.42 – Use of Screening Information, the Auditor conducted a detailed review of the following materials: • Pre-Audit Questionnaire (PAQ) and associated supporting documentation • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022

- Inmate records and housing assignments
- Inmate roster
- Interview notes from discussions with the Director of PREA Compliance (DPC), PREA Compliance Manager (PCM), risk screening staff, and a transgender individual currently housed at the facility

This documentation, combined with interview data, provided a comprehensive understanding of how the facility utilizes risk screening information to make informed decisions related to housing, work, education, and programming, while prioritizing the safety and dignity of all individuals in custody.

INTERVIEWS

Director of PREA Compliance (DPC):

The DPC explained that, in accordance with WVDCR policy, an individual's gender is initially recorded based on legal documentation. However, all subsequent classification decisions are made on an individualized basis to ensure the safety and well-being of each person. The DPC emphasized that the views of transgender and intersex individuals regarding their own safety are given substantial weight in housing, programming, and classification decisions. These assessments are revisited at least every six months or following any reported incident of sexual abuse or misconduct. The DPC clarified that WVDCR does not maintain any housing units specifically designated for individuals who identify as LGBTI; such placements would only be made following a case-specific assessment and never solely based on identity.

Risk Screening Staff:

Personnel responsible for completing risk screenings consistently reported that decisions for transgender and intersex individuals are guided by personalized assessments. Staff take into account each person's self-identified safety concerns during the classification process, which includes information collected through formal screening tools, personal interviews, and ongoing reassessments. These reassessments occur at minimum twice annually or sooner if a relevant event or new information arises.

PREA Compliance Manager (PCM):

The PCM confirmed that screening results directly impact critical decisions regarding housing, work, educational opportunities, and program assignments. Special consideration is given to separating individuals identified as being at elevated risk of victimization from those who may pose a risk of abusive behavior. The PCM reiterated that the views of transgender and intersex individuals are seriously considered when making determinations related to their safety and security.

Transgender Inmate:

The transgender individual interviewed by the Auditor expressed satisfaction with their housing and shower arrangements. They confirmed they were not segregated from the general population due to their gender identity and were treated

respectfully. Their feedback aligned with housing data and facility practices observed by the Auditor, confirming consistency in policy implementation.

PROVISIONS

Provision (a):

The PAQ, Policy 430.00 (p. 14, Section I), and interviews with facility staff confirm that screening information is used to guide informed decisions concerning housing, work, educational, and program assignments. The facility consistently uses this data to protect individuals at high risk of victimization by ensuring they are not housed with or placed near individuals identified as potentially sexually abusive.

Provision (b):

Individualized placement decisions are a standard practice at the facility. Interviews with the PCM and screening staff validated that determinations regarding housing and programming are based on comprehensive risk assessments tailored to the needs and circumstances of each individual, rather than blanket approaches.

Provision (c):

Transgender and intersex individuals are assigned housing and program placements based on case-by-case assessments. These determinations are focused on the individual's safety and well-being and are made without causing undue management complications. This individualized approach is supported by Policy 430.00 (p. 14, Section K), the PAQ, and consistent staff statements.

Provision (d):

The classification and housing of transgender and intersex individuals are re-evaluated at least every six months or sooner if any incident or safety concern arises. This practice is confirmed by interviews and clearly outlined in Policy 430.00 (p. 14, Section L).

Provision (e):

The facility places considerable emphasis on the personal safety concerns expressed by transgender and intersex individuals. Risk screening procedures include questions to capture these views, and staff are trained to incorporate this input into placement decisions. Interviews and policy documentation support this approach.

Provision (f):

All transgender and intersex individuals are offered the opportunity to shower separately from others, should they choose. This privacy accommodation was verified through interviews with staff and individuals in custody. Policy 430.00 (p. 14, Section L) mandates this option as part of the facility's efforts to ensure dignity and safety.

Provision (g):

The facility does not operate separate housing units for individuals based solely on their sexual orientation or gender identity. This practice is affirmed by Policy 430.00, the PAQ, and staff interviews. Any segregated placement would occur only in response to specific safety concerns and following a comprehensive, individualized

	assessment. A review of the inmate roster confirmed that no LGBTI-specific housing units are maintained. CONCLUSION Based on a comprehensive review of facility documentation, policies, staff interviews, and input from individuals in custody, the Auditor has determined that the agency/facility is in full compliance with PREA Standard §115.42 – Use of Screening Information. The facility demonstrates a thoughtful, individualized, and policy-driven approach to using risk assessment data to promote safety, ensure appropriate placements, and protect vulnerable populations, including transgender and intersex individuals. The practice of incorporating individual safety concerns and conducting routine reassessments reflects a strong institutional commitment to the principles and goals of the Prison Rape Elimination Act.
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Document Review In assessing the facility’s compliance with PREA Standard §115.43 – Protective Custody, the Auditor reviewed the following materials: Pre-Audit Questionnaire (PAQ) and supporting documentation West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 These documents provided essential insight into how the facility safeguards individuals at risk for sexual victimization, particularly as it relates to restrictive housing or segregated custody placements. INTERVIEWS Facility Head or Designee The Facility Head confirmed that any use of segregated housing, regardless of the reason for placement, is closely monitored and reviewed on a routine basis. Specifically, all such placements are formally reviewed at least every 30 days. These reviews ensure that any continued placement remains justified and that the individual’s needs and rights are being appropriately addressed. Staff Supervising Inmates in Segregated Housing Staff assigned to supervise individuals in segregated housing units consistently reported that, during the past year, no one had been involuntarily placed in segregation solely due to concerns related to sexual victimization or risk of retaliation. This information was confirmed both through formal interviews and

informal, on-site discussions with line staff.

Inmates in Segregated Housing

At the time of the on-site audit, there were no individuals housed in segregation due to being victims of sexual abuse or at risk of sexual victimization. Those currently assigned to segregated housing were placed there for administrative reasons or as a result of disciplinary infractions, unrelated to PREA concerns.

PREA Compliance Manager (PCM)

The PCM confirmed that in the 12 months preceding the audit, no individual had been placed in involuntary protective custody or administrative segregation due to sexual victimization, allegations of abuse, or perceived risk. The facility has not had to rely on restrictive housing to manage vulnerable individuals under PREA-related circumstances.

PROVISIONS

Provision (a):

The PAQ and staff interviews confirmed that the facility adheres to a strict policy prohibiting the involuntary placement of individuals at risk for sexual victimization into segregated housing unless no reasonable alternatives exist. According to WVDCR Policy 430.00 (p. 14, Section M), when such placement is deemed temporarily necessary, the facility must first assess all other options. If an immediate alternative cannot be determined, the policy allows for temporary placement not to exceed 24 hours. The PCM and Facility Head both confirmed that no such placements occurred within the past 12 months.

Provision (b):

Policy 430.00 (p. 15, Section O) provides that any individual placed in protective custody for their own safety will retain access to work, educational programming, privileges, and other facility opportunities, to the greatest extent possible. Should any restrictions be necessary, documentation explaining the limitation is required. The Facility Head confirmed that, if a placement under this provision were to occur, these guidelines would be strictly followed.

Provision (c):

The facility reported—and the PCM confirmed—that over the past year, there have been zero instances in which an individual identified as being at risk for sexual victimization was held in involuntary segregation for more than 30 days while awaiting alternate placement. The absence of such cases demonstrates a proactive commitment to identifying and utilizing safe, non-restrictive housing options.

Provision (d):

There were no documented cases of protective custody or administrative segregation extending beyond 30 days due to risk of sexual abuse. Policy 430.00 (pp. 14-15, Section N, 1-3) requires detailed documentation should such placements occur. This includes the specific basis for concern, all alternative housing options considered, and justification for why those alternatives were deemed insufficient. Staff interviews

	verified that the facility has not had occasion to initiate this level of segregation for PREA-related concerns. Provision (e): The facility confirmed that no protective custody placements were made during the past 12 months for reasons related to sexual victimization risk. However, the agency has established clear procedural safeguards in Policy 430.00 (p. 15, Section O), including mandatory review of any protective custody placement every 30 days and required reporting to the PCM within 24 hours of such a placement. These safeguards are designed to ensure accountability and support a trauma-informed response to vulnerable populations. <u>CONCLUSION</u> Following a comprehensive review of the PAQ, supporting policy documents, and interviews with facility leadership, supervisory staff, and the PREA Compliance Manager, the Auditor concludes that the facility is in full compliance with PREA Standard §115.43 – Protective Custody. The agency has clearly established procedures that prohibit the use of involuntary segregation for individuals at risk of sexual victimization, except in rare cases where no alternatives exist. In those circumstances, policy requires a rapid response, robust documentation, regular reviews, and continued access to programs and privileges. The absence of such placements over the past year reflects the facility’s commitment to prioritizing the safety, dignity, and rights of all individuals in custody.
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To assess the facility’s compliance with PREA Standard §115.51 – Inmate Reporting, the following documents were thoroughly reviewed: • Pre-Audit Questionnaire (PAQ) and all associated supporting documentation. • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022. • Inmate orientation materials, provided in both English and Spanish, including PREA brochures and educational handouts. • Contractual agreement between the agency/facility and the West Virginia Foundation for Rape Information and Services (WV FRIS), which provides access to emotional support for incarcerated individuals.

These materials outlined the agency's commitment to ensuring multiple confidential and accessible reporting mechanisms for individuals in custody.

OBSERVATIONS

During the on-site audit, the Auditor noted the facility had PREA-related informational posters prominently displayed in all housing units and throughout common areas, including the intake and booking zones, dining hall, program corridors, and main hallways. All postings were available in both English and Spanish and clearly outlined methods for reporting sexual abuse or harassment.

The Auditor also physically tested inmate telephones in various housing units. All telephones were found to be in good working order and allowed outgoing calls, including calls to the PREA-designated confidential hotline managed by WV Fusion Center. This confirmed that incarcerated individuals had consistent access to external reporting options.

INTERVIEWS

PREA Compliance Manager (PCM):

The PCM detailed the various internal and external avenues available to individuals wishing to report sexual abuse, harassment, or retaliation. According to the PCM, incarcerated individuals can report directly to any staff member, to the State PREA Director, or to WV Fusion Center via a toll-free, confidential hotline. Written and verbal reports, including those submitted anonymously or by third parties (e.g., family members), are accepted and acted upon. The PCM emphasized that all allegations are treated seriously and responded to promptly and in accordance with agency protocols.

Random Staff :

Line staff consistently demonstrated a clear understanding of their responsibilities under this standard. Staff were able to identify a range of inmate reporting methods, including telling a staff member, using the posted PREA hotline, submitting a written complaint, or requesting that a family member contact the agency on their behalf. Staff also discussed their obligation to immediately report any allegation, regardless of the method or source of the information. They also affirmed awareness of internal mechanisms available for employees to make private reports, such as contacting supervisors, the PCM, or external agencies like WV Fusion Center.

Random Inmate :

Incarcerated individuals interviewed during the audit exhibited strong awareness of the available methods for reporting sexual abuse and harassment. Commonly mentioned options included using the toll-free hotline, speaking with staff, writing to the PREA Director, or asking a family member to advocate on their behalf. Several inmates were also able to identify WV Fusion Center by name and described its role as a support service provider for victims of sexual abuse. Their responses confirmed that the facility's education efforts have been effective in conveying reporting procedures and rights.

PROVISIONS

Provision (a):

The facility provides individuals in custody with multiple internal avenues to confidentially report allegations of sexual abuse, harassment, retaliation, or staff misconduct. This includes verbal and written methods, and options for anonymous or third-party reports. The PCM confirmed that incarcerated persons may also contact WV Fusion Center via a confidential, toll-free hotline at #01 from any inmate telephone.

Policy Reference: WVDCCR Policy 430.00, p. 15, Section VI(A), affirms that multiple internal and external methods must be provided for confidential reporting, including options for individuals held for civil immigration purposes.

Provision (b):

The facility has established and maintained a formal partnership with WV FRIS, an independent external organization. This relationship allows individuals in custody to receive emotional support regardless of when the abuse occurred. The PCM confirmed this.

Policy Reference: WVDCCR Policy 430.00, p. 15, Section VI(A), mandates the provision of at least one external reporting mechanism that maintains confidentiality and anonymity when requested.

Provision (c):

Staff are trained and expected to receive reports of sexual abuse or harassment in any format—verbal, written, anonymous, or third-party. They are also required to document all verbal reports immediately and treat them with the same level of seriousness as formal written reports. Interviews with random staff verified that this policy is clearly understood and actively practiced.

Policy Reference: WVDCCR Policy 430.00, p. 15, Section VI(B), designates all employees, contractors, volunteers, and interns as mandatory reporters who must respond to and document all allegations regardless of format or source.

Provision (d):

The agency has implemented procedures for employees to privately report knowledge or suspicions of sexual abuse or harassment involving inmates. These methods include contacting a direct supervisor, notifying the PCM, or reaching out to external resources such as WV FRIS for emotional support. Staff interviews confirmed that employees are aware of and comfortable using these confidential channels.

Policy Reference: WVDCCR Policy 430.00, p. 15, Section VI(B), explicitly outlines internal options for staff to make private reports of abuse or misconduct.

CONCLUSION

Based on an extensive review of relevant documentation, observations conducted during the on-site audit, and comprehensive interviews with both staff and

	incarcerated individuals, the Auditor has determined that the agency/facility fully complies with PREA Standard §115.51 – Inmate Reporting. The facility has established and maintains a range of internal and external reporting mechanisms that are readily accessible, confidential, and well understood by both staff and inmates. These systems support a culture of safety, accountability, and transparency, reinforcing the agency’s commitment to the prevention, detection, and response to sexual abuse and harassment in confinement settings.
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> The following materials were examined to assess the facility’s compliance with PREA Standard §115.52 – Exhaustion of Administrative Remedies: • Pre-Audit Questionnaire (PAQ) and all supporting documentation • West Virginia Division of Corrections and Rehabilitation (WVDCR), Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 <u>INTERVIEWS</u> Random Staff: Staff interviewed during the audit consistently confirmed that individuals in custody may submit formal grievances to report an allegation of sexual abuse or to report a substantial risk of imminent sexual abuse. Staff were able to clearly articulate the process for submitting emergency grievances and demonstrated awareness of the specific timeframes required for responding to those grievances. They also affirmed that all such reports are taken seriously and acted upon immediately. Random Inmates: Incarcerated individuals reported during interviews that they were aware they could file a grievance to report either an incident of sexual abuse or a threat of imminent harm. While none of the inmates interviewed had personally submitted a PREA-related grievance, they demonstrated a strong understanding of the grievance process. Many expressed that the fastest and most effective method to report was by notifying a staff member directly. Several also reported they would use the PREA hotline if they desired more privacy or anonymity. Inmates acknowledged that grievances could be submitted anonymously and without retaliation. <u>PROVISIONS</u>

Provision (a):

According to the PAQ and corroborated by staff interviews, allegations of sexual abuse and sexual harassment are not processed through the traditional grievance procedure. Instead, any grievance received that includes a PREA-related allegation is immediately treated as a report of sexual abuse and routed directly to the appropriate investigative authorities. It does not proceed through the administrative grievance process.

Policy Reference: WVDCR Policy 430.00, p. 16, Section D — specifies that while individuals in custody may report abuse via the grievance process, such grievances are redirected to the Superintendent or designee for immediate response. The policy also affirms there is no time limit on reporting allegations of sexual abuse. Time limits may apply to other issues not involving sexual abuse.

Provision (b):

The facility allows individuals in custody to file grievances related to allegations of sexual abuse without any time restrictions. Additionally, there is no requirement to attempt informal resolution prior to filing such grievances. The policy clearly prohibits staff from requiring inmates to resolve such incidents informally or through any preliminary process.

Policy Reference: WVDCR Policy 430.00, p. 16, Section D — affirms that informal resolution is not required when filing grievances related to sexual abuse.

Provision (c):

The agency ensures that individuals in custody can file grievances regarding sexual abuse without submitting them to a staff member who is the subject of the complaint. Further, grievances are not referred for review to the staff member implicated in the allegation.

Policy Reference: WVDCR Policy 430.00, p. 16, Section D, Subsections 1-2 — guarantees that grievances related to sexual abuse are handled by staff not involved in the allegation.

Provision (d):

According to the PAQ and verified through interviews, the facility reported zero grievances alleging sexual abuse were filed during the past 12 months. Nevertheless, policy dictates that any grievance alleging sexual abuse must be resolved with a final agency decision within 90 days from initial submission.

Policy Reference: WVDCR Policy 430.00, p. 16, Section E — mandates that final decisions on grievances related to sexual abuse must be issued within 90 days.

Provision (e):

The PAQ noted that no grievances related to sexual abuse were filed with third-party assistance during the previous 12-month period. However, WVDCR policy explicitly allows third parties—including family members, staff, fellow inmates, attorneys, and advocates—to file grievances on behalf of individuals in custody. If the individual declines assistance, this decision must be documented.

	Policy Reference: WVDCR Policy 430.00, p. 16, Section F — allows third-party grievance submission and requires that declinations be formally documented using attachments from the PREA Manual. Provision (f): There were no reported emergency grievances involving allegations of imminent sexual abuse risk in the last 12 months. However, policy outlines a clear emergency grievance response procedure, including rapid timelines for assessment and action. Policy Reference: WVDCR Policy 430.00, p. 16, Section G — specifies that emergency grievances must be forwarded to the Superintendent or designee immediately. An initial response must be provided within 48 hours, with a final decision issued within 5 calendar days. Both the response and final outcome must document whether the individual was at substantial risk and what actions were taken. Provision (g): No disciplinary actions were reported in the last year against any individual for filing a PREA-related grievance in bad faith. The policy permits disciplinary action only when the agency can clearly demonstrate that the grievance was filed with malicious intent or in bad faith. Policy Reference: WVDCR Policy 430.00, p. 16, Section H — affirms that disciplinary action may only occur if bad faith is proven. CONCLUSION After a comprehensive review of facility policy, supporting documentation, and interviews with staff and incarcerated individuals, the Auditor has determined that the agency/facility fully complies with PREA Standard §115.52 – Exhaustion of Administrative Remedies. The agency’s practices and written policies ensure that all individuals in custody are afforded accessible, confidential, and safe avenues for reporting allegations of sexual abuse, including through the grievance process, without unnecessary barriers or fear of retaliation.
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To determine the facility’s compliance with PREA Standard §115.53, the following documents were reviewed: • Pre-Audit Questionnaire (PAQ) and accompanying supporting documentation

- West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022
- Executed contract between the agency/facility and the West Virginia Foundation for Rape Information and Services (FRIS)
- “Reporting is the First Step” educational material distributed to incarcerated individuals
- Informational flyer for outside confidential support services
- Inmate Intake Package, including PREA education and information about available support resources

Collectively, these documents demonstrate the agency’s commitment to providing confidential access to victim support services, ensuring that incarcerated individuals are informed of their rights and options following incidents of sexual abuse or harassment.

OBSERVATIONS

During the facility tour, the Auditor observed that PREA-related materials were prominently displayed in areas accessible to the population. Notices were posted in multiple locations, including housing units, dayrooms, the intake area, medical areas, and near inmate telephones. These postings contained clear, multilingual instructions for reporting sexual abuse and for accessing outside support services.

Inmate telephones were physically inspected and function-tested. The Auditor successfully placed a call from multiple housing units to the FRIS hotline (*9088). The call connected without delay or the need for personal identifying information. A trained advocate answered the call and did not request identification, confirming the hotline’s anonymity and confidentiality.

INTERVIEWS

Random Inmates:

Incarcerated individuals consistently reported that they were aware of their ability to access outside support services. Interviewees cited both the hotline and mailing address for FRIS and HOPE, Inc. as available and confidential options. Several inmates confirmed that these services had been discussed during orientation and were also detailed in posted materials and the intake packet.

PREA Compliance Manager (PCM):

The PCM confirmed that the facility does not house individuals solely for civil immigration purposes. They explained the agency’s ongoing relationship with FRIS, which provides trauma-informed emotional support via a dedicated hotline (*9088). The PCM also acknowledged that calls to the hotline are monitored or recorded, and this is disclosed to inmates during intake and through posted materials.

Intermediate- or Higher-Level Staff:

Staff interviews confirmed that facility personnel routinely verify the functionality of inmate telephones and understand the importance of ensuring inmates can confidentially access outside advocacy and support. Staff consistently articulated that outside support services are available and emphasized their role in facilitating safe and confidential access to these services.

PROVISIONS

Provision (a):

The agency/facility meets the requirement to provide incarcerated individuals with access to outside victim advocates for emotional support services related to sexual abuse. The following practices support this:

- Mailing addresses and toll-free telephone numbers for external advocacy organizations, such as FRIS and HOPE, Inc., are made available and distributed to all incarcerated persons.
- Facility telephones permit anonymous and toll-free calls to FRIS (*9088), connecting individuals to trained advocates without requiring disclosure of personal information.
- Information about support services is provided during intake and reinforced through posted materials in English and Spanish.
- The “Reporting is the First Step” flyer confirms these services are available 24/7 and are free of charge.

Policy Reference: WVDCR Policy 430.00

- Page 11, Section 3: Inmates are to be informed about the extent of monitoring and any mandatory reporting obligations related to outside support agencies.
- Page 11, Section 5: If applicable, immigrant detainees must be given access to relevant immigration service agencies.

Provision (b):

The facility complies with the requirement to inform individuals of any limitations to confidentiality prior to engaging with outside support agencies. These disclosures are:

- Clearly outlined in informational materials provided during intake, particularly in HOPE, Inc.’s flyers
- Communicated verbally during PREA education sessions
- Reinforced through postings and documentation

Limitations to confidentiality include mandated reporting in instances of:

- Suspected child or vulnerable adult abuse
- Threats of harm to self or others

Inmate interviews confirmed awareness of these conditions, and staff acknowledged

	their responsibility to ensure that this information is communicated clearly and consistently. Policy Reference: WVDCR Policy 430.00, p. 15, Section VI(A) — requires that incarcerated individuals have access to at least one outside entity that can receive anonymous reports and forward them to appropriate authorities. Provision (c): The agency maintains a current, executed contract with the West Virginia Foundation for Rape Information and Services. This agreement ensures the provision of confidential, trauma-informed emotional support services for individuals who have experienced sexual abuse or harassment, whether recent or historical. Policy Reference: WVDCR Policy 430.00, p. 16, Section I — requires that each facility either maintains or seeks a formal agreement (e.g., Memorandum of Understanding) with a qualified outside victim service agency. This section also outlines the requirements for providing consular and immigration contacts where appropriate. The contract with FRIS is up to date and on file, documenting the scope of services offered, including confidential access to trained advocates via telephone or mail. <u>CONCLUSION</u> Based on a comprehensive review of policies, contracts, intake and orientation materials, facility observations, and interviews with staff and incarcerated individuals, the Auditor concludes that the agency/facility is in full compliance with PREA Standard §115.53 – Inmate Access to Outside Confidential Support Services. The agency has established and implemented effective procedures and partnerships that ensure all individuals in custody are aware of and can access emotional support from qualified, independent service providers. These services are confidential, widely publicized, and delivered in alignment with the intent and requirements of the PREA standards.
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To evaluate the agency/facility’s compliance with PREA Standard §115.54 – Third-Party Reporting, the Auditor reviewed a range of documents and resources, including:

- Pre-Audit Questionnaire (PAQ) and all associated supporting documentation submitted by the facility
- West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022
- Official public website of the West Virginia Division of Corrections and Rehabilitation: www.dcr.wv.gov

These materials collectively outline and reinforce the agency's procedures for allowing and facilitating third-party reports of sexual abuse or sexual harassment.

INTERVIEWS

Random Inmates:

Interviews with a cross-section of randomly selected incarcerated individuals revealed a clear understanding of the concept and application of third-party reporting. Respondents consistently described third-party reporting as the process through which someone outside the facility—such as a family member, friend, attorney, or advocate—could submit a report on their behalf if they were unwilling or unable to do so themselves.

Many inmates expressed confidence in the ability of a parent, guardian, or other trusted individual to report sexual abuse or harassment to facility officials or to an external entity. Several specifically mentioned their mother or grandmother as someone they would ask to report abuse if necessary. This indicates the facility has effectively communicated the availability and legitimacy of third-party reporting options.

PROVISIONS

Provision (a):

The facility complies with this provision by offering and publicizing accessible methods through which third parties may report allegations of sexual abuse or harassment. The Pre-Audit Questionnaire, facility documentation, interviews, and public materials confirmed that multiple avenues are in place for external individuals to file reports confidentially and without fear of reprisal.

The West Virginia DCR website provides clear, step-by-step guidance for third-party reporters, stating:

"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 jail facility, you may call (304) 558-2036 and ask for the PREA Coordinator.

You may also email: dcrprea@wv.gov

In your email, please include the following details:

- A description of the incident
- Name of the victim (if known)
- Name of the suspected perpetrator (if known)
- Date and time of the alleged incident
- If requested, your anonymity will be protected.”

This information is easily accessible online, providing a direct line of communication for concerned third parties, including family members, attorneys, advocates, or other members of the public.

Relevant Policy Language:

WVDCR Policy 430.00 further strengthens the agency’s compliance. Page 5, Section b, of the policy reads:

“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 Superintendent and facility PREA Compliance Manager. Staff may be subject to disciplinary action for failure to report such conduct.

Unless otherwise precluded by federal, state, or local law, medical and mental health practitioners shall be required to report sexual abuse.”

This policy mandates the immediate acceptance and documentation of all allegations, regardless of the reporting source, and underscores the accountability expected of all facility personnel.

In addition, facility postings and orientation materials inform incarcerated individuals that third-party reporting is both valid and actively supported. Family members, friends, legal representatives, and advocacy organizations are encouraged to report abuse and are not required to provide exhaustive detail to initiate an investigation. Information about how to make such reports is also included in orientation packets and posted in common areas.

CONCLUSION

Based on the thorough review of policy documents, public information on the agency website, and interviews with facility staff and incarcerated individuals, the Auditor concludes that the agency/facility is in full compliance with PREA Standard §115.54 – Third-Party Reporting.

The facility has clearly established procedures that allow third-party individuals to report allegations of sexual abuse or harassment on behalf of someone in custody. These mechanisms are well-publicized, easily accessible, and confidential. Importantly, the facility has successfully communicated the availability of third-party

	reporting to its population, empowering incarcerated individuals to seek assistance beyond institutional walls if needed. The agency's practices reflect a comprehensive approach to transparency, accessibility, and survivor support.
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115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To determine the agency/facility's compliance with PREA Standard §115.61 – Staff and Agency Reporting Duties, the following documents were reviewed: • Pre-Audit Questionnaire (PAQ) and all supporting materials provided by the facility • West Virginia Division of Corrections and Rehabilitation Policy 430.00, titled Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 • These materials provided a comprehensive overview of the agency's responsibilities and procedures concerning the prompt and appropriate reporting of all allegations of • sexual abuse and sexual harassment, including those received anonymously or from third parties. <u>INTERVIEWS</u> PREA Coordinator / Director of PREA Compliance (DPC): The Director of PREA Compliance confirmed that the facility maintains a clear and non-negotiable expectation: all allegations of sexual abuse or sexual harassment—whether verbal, written, anonymous, or third-party—must be reported without delay to the facility's designated investigator. This includes allegations arising within the agency's own facilities or in other institutional settings. Medical and Mental Health Practitioners: Licensed medical and mental health staff demonstrated a strong understanding of their mandatory reporting responsibilities. They were able to clearly articulate the procedures they follow upon receiving an allegation of sexual abuse. Each affirmed that they inform the inmate of their duty to report and the limits of confidentiality before beginning any clinical service or conversation. Their responses reflected full awareness of both PREA requirements and relevant federal and state laws governing mandatory reporting. Facility Head: The Facility Head verified that staff are required to immediately report any

knowledge, suspicion, or disclosure related to sexual abuse, sexual harassment, retaliation, or staff neglect that may have contributed to such misconduct. The Facility Head emphasized that such reports must be communicated directly to the facility's PREA Compliance Manager (PCM) and agency investigators, in line with state policy and legal mandates.

Random Staff:

Every staff member interviewed (100%) was able to describe the correct protocol for responding to and reporting allegations of sexual abuse. They consistently confirmed that they would report immediately, maintain confidentiality, and share information only with those who have a legitimate need to know (e.g., their direct supervisor, medical staff, the PCM). They accurately described that information should only be disclosed for the purposes of treatment, investigation, security, or management decisions. Staff uniformly indicated that PREA allegations are routed to the PCM, who then ensures the matter is reported to the appropriate investigative authorities.

PROVISIONS

Provision (a):

The agency mandates that all staff, contractors, volunteers, and interns immediately report any knowledge, suspicion, or information regarding incidents of sexual abuse or sexual harassment, regardless of whether the incident occurred at the current facility or another institutional setting. The same obligation applies to any reports or suspicions of retaliation against individuals involved in such cases, or staff neglect that may have facilitated abuse.

Supporting Policy: Policy 430.00, p. 15, Section VII, B

"All employees, contractors, volunteers, and interns are mandatory reporters and shall accept verbal, written, anonymous, and third-party allegations... All reports shall be promptly documented and reported to the Superintendent and the facility PREA Compliance Manager."

Provision (b):

Staff are instructed to keep all information related to sexual abuse reports strictly confidential, except as needed for clinical, investigative, safety, or operational reasons. Random staff interviews confirmed a strong understanding and application of this policy.

Supporting Policy: Policy 430.00, p. 17, Section VII, A

"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."

Provision (c):

Medical and mental health practitioners are required to inform inmates at the initiation of services about their duty to report any allegations of sexual abuse and the limitations of confidentiality. Interviews with clinical staff confirmed that this practice is standard protocol.

	Supporting Policy: Policy 430.00, p. 22, Section XI, A “Such practitioners shall be required to inform offenders at the initiation of services of their duty to report and the limitations of confidentiality.” Provision (d): If the alleged victim is under the age of 18 or qualifies as a vulnerable adult under state law, the agency is required to report the allegation to the designated State or local services agency under mandatory reporting laws. This was confirmed during the Facility Head interview. Supporting Policy: Policy 430.00, p. 22, Section XI, A “Medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior victimization that did not occur in an institutional setting unless the offender is under the age of 18.” Provision (e): The facility confirmed via the PAQ and DPC interview that all allegations of sexual abuse and harassment—regardless of source (including anonymous and third-party reports)—are forwarded without delay to the designated agency investigator. Supporting Policy: Policy 430.00, p. 17, Section VII, A “The facility PREA Compliance Manager shall report all allegations of sexual abuse, including anonymous allegations, to the Office of PREA Compliance.” <u>CONCLUSION</u> Based on a comprehensive review of the agency’s policies, documentation, and staff and medical interviews, the Auditor finds the agency/facility fully compliant with PREA Standard §115.61 – Staff and Agency Reporting Duties. The agency has clearly established expectations for mandatory reporting, ensures confidentiality is maintained appropriately, and provides relevant training and oversight to ensure compliance in daily practice. The agency’s strong adherence to these provisions reflects its commitment to a culture of safety, accountability, and zero tolerance for sexual abuse or harassment.
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW In assessing the agency and facility’s compliance with PREA Standard §115.62 – Agency Protection Duties, the following documents were thoroughly reviewed:

- Pre-Audit Questionnaire (PAQ) and all supporting documentation provided prior to the on-site audit
- West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, titled Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022

These documents outlined the agency's policies and procedures for ensuring immediate and effective protection for any inmate identified as being at risk of imminent sexual abuse, harassment, or misconduct.

INTERVIEWS

Agency Head (AH):

During the interview, the Agency Head confirmed that whenever information is received alleging sexual abuse, sexual harassment, or sexual misconduct, the Facility Head of the institution where the involved individual is housed is notified immediately. The Agency Head described proactive steps that can be taken to ensure the safety of the alleged victim. These may include transferring the individual to another housing unit or, if necessary, relocating them to a different facility altogether. The AH also confirmed that if a perpetrator is identified, that individual would be placed in administrative segregation while the investigation is conducted, ensuring both safety and the integrity of the investigative process.

Facility Head:

The Facility Head echoed the Agency Head's comments, stating that any credible information involving allegations of sexual abuse, harassment, or misconduct prompts immediate action to protect the alleged victim. Depending on the circumstances, protective measures could include moving the individual to a secure housing area within the current facility or transferring them to a different facility if needed. If the alleged perpetrator is known, they would be placed in segregated housing to ensure no further contact with the alleged victim and to facilitate a safe and thorough investigation.

Random Staff:

Staff selected at random for interviews were well-versed in the agency's protection protocols. When asked what actions they would take if they received an allegation from an inmate, staff consistently stated they would:

- Immediately separate the alleged victim and perpetrator
- Ensure the safety and well-being of the alleged victim
- Notify their immediate supervisor without delay
- Secure and preserve any potential evidence, particularly in cases involving recent or ongoing incidents
- Staff responses reflected consistent training and understanding of their duties under PREA and agency policy.

	PROVISION (a): Immediate Protective Action According to the PAQ, within the 12 months prior to the audit, there were no documented instances in which an incarcerated person was determined to be at substantial risk of imminent sexual abuse. However, interviews and policy review confirm that the facility and agency are fully prepared to respond immediately and effectively should such a risk be identified. West Virginia Division of Corrections and Rehabilitation Policy 430.00 mandates that when an individual is identified as being at substantial risk of imminent sexual abuse, appropriate steps must be taken without delay to protect them. These actions may include changes to housing assignments, implementing heightened supervision, or separating the alleged perpetrator, if known. Both facility and agency leadership demonstrated a clear understanding of this obligation and described appropriate and responsive action steps during interviews. Random staff also showed a solid grasp of their role in carrying out protective measures on the front line. <u>CONCLUSION</u> Based on the comprehensive review of documentation, policy, and interviews with agency leadership, facility administrators, and random staff, the Auditor concludes that the agency/facility fully meets the requirements of PREA Standard §115.62 – Agency Protection Duties. The agency has established clear protocols and has trained staff to act swiftly and effectively in situations involving potential sexual abuse or risk. Although there were no reported cases within the audit review period, the agency’s readiness, staff knowledge, and procedural clarity support full compliance with the standard.
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To evaluate compliance with PREA Standard §115.63 – Reporting to Other Confinement Facilities, the following documentation was reviewed in detail: • Pre-Audit Questionnaire (PAQ) and all supporting documentation provided by the facility • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy

430.00, titled Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022

These documents outline the agency's procedures and responsibilities when receiving or forwarding allegations of sexual abuse or sexual harassment that are reported to have occurred in another correctional facility.

INTERVIEWS

Agency Head (AH):

During the interview, the Agency Head confirmed that all allegations of sexual abuse, sexual harassment, or staff sexual misconduct—regardless of where or how they are reported—are taken seriously and investigated. This includes allegations that arise while the person was confined in a different WVDCR facility or under another agency's jurisdiction.

Facility Head:

The Facility Head affirmed that if an allegation of sexual abuse or harassment is received that occurred in another correctional facility, the case is immediately referred to a unit investigator. The priority is placed on timely and appropriate action, including documentation and inter-agency coordination to ensure the matter is thoroughly addressed.

PREA Coordinator (PC):

The PREA Coordinator reinforced the agency's commitment to transparency and accountability. The PC explained that when the facility receives an allegation regarding an incident that occurred at another facility, the report is immediately assigned to an investigator who initiates a review in accordance with PREA standards and WVDCR policy.

PREA Compliance Manager (PCM):

The PCM confirmed that every allegation of sexual abuse, sexual harassment, or staff sexual misconduct that occurred in any WVDCR facility is formally investigated. The PCM also emphasized that this applies equally to allegations originating from another agency or confinement facility.

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PROVISIONS

Provision (a):

According to the PAQ, the facility did not receive any allegations during the past 12 months that an inmate was sexually abused while confined in another facility. However, WVDCR policy clearly outlines the procedures in the event such a report is made.

WVDCR Policy 430.00, p. 15, Section C, states:

Within seventy-two (72) hours of receiving an allegation that an offender was sexually

abused while confined in another corrections facility, the Superintendent of the facility that received the allegation shall notify in writing the head of the facility or appropriate office where the alleged abuse occurred, and also notify the Office of PREA Compliance.

The Superintendent may also make an initial notification via phone before submitting the written report. All notifications must be documented using the appropriate PREA Manual attachment. The facility or agency that receives such notification is required to ensure the allegation is investigated in accordance with PREA standards.

Provision (b):

The PAQ indicates that when a facility receives an allegation of abuse that occurred elsewhere, the Superintendent or Facility Head notifies the counterpart at the implicated facility or agency promptly. This ensures that the responsibility for the investigation is clearly established and that action is taken in a timely manner. (See Provision (a) for policy details.)

Provision (c):

The PAQ confirms that all notifications to other facilities or agencies are made in writing within 72 hours of the facility becoming aware of the allegation. Verbal notification may precede the written documentation, but written confirmation is mandatory. (See Provision (a) for policy reference.)

Provision (d):

Over the past 12 months, the facility did not receive any allegations from other agencies or confinement facilities involving incidents of sexual abuse. Nonetheless, the facility's leadership and staff have demonstrated clear knowledge of the reporting expectations should such a situation occur. (See Provision (a) for policy guidance.)

CONCLUSION

Based on the comprehensive review of agency policy, the Pre-Audit Questionnaire, and interviews with key personnel, the Auditor concludes that the facility fully meets the requirements of PREA Standard §115.63 – Reporting to Other Confinement Facilities.

The West Virginia Division of Corrections and Rehabilitation has in place well-defined procedures for handling allegations of sexual abuse that involve other facilities. The policy ensures proper documentation, timely notification, and a clear line of responsibility for investigation. While there were no applicable cases during the audit review period, the facility has demonstrated readiness and capability to meet the standard should such circumstances arise.

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW The Auditor conducted a comprehensive review of documentation related to staff responsibilities as first responders in cases of alleged sexual abuse. The following materials were examined: Pre-Audit Questionnaire (PAQ) and supporting documentation submitted by the facility West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 WVDCR Coordinated Response Plan, Attachment 4-DCR – First Responder Protocol, dated August 2019 These documents establish the agency’s procedures for ensuring timely, effective, and trauma-informed responses by staff in the event of a report of sexual abuse. Together, they demonstrate a clear commitment to victim safety, evidence preservation, and compliance with PREA standards. INTERVIEWS Facility Head: The Facility Head confirmed that all first responder staff—both security and non-security—receive regular training on PREA protocols and are familiar with their responsibilities. The Facility Head emphasized that staff have access to and are guided by the WVDCR Coordinated Response Plan (Attachment 4-DCR), and that competency is reinforced through ongoing training initiatives. Security Staff – First Responders: Security staff first responders interviewed consistently reported receiving PREA training through a variety of platforms, including annual in-service sessions, on-the-job training, staff briefings, and pre-shift meetings (“turnouts”). These staff affirmed they had access to and understood the steps outlined in the Coordinated Response Plan (Attachment 4-DCR, 8/2019), and could confidently describe their responsibilities in the event of a sexual abuse allegation. Non-Security Staff – First Responders: Non-security staff (e.g., medical, mental health, education, and support staff) demonstrated a clear understanding of their role as initial responders. Interviewees indicated they would immediately: Notify security staff Ensure the alleged victim and abuser are kept separate Instruct both parties not to take any actions that might compromise physical evidence (e.g., washing, brushing teeth, eating, drinking, or changing clothes) Secure the incident scene until security staff assume control They also articulated their awareness of the importance of maintaining confidentiality

and their responsibility to protect the dignity and well-being of the alleged victim.

General Staff:

All staff interviewed could accurately describe the step-by-step protocol for responding to a PREA incident. This included:

Separating the alleged victim from the alleged abuser

Securing the scene and any potential evidence

Contacting supervisory personnel and medical staff as needed

Providing immediate medical care if required

Notifying the PREA Compliance Manager (PCM) or designated investigator

Staff emphasized the importance of discretion, professional conduct, and adhering to policy guidelines when handling allegations of sexual abuse.

PROVISIONS

Provision (a):

According to the PAQ, the facility received one allegation of sexual abuse within the 12 months prior to the audit. The first responding security staff did separate the alleged victim and abuser in this singular incident. This allegation was reported in a time frame which allowed for the collection of physical evidence based on the timing of the report.

The Auditor reviewed case documentation, including:

Original incident reports and PREA complaint forms

Referrals for medical and mental health services

Documentation of administrative remedy forms and investigative findings

Final disposition letters issued to the involved parties

The allegation was addressed in accordance with policy, and where appropriate, inmates were provided written notification of the case outcomes.

Relevant policy language from WVDCR Policy 430.00, p. 17, Section VII(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
- If the abuse occurred within a time period that still allows for the collection of physical evidence, instruct the victim and abuser not to take any actions that might destroy evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.”

It further states that first responders are required to follow the WVDCR Coordinated Response Plan, Attachment 4-DCR.

The Coordinated Response Plan, dated August 2019, reiterates these duties and adds:

	“The first responder shall separate the alleged victim and abuser and maintain separation until the investigation is completed.” Provision (b): According to the PAQ, of the three allegations of sexual abuse received within the past year, none were initially reported to or handled by a non-security staff member. However, the PAQ confirms that if a non-security staff member is the first responder, they are required to: Immediately request that the alleged victim refrain from actions that could destroy physical evidence Promptly notify security staff so the formal response protocol can be initiated CONCLUSION Based on a thorough review of agency policy, case documentation, staff and administrator interviews, and compliance with applicable PREA requirements, the Auditor concludes that the West Virginia Division of Corrections and Rehabilitation facility fully meets the requirements of PREA Standard §115.64 – Staff First Responder Duties. The agency has established comprehensive and well-disseminated policies that clearly define the role of both security and non-security first responders. Staff at all levels demonstrated strong awareness of their responsibilities, and there was evidence of ongoing training, implementation, and operational readiness. Even in the absence of recent qualifying incidents requiring evidence preservation, the facility’s framework supports an effective and compliant first responder response to sexual abuse allegations.
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To evaluate the agency’s adherence to the requirements of PREA Standard §115.65 – Coordinated Response, the following documentation was reviewed: • Pre-Audit Questionnaire (PAQ) and supporting materials submitted by the facility • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 • WVDCR Coordinated Response Plan, Attachment 4-DCR, dated August 2019

These documents collectively outline the facility's approach to ensuring a prompt, effective, and organized response to allegations of sexual abuse. The Coordinated Response Plan delineates the specific responsibilities of all staff involved, including first responders, security, medical and mental health personnel, investigators, and administrators.

INTERVIEWS

Facility Head:

During the interview, the Facility Head provided assurance that the Coordinated Response Plan is a well-established and fully integrated part of facility operations. They explained that the plan clearly defines the roles and responsibilities of each staff position in the event of a report of sexual abuse, ensuring that all staff know what is expected of them. Ongoing training occurs through annual in-service instruction, monthly staff meetings, and on-the-job guidance, helping to reinforce preparedness and ensure staff can respond appropriately and effectively. The Facility Head also confirmed that the plan is readily accessible to all first responders for reference as needed.

First Responders (Security and Non-Security Staff):

Interviews with designated first responders revealed a high level of awareness and understanding of their duties as outlined in the Coordinated Response Plan. Each first responder was able to clearly articulate the step-by-step procedures they must follow upon receiving an allegation of sexual abuse, including:

- Immediate separation of the alleged victim and abuser
- Securing and preserving the scene to prevent contamination or loss of evidence
- Notifying the Shift Supervisor and appropriate personnel
- Providing protection and support to the victim
- Preventing any actions by either party that could compromise physical evidence

All interviewed staff confirmed that they had access to the Coordinated Response Plan (Attachment 4-DCR) and had been trained in its use during in-service sessions and through ongoing professional development.

PROVISIONS

Provision (a)

The WVDCCR Coordinated Response Plan, Attachment 4-DCR, dated August 2019, outlines the agency's structured response to incidents of alleged sexual abuse. Specifically, it mandates the following actions for first responders:

- Separate the alleged victim and abuser immediately and maintain separation throughout the investigation process.

	• Secure and protect the scene where the alleged abuse occurred until trained staff arrive to collect physical evidence. • Notify the Shift Supervisor without delay to initiate the formal PREA response protocol. • Instruct the alleged victim not to take any actions that might destroy evidence, including bathing, brushing teeth, changing clothes, urinating, defecating, eating, drinking, or smoking. • Place the alleged abuser under observation to ensure they do not take any actions that could compromise evidence. This clear procedural framework helps ensure the integrity of the investigation and supports the safety and dignity of the alleged victim. It also aligns with the PREA standard's expectations for a coordinated, multi-disciplinary response. CONCLUSION Based on the Auditor's thorough review of facility documentation, interviews with administrative leadership and first responders, and confirmation of staff training and preparedness, it is determined that the West Virginia Division of Corrections and Rehabilitation facility fully meets the requirements of PREA Standard §115.65 – Coordinated Response. The Coordinated Response Plan is well-developed, widely disseminated, and actively implemented. Staff at all levels demonstrated a strong understanding of their roles during a PREA-related incident, and training is provided consistently to reinforce those responsibilities. The facility's coordinated approach ensures a swift and effective response that prioritizes victim safety, evidence preservation, and institutional accountability.
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> The following materials were reviewed to assess compliance with the standard regarding the agency's ability to protect individuals in custody from contact with alleged abusers: • Pre-Audit Questionnaire (PAQ) and accompanying documentation • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7,

2022

- Interview with Administrative Staff (Human Resources)

INTERVIEWS

Administrative Staff (Human Resources)

During the interview with Human Resources personnel, it was confirmed that WVDCR management possesses the authority to take protective measures in situations where a staff member is the subject of a sexual abuse or harassment investigation. These protective measures include, but are not limited to, the temporary reassignment of the employee, modification of duties, or removal from the housing unit or facility as necessary. The purpose of these measures is to eliminate contact between the accused staff member and the incarcerated individual while the investigation is ongoing.

Random Staff

Randomly selected staff interviewed during the on-site audit consistently demonstrated awareness of the agency's protocols in these situations. Staff members affirmed their understanding that management has the discretion and responsibility to implement measures to separate an incarcerated person from a staff member who is the subject of a PREA-related investigation in order to ensure the individual's safety and support a safe facility environment.

PROVISIONS

Provision (a)

As indicated in the Pre-Audit Questionnaire and confirmed through documentation, the West Virginia Division of Corrections and Rehabilitation does not participate in collective bargaining with staff. Employees are governed by applicable WVDCR policies and procedures, including strict adherence to the agency's zero-tolerance policy for all forms of sexual abuse and sexual harassment.

Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, Section E, page 15, clearly states that WVDCR lacks statutory authority to enter into collective bargaining agreements under the West Virginia State Code.

Provision (b)

Auditors are not required to assess this provision under the current PREA audit instrument.

CONCLUSION

Following a thorough review of the PAQ, relevant agency policy, and staff interviews, the Auditor concludes that the facility is in full compliance with the requirements of this standard. The agency has preserved its ability to protect individuals in custody from contact with alleged abusers, ensuring necessary steps can be taken to maintain safety and uphold the integrity of investigations.

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> The following materials were reviewed to assess compliance with the standard requiring agencies to protect individuals from retaliation for reporting sexual abuse or sexual harassment or cooperating with related investigations: • Pre-Audit Questionnaire (PAQ) and supporting documentation • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 <u>INTERVIEWS</u> Agency Head or Designee The Agency Head or designee confirmed that retaliation monitoring begins immediately upon the report of a sexual abuse or sexual harassment allegation and is maintained for a minimum of 90 days. If, during the course of the investigation, the allegation is determined to be unfounded, monitoring may be discontinued. The Agency Head emphasized that any individual—regardless of their role—who reports or is connected to an allegation and expresses concern for their safety is subject to retaliation monitoring protections. Facility Head The Facility Head reiterated a firm stance that retaliation in any form is not tolerated from staff or individuals in custody. Both staff and incarcerated persons are encouraged to report suspected retaliation without fear of adverse consequences. If retaliation is substantiated, the facility is committed to acting swiftly and decisively to hold the responsible party accountable. Retaliation Monitor The designated Retaliation Monitor described several protective strategies employed to safeguard individuals from retaliation. These strategies include regularly evaluating housing or work assignment changes, increases in disciplinary infractions for incarcerated individuals, and shifts in performance evaluations or job reassignments for staff. The monitor emphasized that any retaliatory behavior is subject to immediate investigation, and substantiated incidents result in disciplinary action. Monitoring occurs for a standard period of 90 days from the date the allegation is made and includes, at minimum, monthly status checks. If there is evidence of continued risk, monitoring may be extended. The Retaliation Monitor documents all efforts to prevent and respond to retaliation and ensures that interventions are tailored to the individual's needs.

PROVISIONS

Provision (a)

According to the PAQ, the agency has a clearly defined retaliation monitoring protocol and has appointed a staff member to carry out this responsibility.

WVDCR Policy 430.00, Section VII, G (p. 18), specifies that the Division shall monitor the conduct and treatment of individuals who report sexual abuse or are alleged to have suffered abuse, as well as staff or other individuals who may be at risk of retaliation. This monitoring lasts for at least 90 days and includes observation of changes in disciplinary reports, housing or program assignments for individuals in custody, and performance reviews or duty changes for staff. If needed, monitoring continues beyond the 90-day threshold. These efforts are documented using the designated PREA Manual attachment.

If an individual involved in the report or investigation expresses fear of retaliation, the agency must take prompt action to ensure protection. Retaliatory acts are addressed immediately, with required documentation submitted to the Office of PREA Compliance within 24 hours. Any attempt to interfere with reporting will result in disciplinary consequences.

Provision (b)

As stated in the PAQ, the agency has implemented policies and procedures to safeguard any individual—whether in custody or employed by the agency—who reports sexual abuse or harassment or cooperates in an investigation.

WVDCR Policy 430.00, Section F (p. 17), outlines multiple protective measures, including housing changes or transfers for incarcerated individuals, separation of alleged abusers from their victims, and access to emotional support services for those fearing retaliation.

Provision (c)

The PAQ indicated that no incidents of retaliation were reported in the 12 months preceding the audit.

(Refer to Provisions (a) and (b) for supporting policy detail.)

Provision (d)

The agency confirmed through the PAQ that retaliation monitoring includes regularly scheduled status checks.

(Refer to Provisions (a) and (b) for additional detail.)

Provision (e)

When an individual involved in a sexual abuse or harassment case expresses fear of retaliation, the facility takes prompt and appropriate action to ensure their protection.

(Refer to Provisions (a) and (b) for supporting information.)

Provision (f)

The agency's practice, as stated in the PAQ, is to discontinue retaliation monitoring once an allegation has been determined to be unfounded following a thorough investigation.

	(Refer to Provisions (a) and (b) for clarification.) <u>CONCLUSION</u> Based on a comprehensive review of policy documentation, the Pre-Audit Questionnaire, and interviews with key personnel, the Auditor concludes that the West Virginia Division of Corrections and Rehabilitation is in full compliance with the standard regarding protection against retaliation. The agency has implemented sound monitoring practices, assigned appropriate personnel, and demonstrated a clear commitment to ensuring the safety and well-being of all individuals who report sexual abuse or harassment or participate in related investigations.
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion <u>DOCUMENT REVIEW</u> The following materials were reviewed to evaluate the agency’s compliance with the standard concerning the use of post-allegation protective custody: • Pre-Audit Questionnaire (PAQ) and supporting documentation • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 <u>INTERVIEWS</u> Facility Head During the interview, the Facility Head confirmed that individuals who are housed in segregated housing for their own protection following an allegation of sexual abuse are not automatically denied access to rehabilitative opportunities. When safely feasible, these individuals continue to be provided with access to educational programming, work assignments, and other facility services consistent with institutional safety and security considerations. The facility strives to ensure that protective housing placements do not come at the expense of access to programs, thereby avoiding punitive conditions. Classification Staff The classification staff explained that multiple housing options are available for individuals identified as needing protection following a sexual abuse allegation. Segregation is not automatically imposed; instead, it is considered a last resort. The team works collaboratively to identify less restrictive housing alternatives to keep the

	individual safe while avoiding the isolation often associated with segregation. The classification process takes into account the individual's needs, current housing dynamics, and overall facility layout. Staff emphasized that several areas throughout the institution can be used to safely house individuals without resorting to segregated confinement. Additionally, should circumstances require, either the alleged victim or abuser may be transferred to another WVDCR facility to ensure safety and separation without unduly restricting access to privileges or programming. <u>PROVISIONS</u> Provision (a) According to the information provided in the PAQ, no individuals who reported being sexually abused were placed in involuntary segregated housing during the 12-month period preceding the audit. However, in accordance with PREA standards and WVDCR policy, if such housing had been used, the facility would have conducted reviews at least every 30 days to assess the continuing need for separation from the general population. These reviews are designed to ensure that segregation remains necessary and that alternatives are explored regularly to minimize the length and restrictiveness of such placements. <u>CONCLUSION</u> After a thorough review of the documentation provided, as well as interviews with key facility staff, the Auditor concludes that the West Virginia Division of Corrections and Rehabilitation meets all requirements of the PREA standard related to post-allegation protective custody. The agency has clearly demonstrated a commitment to protecting vulnerable individuals without subjecting them to unnecessary or prolonged segregation and has implemented thoughtful procedures to ensure safe, humane, and non-punitive housing decisions.
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> The Auditor conducted a comprehensive review of the following documentation as part of the assessment of the facility's compliance with the standard governing criminal and administrative investigations: • Pre-Audit Questionnaire (PAQ) and supporting documentation • West Virginia Division of Corrections and Rehabilitation (WVDCR), Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7,

2022

INTERVIEWS

Investigative Staff

During the interview process, investigative staff provided detailed insight into the agency's response to allegations of sexual abuse and sexual harassment. Key findings include:

- Investigations are initiated immediately upon receiving notification of an allegation, regardless of how the report is submitted—whether in person, by phone, anonymously, third-party, or in writing.
- Investigators receive and successfully complete both general and specialized training in conducting sexual abuse investigations in confinement settings. The Auditor reviewed training documentation, verifying participation in all required training.
- In criminal cases, investigative staff administer Miranda warnings when appropriate. If the evidence suggests criminal prosecution may result, compelled interviews are only conducted after consultation with prosecutorial authorities to ensure the integrity of potential prosecutions.
- Investigators follow an evidence-based approach. All individuals involved in the case—victims, witnesses, or alleged perpetrators—are treated as credible unless evidence obtained during the investigation indicates otherwise.
- Polygraph examinations are not used in PREA investigations.
- In administrative investigations, staff examine whether any staff actions or omissions may have contributed to the alleged incident.
- All investigative findings are summarized in detailed, written reports.
- If evidence suggests a criminal act occurred, investigative materials—including documentation and physical evidence—are transferred to the West Virginia State
- Police. If the police conclude that a criminal act occurred, they may pursue grand jury indictment.
- Investigative files are meticulously maintained and include responder checklists (medical, mental health, and supervisory), 30-day reviews, retaliation monitoring logs, and housing preference forms.
- The departure of an individual from the facility or agency, whether an alleged victim or perpetrator, does not affect the continuation or completion of the investigation.
- The agency maintains active collaboration with the West Virginia State Police and other relevant judicial authorities throughout the investigative process.

PREA Coordinator (PC)

The PREA Coordinator confirmed that all documentation related to administrative and criminal investigations of sexual abuse or harassment is retained for the duration of the alleged abuser's incarceration or employment, plus five years. Additionally, most

inmate-related data is permanently stored in the SCRIBE database.

PREA Compliance Manager (PCM)

The PCM reiterated that the agency does not terminate an investigation solely due to the release or resignation of an alleged victim or abuser. Investigations are completed regardless of changes in the individual's custodial or employment status.

Facility Head or Designee

According to the Facility Head's designee, there were no substantiated allegations of criminal conduct referred for prosecution in the twelve months preceding the on-site audit.

Inmates Who Reported Sexual Abuse

At the time of the on-site audit, there were no incarcerated individuals housed at the facility who had reported sexual abuse in the past 12 months. Consequently, no interviews were conducted in this category.

PROVISIONS

Provision (a)

The PAQ reports that the agency conducts investigations promptly, thoroughly, and objectively. This was corroborated by investigative staff.

Relevant Policy: WVDCR Policy 430.00, p. 19, A(6) states that staff with knowledge or suspicion of sexual misconduct must cooperate with investigators. Non-cooperation or providing false information may result in disciplinary action.

Provision (b)

Investigations are conducted by individuals who have received specialized training in sexual abuse investigations. Training records reviewed by the Auditor confirmed compliance.

Relevant Policy: WVDCR Policy 430.00, pp. 9-10, F mandates that investigators receive specialized training in investigating sexual abuse in confinement settings. Training is documented and filed with the Office of PREA Compliance.

Provision (c)

Investigators collect both direct and circumstantial evidence, including physical and DNA evidence, electronic monitoring data, and conduct interviews with all parties involved. Prior complaints involving the accused are also reviewed.

Relevant Policy: WVDCR Policy 430.00, p. 20, H affirms the use of a preponderance of evidence standard for substantiating allegations.

Provision (d)

Compelled interviews in cases that may lead to criminal prosecution are conducted only after consultation with prosecutors.

Relevant Policy: WVDCR Policy 430.00, p. 20, J prohibits compelled interviews without prosecutorial consultation and prohibits polygraph testing. Investigations are not terminated due to recantations.

Provision (e)

Credibility determinations are made individually and are not based on a person's status as incarcerated or staff. Polygraph tests are not a condition of proceeding with an investigation.

This was verified by investigative staff and supported by the PAQ.

Provision (f)

Administrative investigations include assessments of staff conduct or inaction and are documented in written reports detailing physical and testimonial evidence, credibility assessments, and investigative findings.

Relevant Policy: WVDCR Policy 430.00, p. 19, B.

Provision (g)

Criminal investigations are documented in comprehensive written reports that include detailed descriptions of all evidence. Where feasible, documentary evidence is attached.

Relevant Policy: WVDCR Policy 430.00, p. 19, C.

Provision (h)

According to the PAQ, six substantiated allegations of criminal conduct were referred for prosecution in the past 12 months. This was confirmed by the facility head designee.

Relevant Policies:

WVDCR Policy 430.00, p. 19, G(1-4) outlines evidence collection, interviews, and staff action reviews.

Policy 430.00, p. 20, H requires investigative reports to include detailed findings and mandates referral of substantiated criminal conduct for prosecution in the jurisdiction where the offense occurred.

Provision (i)

All written reports are retained for the duration of the alleged abuser's incarceration or employment, plus five years.

Relevant Policy: WVDCR Policy 430.00, p. 19, D.

Provision (j)

Investigations continue regardless of the departure of an alleged abuser or victim. This practice was verified by the PREA Compliance Manager and confirmed in the PAQ.

Provision (k)

This provision is not applicable to the Auditor's review.

Provision (l)

When external agencies conduct sexual abuse investigations, the facility cooperates and strives to remain informed of the progress. WVDCR conducts all administrative investigations internally, while the West Virginia State Police handle criminal

	investigations. Relevant Policy: WVDCR Policy 430.00, p. 19, E directs the agency to cooperate with external investigative bodies and maintain communication with the Office of PREA Compliance. <u>CONCLUSION</u> After a comprehensive review of agency policies, staff interviews, and supporting documentation, the Auditor concludes that the West Virginia Division of Corrections and Rehabilitation is in full compliance with all elements of PREA Standard §115.71 regarding criminal and administrative investigations. The agency demonstrates a structured, professional, and victim-centered approach to investigative processes that align with national standards.
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion <u>DOCUMENT REVIEW</u> The Auditor conducted a thorough review of the following documents as part of the compliance determination for this standard: • Pre-Audit Questionnaire (PAQ) and accompanying documentation • West Virginia Division of Corrections and Rehabilitation (WVDCR), Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 <u>INTERVIEWS</u> Investigative Staff During interviews, investigative personnel confirmed that all available evidence is gathered during the course of an investigation, including evidence from the victim, the alleged perpetrator, the incident scene, and other relevant sources. This comprehensive approach includes both physical and testimonial evidence and follows standardized investigative protocols. Staff emphasized that the agency consistently applies the evidentiary standard of a preponderance of the evidence when determining whether allegations of sexual abuse or sexual harassment are substantiated. Investigators are trained to apply this standard without bias, and the threshold is never raised beyond what is required by PREA regulations. The interview responses aligned with the documentation provided and affirmed the agency’s adherence to policy and national standards.

	<u>PROVISIONS</u> Provision (a) According to the PAQ, the agency does not impose a standard higher than a preponderance of the evidence when evaluating whether an allegation of sexual abuse or sexual harassment is substantiated during administrative investigations. This was clearly confirmed during interviews with investigative staff. Applicable Policy: WVDCR Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 20, Section VIII(H), states: “The DCR shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.” This policy language aligns with the PREA standard §115.72, which mandates that correctional facilities use the lowest applicable burden of proof in administrative proceedings related to allegations of sexual abuse. <u>CONCLUSION</u> Following a careful review of policy documents, investigative protocols, and interview responses, the Auditor concludes that the West Virginia Division of Corrections and Rehabilitation is in full compliance with all aspects of the standard related to the evidentiary threshold for substantiating allegations of sexual abuse or sexual harassment. The agency clearly adheres to the “preponderance of the evidence” standard and integrates this requirement consistently in its investigative practices. The facility demonstrates a sound understanding of its responsibilities under PREA and has established procedures that reflect a commitment to fair, thorough, and policy-driven investigations.
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> The Auditor conducted a comprehensive review of multiple key documents as part of this compliance assessment, including: • The Pre-Audit Questionnaire (PAQ) and all supporting documentation • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7,

2022

- A random sample of PREA investigation records
- PREA chart

INTERVIEWS

Investigative Staff

During interviews, investigative personnel explained that the final phase of the investigation process occurs after all evidence and findings have been thoroughly reviewed and evaluated. At the conclusion of each PREA investigation, the assigned investigator composes a detailed investigative report that outlines how the determination regarding the case outcome was reached. This comprehensive report is submitted to the facility administration. Responsibility for informing the involved inmate(s) of the investigation's outcome lies with the facility, unless the investigation involves criminal matters. In those cases, the Criminal Operations Division (OPS) handles inmate notification, coordinating with the Facility Head.

Facility Head or Designee

The Facility Head or their designee stated during the interview that in incidents where an inmate alleges sexual abuse by a staff member, and the allegation is substantiated, the facility takes specific steps to notify the inmate whenever the following changes occur:

- The implicated staff member is no longer assigned to the inmate's housing unit
- The staff member is no longer employed by the facility
- The Department becomes aware that the staff member has been arrested on charges related to sexual abuse occurring within the facility
- The Department learns that the staff member has been convicted on charges connected to sexual abuse within the facility

Additionally, the Facility Head confirmed that all allegations against staff within the previous twelve months have been determined to be unfounded.

Regarding substantiated inmate-on-inmate sexual abuse allegations, the facility follows a policy of notifying the victim inmate when the alleged perpetrator has been indicted, formally charged, or convicted of sexual abuse.

Inmates Who Reported Sexual Abuse

At the time of the on-site audit, no inmates housed within the facility had reported incidents of sexual abuse within the prior twelve months. Therefore, no individuals from this population were interviewed for the purposes of this standard.

PROVISIONS

Provision (a)

The PAQ and supporting documentation indicate that the agency has a formal policy requiring that any inmate who alleges sexual abuse within a facility is informed—either verbally or in writing—regarding the final determination of their allegation, whether substantiated, unsubstantiated, or unfounded. This policy and practice were verified during interviews with the Facility Head.

The PAQ further reported that during the past twelve months, there were no criminal and/or administrative investigations of alleged inmate sexual abuse completed by the agency/facility in the past 12 months. There was only one allegation of sexual abuse, but the investigation is not yet complete.

The controlling policy language can be found in WVDCR Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 20, Section VIII, L, which states:

“Following an investigation into an offender’s allegation of sexual abuse, the facility PREA Compliance Manager (PCM) shall inform the offender as to whether the allegation has been substantiated, unsubstantiated, or unfounded. If the facility did not conduct the investigation, it shall request the relevant information from the investigative agency to inform the offender. All such notifications shall be documented.”

Provision (b)

According to the PAQ, there were no investigations of alleged inmate sexual abuse completed by an outside agency within the facility over the past twelve months.

WVDCR Policy 430.00, dated October 7, 2022, p. 20, Section VIII, K, details that:

“At the conclusion of an investigation, the investigator shall prepare a written report describing physical and testimonial evidence, credibility assessments, investigative facts and findings, and all documentary evidence when feasible. Investigative findings will classify allegations as substantiated, unsubstantiated, or unfounded. Substantiated allegations of criminal conduct shall be referred for prosecution in the jurisdiction where the assault occurred. Investigations conducted by State entities or the Department of Justice shall comply with these requirements.”

Provision (c)

The PAQ indicates that when an inmate alleges sexual abuse by a staff member, and the allegation is substantiated or unsubstantiated (i.e., not unfounded), the facility will inform the inmate in a timely manner if any of the following occur:

- The staff member is no longer assigned to the inmate’s housing unit
- The staff member is no longer employed by the facility
- The Department becomes aware that the staff member has been arrested on charges related to sexual abuse within the facility
- The Department learns the staff member has been convicted of sexual abuse

within the facility

- This procedure was confirmed by the Facility Head during interviews.

The PAQ also reported no substantiated or unsubstantiated allegations of staff-on-inmate sexual abuse in the previous twelve months, a fact the Facility Head verified.

WVDCR Policy 430.00, p. 20, Section VIII, M (1-2), states:

“Following a substantiated or unsubstantiated allegation of sexual abuse by a staff member, the facility shall inform the offender when:

1. The staff member is no longer posted within the offender’s unit.
2. The staff member is no longer employed by the facility.”

In accordance with provision (a), the facility remains responsible for notifying inmates of the outcome of investigations.

Provision (d)

Mirroring the notification requirements for staff-on-inmate abuse, when an inmate-on-inmate sexual abuse allegation is substantiated or unsubstantiated, the victim inmate is notified when:

The alleged abuser has been indicted on a charge related to sexual abuse within the unit

The alleged abuser has been convicted on a charge related to sexual abuse within the unit

The Facility Head Designee confirmed adherence to this practice during the interview.

WVDCR Policy 430.00, p. 21, Section VIII, M (3-4), states:

“Following substantiated or unsubstantiated allegations of sexual abuse, the facility shall notify the offender when:

3. The facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility.
4. The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.”

Provision (e)

The PAQ reports that in the past twelve months, no inmates were provided written notification of the outcomes of sexual abuse investigations, and two inmates were provided written notifications regarding sexual harassment investigation results. This was confirmed by the Facility Head during interviews.

According to WVDCR Policy 430.00, p. 21, Section VIII, O:

“All notifications or attempted notifications shall be documented and sent to the offender’s current placement or last known address. The obligation to notify

	terminates if the offender has been released from the Division's custody." Provision (f) Auditors are not required to audit this provision. CONCLUSION After a comprehensive review of all relevant documents, interviews, and evidence, the Auditor concludes that the West Virginia Division of Corrections and Rehabilitation fully complies with every provision of the standard related to inmate notification of investigation outcomes. The agency's policies, practices, and implementation demonstrate a commitment to transparency, accountability, and adherence to PREA mandates regarding timely and appropriate reporting to inmates.
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion DOCUMENT REVIEW The following materials were reviewed as part of the audit process to assess compliance with disciplinary standards for staff involved in violations of sexual abuse or sexual harassment policies: • Pre-Audit Questionnaire (PAQ) and all supporting documentation • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 INTERVIEWS Facility Head During the interview, the Facility Head provided the following key information related to staff accountability: • All staff employed by the facility are subject to disciplinary action, up to and including termination, for any violation of the agency's policies related to sexual abuse, sexual harassment, or sexual misconduct. • Over the course of the past twelve months, there have been zero reported violations by staff of these policies. • There were also zero staff terminations or resignations during this period

related to violations of agency policy on sexual abuse, harassment, or misconduct.

- The presumptive disciplinary response when a staff member is found to have engaged in sexual abuse is immediate termination of employment.

PROVISIONS

Provision (a)

According to the PAQ and confirmed by the Facility Head during interviews, all staff at the facility are subject to disciplinary sanctions, up to and including dismissal from employment, for violations of the agency's sexual abuse and sexual harassment policies.

This practice is supported by WVDCR Policy 430.00, dated October 7, 2022, Section IX, A (p. 21), which states:

"The staff member shall be subject to disciplinary sanctions up to and including termination for violating DCR sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of DCR policies relating to sexual abuse or sexual harassment (other than 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."

The policy further requires that all terminations or resignations under these circumstances be documented and reported to law enforcement (unless the behavior was clearly not criminal) and to any relevant licensing bodies. Importantly, the departure of either the alleged abuser or victim from DCR employment or custody does not provide a justification for discontinuing the investigation.

Provision (b)

The PAQ indicates—and the Facility Head confirmed—that there were no staff at the facility during the past 12 months who violated agency policies related to sexual abuse or sexual harassment. Likewise, there were no terminations or resignations in lieu of termination for violations of these policies during the same timeframe.

WVDCR Policy 430.00 establishes that termination is the presumptive disciplinary sanction for staff who are found to have engaged in sexual abuse. (See Provision (a) for full policy reference.)

Provision (c)

As reported in the PAQ and confirmed during the interview, in cases where staff violate sexual abuse or sexual harassment policies—excluding those involving confirmed incidents of sexual abuse—any disciplinary actions taken must be

	proportionate to: • The severity and specifics of the conduct • The staff member’s prior disciplinary record • The penalties imposed in similar cases involving other staff with comparable disciplinary histories In the previous 12 months, there were zero instances in which staff at the facility received any disciplinary sanctions short of termination for violating agency policies related to sexual abuse or sexual harassment. Refer to Provision (a) for full policy citation. Provision (d) The facility’s response to the PAQ confirms that all terminations for violations of the agency’s sexual abuse or sexual harassment policies—or staff resignations that would have led to termination—are reported to law enforcement and any applicable licensing boards, except in cases where the conduct is clearly not criminal in nature. In the past twelve months, there have been no such incidents requiring reporting to outside entities. This was corroborated by the Facility Head during the interview. WVDCR Policy 430.00 (see Provision (a)) outlines these requirements in detail and establishes clear expectations for reporting and documentation. CONCLUSION Following a comprehensive review of the Pre-Audit Questionnaire, agency policy, and interviews with facility leadership, the Auditor concludes that the West Virginia Division of Corrections and Rehabilitation is in full compliance with the PREA standard regarding disciplinary sanctions for staff. The agency has robust policies in place that address both the severity and accountability required for violations involving sexual abuse and harassment, and those policies are being implemented as written. No violations, terminations, or resignations related to sexual misconduct were reported within the previous 12-month audit review period.
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115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENT REVIEW

The following materials were reviewed to assess the facility's compliance with the standard regarding disciplinary and corrective actions for contractors and volunteers:

- Pre-Audit Questionnaire (PAQ) and supporting documentation
- West Virginia Division of Corrections and Rehabilitation (WVDCR), Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022

INTERVIEWS

Facility Head

During the on-site audit, the Facility Head explained that any allegation or incident involving a contractor or volunteer is addressed promptly. As soon as a concern is reported or discovered, the matter is referred for investigation without delay. While the investigation is ongoing, the contractor or volunteer involved is not permitted access to the facility. This immediate restriction remains in place until the matter has been fully reviewed and resolved.

PROVISIONS

Provision (a)

According to information provided in the PAQ, the agency has not had any instances in the past twelve months in which a contractor or volunteer was reported to law enforcement or relevant licensing bodies for behavior involving sexual abuse or sexual harassment. This aligns with interview statements from facility leadership confirming no such incidents have occurred within the audit review period.

WVDCR Policy 430.00, dated October 7, 2022, Section IX, B (p. 21), provides clear guidance on the expectations and consequences for non-agency personnel. The policy states:

"Any contractor, volunteer, intern, or any individual who conducts business with or uses the resources of the DCR, who engages in, fails to report, or knowingly condones sexual abuse or sexual harassment of an offender shall be subject to appropriate disciplinary action. Retaliatory action against any individual who reports or engages in a sexual abuse or sexual harassment investigation is 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."

This policy ensures that any individual working in or visiting the facility under contractual or volunteer roles is held to the same standards of accountability as full-time staff, particularly in matters related to sexual safety and professional conduct.

Provision (b)

As stated above, WVDCR's zero-tolerance approach also applies to all contractors,

	volunteers, interns, and non-agency personnel. The policy requires that any individual found to have engaged in sexual abuse be immediately prohibited from further contact with incarcerated individuals and referred to the appropriate external authorities. During the audit review period, there were no allegations or incidents involving contractors or volunteers that required the implementation of corrective or remedial action. (See Provision (a) for full policy reference.) <u>CONCLUSION</u> Based on a thorough review of the PAQ, agency policy, and the interview with the Facility Head, the Auditor finds that the West Virginia Division of Corrections and Rehabilitation is in full compliance with the PREA standard related to disciplinary and corrective measures for contractors and volunteers. The agency has well-defined policies in place and demonstrated readiness to act decisively and appropriately should such an incident occur. No incidents were reported during the review period requiring referral or remedial response under this standard.
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115.78 Disciplinary sanctions for inmates	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> The Auditor conducted a comprehensive review of the following materials in evaluating compliance with the standard on disciplinary sanctions for inmates: • Pre-Audit Questionnaire (PAQ) and accompanying documentation • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 <u>INTERVIEWS</u> Facility Head During the interview process, the Facility Head confirmed that disciplinary measures for inmates are determined based on the severity and nature of the violation. Sanctions are imposed in a consistent manner, aligned with those issued to other

individuals for comparable infractions. Disciplinary responses may include housing reassignments, loss of earned good time, or, when warranted, referral for criminal prosecution.

The Facility Head also noted that when an inmate involved in an incident has a known history of mental illness or cognitive disability, mental health professionals are consulted to evaluate appropriate sanctions. This approach ensures that disciplinary outcomes take into account the individual's mental health status and the degree to which it may have contributed to the behavior.

The Facility Head further reported that in the past twelve months, there were no instances where an inmate was disciplined for reporting an allegation of sexual abuse made in good faith.

Medical Staff

Medical staff stated during interviews that they are able to recommend appropriate therapeutic interventions, including individual or group counseling, for inmates who have engaged in sexually abusive behavior. These interventions are designed to address underlying causes or motivations and are integrated into regular treatment plans. Importantly, participation in therapy is not a precondition for access to other facility programs or privileges.

PROVISIONS

Provision (a)

The PAQ indicates that inmates are subject to disciplinary sanctions only through a formal disciplinary process and only following either:

- An administrative finding that an inmate committed sexual abuse against another inmate, or
- A criminal finding of guilt for such conduct.

The facility reported zero administrative or criminal findings of inmate-on-inmate sexual abuse in the past twelve months. This was confirmed during the interview with the Facility Head.

WVDCR Policy 430.00, dated October 7, 2022, Section IX, C (p. 22), affirms that all sexual contact—whether voluntary or forced—between incarcerated individuals is prohibited and subject to disciplinary action. While consensual sexual contact is considered a rule violation, it does not in itself constitute sexual abuse. The policy stipulates that disciplinary sanctions for confirmed instances of inmate-on-inmate sexual abuse must follow an administrative or criminal investigation and be proportionate to the nature of the violation, the individual's disciplinary history, and precedents for similar conduct. The policy also requires that the disciplinary process account for mental health factors when determining appropriate sanctions.

Provision (b)

The facility reported, and the Facility Head verified, that disciplinary sanctions

imposed for inmate-on-inmate sexual abuse are consistent with the nature and circumstances of the offense, take into account the inmate's prior disciplinary record, and reflect sanctions applied in comparable cases. This ensures equity and consistency in disciplinary outcomes.

The relevant policy provision is found in WVDCR Policy 430.00, p. 22, IX, C.

Provision (c)

The PAQ and the Facility Head interview confirmed that the facility considers whether an inmate's mental health condition or disability may have contributed to the behavior in question when determining the type and extent of sanctions to impose.

Policy 430.00, p. 22, IX, C, specifically mandates that the disciplinary process must include a consideration of any diagnosed mental illness or developmental disability when assessing appropriate sanctions.

Provision (d)

The PAQ indicates that when an inmate is found guilty of behavior related to sexual abuse, the facility may offer rehabilitative programming, such as therapy or counseling, aimed at addressing underlying behavioral or psychological issues. Medical staff confirmed that such interventions are available and are considered as a potential requirement for continued access to certain programs or privileges.

WVDCR Policy 430.00, Section X, A (p. 22), directs facilities to evaluate whether participation in such interventions should be required for access to facility programs or benefits.

Provision (e)

The facility reported, and the Facility Head confirmed, that inmates are only subject to disciplinary action for sexual conduct involving staff when it is determined that the staff member did not consent to the interaction.

This requirement is outlined in WVDCR Policy 430.00, p. 22, IX, C, reinforcing that disciplinary action under these circumstances depends on a finding of non-consensual conduct by the staff member.

Provision (f)

The PAQ confirms that inmates are not subject to disciplinary measures for reporting sexual abuse when the report is made in good faith and based on a reasonable belief, even if the investigation does not result in substantiation. The Facility Head corroborated this information during the on-site interview.

This safeguard is enshrined in WVDCR Policy 430.00, Section X, C (p. 22), which protects individuals who report abuse in good faith from being accused of making false statements solely due to an unsubstantiated outcome.

Provision (g)

According to the PAQ and verified through interviews, the agency prohibits all sexual activity between inmates. However, the facility only classifies such activity as sexual abuse if it determines the activity was coerced. Mutual sexual contact, while still a

	violation of institutional rules, does not automatically meet the threshold for sexual abuse. WVDCR Policy 430.00, p. 22, IX, C, provides that all inmate-on-inmate sexual contact is prohibited and subject to disciplinary action, but distinguishes between consensual rule violations and coercive acts constituting abuse. <u>CONCLUSION</u> After a detailed review of the Pre-Audit Questionnaire, agency policies, facility practices, and interviews with relevant staff, the Auditor concludes that the facility fully meets all provisions of the PREA standard related to disciplinary sanctions for inmates. The facility has demonstrated a balanced and thoughtful approach to discipline, integrating procedural safeguards, mental health considerations, and rehabilitative interventions to ensure fairness and accountability in addressing inmate behavior.
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> The following documentation was reviewed as part of the assessment of compliance with the PREA standard regarding medical and mental health screenings for history of sexual abuse: • Pre-Audit Questionnaire (PAQ) and supporting documentation • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 <u>INTERVIEWS</u> Medical and Mental Health Staff During interviews, medical and mental health personnel confirmed that if an inmate is identified during intake screening as being at heightened risk of sexual victimization or as having a history of victimization or predatory behavior, that individual is proactively offered a follow-up appointment with a qualified mental health professional. This follow-up occurs within 14 days of the initial intake screening to ensure timely evaluation and support. Intake Staff Intake staff verified that all medical and mental health records are securely

maintained in a restricted-access database. Access to this system is strictly limited to authorized medical and mental health professionals. Any relevant information is only shared with classification staff or high-level facility personnel on a need-to-know basis to support appropriate housing and programming decisions while maintaining confidentiality protections.

Inmates Who Disclosed Prior Victimization

At the time of the on-site audit, there were no inmates currently housed at the facility who had disclosed prior sexual victimization during screening. As such, there were no inmate interviews conducted for this standard under this category.

PROVISIONS

Provision (a)

According to the PAQ, in the past 12 months, no inmates disclosed prior sexual victimization during the intake screening process. This information was confirmed during interviews with risk screening staff.

WVDCR Policy 430.00, Section V, J (p. 13), states that if a PREA risk screening indicates that an individual has previously experienced sexual victimization or has engaged in sexually abusive behavior—whether in an institutional setting or in the community—the individual must be offered a follow-up meeting with a facility mental health practitioner within 14 days of the initial screening.

Provision (b)

As indicated in the PAQ, there were zero disclosures by inmates of prior perpetration of sexual abuse during the past 12 months. This was also verified by risk screening personnel.

Refer to Provision (a) for relevant policy guidance.

Provision (c)

Consistent with previous provisions, the PAQ reports that there were no disclosures of prior sexual victimization during screening in the past 12 months. This was again confirmed through interviews with screening staff.

Refer to Provision (a) for the applicable policy citation.

Provision (d)

The PAQ and intake staff confirmed that any information related to an inmate's history of sexual victimization or abusiveness that occurred within an institutional setting is treated as confidential and is shared only with medical and mental health staff, or with other personnel only when necessary to inform decisions regarding treatment planning, housing, work assignments, or security.

WVDCR Policy 430.00, Section XI, A (p. 22), supports this practice, stating that such sensitive information is restricted to qualified healthcare professionals and others strictly on a need-to-know basis for purposes such as informing treatment and making management decisions. Additionally, practitioners are required to advise

	inmates of their duty to report and the limits of confidentiality at the outset of services. Provision (e) As outlined in the PAQ, medical and mental health practitioners are required to obtain informed consent from inmates before reporting any information regarding prior sexual victimization that occurred outside of an institutional setting, unless the inmate is under the age of 18. This protocol was confirmed through interviews with screening staff. WVDCR Policy 430.00, Section XI, A (p. 22), reinforces this practice, stating that healthcare providers must secure informed consent prior to reporting such disclosures unless the inmate is a minor, in which case mandatory reporting requirements apply. <u>CONCLUSION</u> Based on a thorough review of the Pre-Audit Questionnaire, facility policies, and interviews with relevant staff, the Auditor has determined that the agency/facility is fully compliant with each provision of the PREA standard concerning medical and mental health screenings and the management of information related to the history of sexual abuse. The facility has demonstrated a comprehensive and trauma-informed approach that ensures prompt follow-up, protects confidentiality, and respects the rights of individuals in custody.
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> The following documents were reviewed to assess compliance with the PREA standard related to emergency medical and mental health services: • Pre-Audit Questionnaire (PAQ) and all supporting documentation • West Virginia Division of Corrections and Rehabilitation (WVDCR), Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 202 <u>INTERVIEWS</u> Medical Staff Interviews with medical staff confirmed that when an individual reports a sexual assault and is brought to the medical unit, a physician conducts an initial assessment to determine the appropriate next steps. This cursory examination helps identify whether the Sexual Assault Response Team (SART) should be activated or whether the person should be immediately transported to an external hospital due to the

severity of injuries. If the SART process is initiated, the nurse provides preliminary care recommendations before the individual departs the facility. The facility physician then completes medical orders based on these recommendations. As part of the post-assault care, individuals are also provided with information and treatment related to sexually transmitted infection (STI) prophylaxis and other clinically appropriate services.

Mental Health Staff

Mental health professionals reported that they respond immediately and provide treatment based on clinical evaluation and professional judgment. Medical and mental health teams work collaboratively to ensure the individual receives comprehensive and appropriate care. Access to emergency contraception and STI prophylaxis is offered in accordance with recognized standards of care, and services are delivered when medically appropriate.

First Responders (Security and Non-Security)

Security first responders stated that their primary responsibility upon learning of an alleged sexual assault is to ensure the safety of the individual, notify appropriate medical and mental health staff, and take all necessary steps to preserve physical evidence.

Non-security first responders described their role as remaining with the alleged victim to offer support and protection until security staff arrive. They are also responsible for notifying the security response team without delay.

PROVISIONS

Provision (a)

The PAQ indicates that all individuals who report sexual abuse are afforded timely and unimpeded access to emergency medical treatment and crisis intervention services. The nature and extent of care are determined by medical and mental health staff based on professional clinical judgment. This was confirmed in interviews with both medical and mental health professionals.

According to WVDCR Policy 430.00, Section XI, B (p. 23), victims of sexual abuse must receive prompt, unimpeded access to emergency care and crisis services, with the scope of care based on the judgment of qualified medical and mental health providers. All victims must be offered a forensic medical exam conducted by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE), whenever possible, at an outside medical facility. In cases where a SAFE/SANE is unavailable, other qualified medical professionals may conduct the examination. Individuals may not decline the forensic exam while at the facility level, and the agency must document efforts to provide access to these services.

Provision (b)

The PAQ reflects that, in situations when medical or mental health professionals are not immediately available, trained security staff first responders are responsible for taking initial protective steps, safeguarding the individual, and notifying the appropriate healthcare providers without delay. Interviews with security staff

	confirmed this response protocol is followed. Provision (c) The PAQ and interviews confirm that all individuals who report sexual abuse are provided with timely information about, and access to, emergency contraception and STI prophylaxis. Services are offered in accordance with established standards of medical care and provided when clinically appropriate. Relevant policies include: WVDCR Policy 430.00, Section XI, C (p. 23) – Facilities shall use a list of local hospitals employing SANE professionals to determine appropriate external transport. Any refusal of forensic examination must be documented. If qualified practitioners are unavailable, security first responders are to safeguard the individual and notify health staff immediately. WVDCR Policy 430.00, Section XI, E (p. 23) – Victims must be offered timely access to emergency contraception, STI testing and treatment, and pregnancy testing. If pregnancy results from sexually abusive vaginal penetration during incarceration, the individual must be provided with timely and comprehensive information about all lawful, pregnancy-related medical services. Provision (d) The PAQ and staff interviews confirm that treatment services are provided to individuals at no financial cost. These services are available regardless of whether the individual identifies the alleged perpetrator or cooperates with any resulting investigation. WVDCR Policy 430.00, Section XI, B (p. 23), states that no-cost treatment shall be provided irrespective of the individual's willingness to identify the abuser or participate in investigative processes. Additionally, the facility maintains a SAFE/SANE log to document when these services are offered or utilized. CONCLUSION Based on the thorough review of documentation, facility policy, and staff interviews, the Auditor has determined that the agency and facility are in full compliance with all provisions of the PREA standard relating to emergency medical and mental health services. The facility demonstrates a comprehensive, victim-centered approach to care that ensures timely access, clinical appropriateness, confidentiality, and a clear commitment to supporting individuals who experience sexual abuse while in custody.
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENT REVIEW

The following documents were reviewed to assess the agency's compliance with the standard related to the provision of ongoing medical and mental health care for individuals who have experienced sexual abuse while in custody:

- Pre-Audit Questionnaire (PAQ) and supporting documentation
- West Virginia Division of Corrections and Rehabilitation (WVDCR), Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022

INTERVIEWS

Medical and Mental Health Staff

Medical and mental health personnel reported that individuals who disclose or are identified as victims of sexual abuse are provided with immediate and comprehensive treatment, based on professional clinical judgment. These services are delivered at no cost to the individual, regardless of whether they identify the perpetrator or choose to participate in the investigative process. Treatment aligns with community-level standards of care, ensuring consistency with best practices outside the correctional setting.

Medical and mental health staff emphasized several key aspects of service delivery:

- **Immediate Access to Care:** Upon notification, treatment begins without delay to address physical and psychological needs.
- **Clinical Discretion:** Interventions are guided by the professional judgment of qualified healthcare professionals.
- **Cost-Free Services:** All services related to sexual abuse are provided without financial burden to the individual.
- **Confidentiality:** Information is shared strictly on a need-to-know basis, with the individual's privacy and dignity protected at all times.
- **Access to Emergency Care:** Information and access to emergency contraception and prophylaxis for sexually transmitted infections (STIs) are offered when medically appropriate and in accordance with established standards of care.
- **Comprehensive Care Planning:** Ongoing evaluations, treatment plans, and referrals for continuing care are part of the response, including support for individuals transferring to other facilities or being released into the community.
- **Evaluation of Abusers:** Known inmate-on-inmate abusers are referred for a mental health evaluation within 60 days of the abuse being reported, and are offered treatment when clinically indicated.

PREA Compliance Manager (PCM)

The PREA Compliance Manager confirmed that all medical and mental health services related to sexual abuse are provided at no cost to the victim. This is true regardless of

whether the individual names the abuser or cooperates with investigators.

Inmates Who Reported Abuse

At the time of the on-site audit, there were no incarcerated individuals housed at the facility who had reported an incident of sexual abuse within the preceding 12 months. As a result, no interviews were conducted with individuals in this specific category for the purposes of assessing compliance with this standard.

PROVISIONS

Provision (a)

The PAQ indicates that all individuals who have been sexually abused in any correctional or detention setting are offered medical and mental health evaluations and, when clinically appropriate, treatment. This was confirmed by both medical and mental health staff.

Relevant Policy:

WVDCR Policy 430.00, Section XI, F (pp. 23–24), directs that all individuals who have been victimized by sexual abuse in any facility shall be offered a full medical and mental health evaluation and treatment as appropriate.

Provision (b)

The PAQ reflects that these evaluations and treatments include follow-up care, individualized treatment planning, and referrals for ongoing care if the individual is transferred or released. Interviews with medical and mental health staff confirmed these procedures are in place.

Relevant Policy:

WVDCR Policy 430.00, Section XI, F, affirms that evaluations must include follow-up services and continuity of care, whether the individual is moved to another facility or discharged from custody.

Provision (c)

The PAQ affirms that care provided to victims is consistent with community-level standards. This was substantiated through staff interviews.

Relevant Policy:

WVDCR Policy 430.00, Section XI, F, states that follow-up care will be consistent with the standards of care offered in the community. Individuals will also have access to outside victim advocates for emotional support.

Provision (d)

The PAQ indicates individuals who report sexually abusive vaginal penetration are offered pregnancy testing. Medical staff confirmed this practice.

Relevant Policy:

WVDCR Policy 430.00, Section XI, E (p. 23), specifies that victims of such abuse shall be offered pregnancy testing and related services in accordance with professional medical standards.

Provision (e)

If pregnancy results from the abuse, individuals are provided timely and comprehensive information and access to all lawful pregnancy-related medical services. Medical staff verified that this is consistently offered.

Relevant Policy:

WVDCR Policy 430.00, Section XI, E, requires that victims receive full access to lawful pregnancy-related medical services if pregnancy results from sexual abuse.

Provision (f)

The PAQ notes that STI testing and treatment are offered as medically appropriate. Medical staff confirmed that testing is routinely provided.

Relevant Policy:

WVDCR Policy 430.00, Section XI, E, mandates timely access to STI testing and treatment in line with professionally accepted medical practices.

Provision (g)

Treatment services are provided at no financial cost to the victim, regardless of whether they cooperate with the investigation or identify the abuser. This was confirmed through interviews.

Relevant Policy:

WVDCR Policy 430.00, Section XI, B, clearly states that treatment and forensic exams must be provided without cost and irrespective of cooperation with investigative efforts. The facility also maintains a SAFE/SANE log to track these services.

Provision (h)

The PAQ reflects that all known inmate-on-inmate abusers are referred for mental health evaluations within 60 days of the facility learning of the abuse history, with treatment offered when deemed appropriate by mental health providers. This was verified during interviews.

Relevant Policies:

WVDCR Policy 430.00, Section XI (p. 24), outlines that all known offender-on-offender abusers must be evaluated within 60 days and offered treatment as appropriate. Section V, J (p. 15) further mandates that if the PREA screening identifies a history of prior perpetration or victimization, the individual must be referred for a mental health follow-up within 14 days of intake.

CONCLUSION

	Based on the thorough review of documentation, staff interviews, and inmate accounts, the Auditor has determined that the agency and facility meet all the requirements of the PREA standard regarding the provision of ongoing medical and mental health care for individuals who have experienced sexual abuse while in custody. The facility demonstrates a clear commitment to trauma-informed, victim-centered care through its policies, practices, and services.
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW The Auditor reviewed the Pre-Audit Questionnaire (PAQ) and all supporting documentation, including the West Virginia Division of Corrections and Rehabilitation's (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022. <u>INTERVIEWS</u> Facility Head During the interview, the Facility Head confirmed that the Sexual Abuse Incident Review Team is composed of upper-level facility management, in alignment with policy. The Facility Head emphasized that while the core team comprises leadership personnel, input is actively sought from line supervisors, investigators, and medical and mental health professionals to ensure comprehensive and informed decision-making. The facility encourages collaborative input and is committed to considering and incorporating team recommendations to improve safety and operational practices. PREA Compliance Manager (PCM) The PREA Compliance Manager verified that all reports generated by the Sexual Abuse Incident Review Team are formally submitted to both the PCM and the Facility Head. This ensures that key leadership is informed of findings and any resulting recommendations. Incident Review Team (IRT) A member of the Incident Review Team confirmed that the team includes upper-level management officials, with subject-matter input provided by frontline supervisors, investigators, and healthcare professionals. The team consistently follows PREA-mandated review criteria and conducts thorough examinations of each case, whether the allegation was substantiated or unsubstantiated. The team's findings and recommendations are formally documented and submitted to the Warden and PCM for follow-up and implementation.

PROVISIONS

Provision (a)

The PAQ indicates that the facility conducts a Sexual Abuse Incident Review at the conclusion of every sexual abuse investigation, except when the allegation is determined to be unfounded. This was verified through interviews and documentation.

WVDCR Policy 430.00, p. 24, Section XII(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. No review is required if the allegation is determined to be unfounded. The review team shall include upper-level facility staff, with input from line supervisors, investigators, and medical or mental health practitioners.”

Provision (b)

According to the PAQ, all Sexual Abuse Incident Reviews are completed within 30 days of the conclusion of the investigation. In the past 12 months, one such review was conducted within the required timeframe, excluding unfounded allegations. This was verified through staff interviews and documentation.

WVDCR Policy 430.00, p. 24, reaffirms that Sexual Abuse Incident Reviews must be conducted within 30 days of the conclusion of substantiated or unsubstantiated investigations.

Provision (c)

The PAQ and interviews confirmed that the Incident Review Team includes upper-level facility officials, with active involvement or consultation from line supervisors, investigators, and medical or mental health staff. This multi-disciplinary approach ensures that all perspectives are considered.

Policy 430.00, p. 24, clearly outlines that the team must include upper-level staff and input from appropriate professional disciplines.

Provision (d)

The PAQ indicates, and the review team confirmed, that the following factors are considered during each Sexual Abuse Incident Review:

- Whether the incident suggests a need to revise or enhance policy or practice;
- Whether the incident was potentially motivated by race, ethnicity, gender identity, sexual orientation, gang affiliation, or other group dynamics;
- Whether the physical layout of the area contributed to the incident;
- Whether staffing levels were adequate at the time and location of the incident;
- Whether adjustments to monitoring technology should be made.

These review criteria align with WVDCR Policy 430.00, p. 24, Section XII(B), which

	mandates the review of all listed factors to inform corrective action and policy enhancement. Provision (e) The PAQ confirms that when recommendations for improvement are made, the facility either implements them or documents clear reasons for not doing so. This was verified during the interview process and through review of incident documentation. WVDCR Policy 430.00, p. 24, Section XII(C), requires that the facility formally document all recommendations made by the review team, as well as any rationale for not implementing them. CONCLUSION After a thorough review of policy, documentation, and interviews with facility leadership and team members, the Auditor concludes that the facility fully complies with every provision of the standard related to Sexual Abuse Incident Reviews. The review process is structured, collaborative, timely, and rooted in policy, ensuring that lessons learned are translated into meaningful improvements in facility safety and sexual abuse prevention practices.
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115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW The Auditor reviewed the Pre-Audit Questionnaire (PAQ), supporting documentation, and the West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, in assessing the facility's adherence to data collection standards under PREA. INTERVIEWS Facility Head During the interview, the Facility Head confirmed that the agency/facility conducts an annual aggregation of incident-based sexual abuse data. This process ensures that systemic trends, patterns, and facility-level responses to sexual abuse allegations are identified and evaluated. PREA Compliance Manager (PCM) The PCM stated that they are directly responsible for the collection and monitoring of data related to all allegations of offender-on-offender sexual abuse and staff-on-offender sexual misconduct. This data is compiled monthly to ensure consistency,

accuracy, and timely reporting. The PCM emphasized the use of a standardized reporting instrument and definitions to ensure all reported incidents are captured uniformly.

PROVISIONS

Provision (a)

The PAQ confirms that the agency/facility collects accurate and uniform data on every allegation of sexual abuse occurring within its facilities. This is done through a standardized data collection instrument that uses consistent definitions aligned with PREA guidelines.

WVDCR Policy 430.00, pp. 24–25, Section E, affirms this requirement:

“The facility PCM shall be responsible for ensuring that accurate information is collected for every allegation of offender-on-offender sexual abuse and staff-on-offender sexual misconduct that occurs within their facility. Incident-based data reports shall be generated monthly.”

A review of the most recent WVDCR Annual PREA Report supports the facility’s compliance with this provision.

Provision (b)

According to the PAQ and verified through interviews, the agency aggregates incident-based sexual abuse data at least once per calendar year. This process includes analysis of current data, year-to-year comparisons, and an assessment of the system’s progress in preventing, detecting, and responding to sexual abuse.

WVDCR Policy 430.00, p. 25, Section H, states:

“The Director of PREA Compliance shall submit an annual report of the incident-based sexual abuse data, to include facility recommendations and corrective actions, to the DCR Commissioner. The annual report must include year-over-year comparisons, corrective action summaries, and an evaluation of DCR’s progress in addressing sexual abuse. Once approved by the Commissioner, the report is made publicly available on the agency website.”

Redactions may be made to the public report only when safety and security concerns exist, and the nature of the redacted material must be documented.

Provision (c)

The PAQ confirms that incident-based data collected by the facility includes, at a minimum, the data required to complete the Department of Justice’s (DOJ) Survey of Sexual Violence. This ensures compliance with federal reporting requirements.

WVDCR Policy 430.00, pp. 24–25, Section E(5), affirms:

“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.”

Provision (d)

	According to the PAQ, the facility maintains, reviews, and collects data as needed from all relevant sources, including incident reports, investigation files, and sexual abuse incident reviews. This multi-source approach ensures the accuracy, depth, and integrity of the agency's data collection efforts. Provision (e) The PAQ further confirms that WVDCR obtains incident-based and aggregated data from all privately operated facilities that house its inmates. This ensures continuity in PREA compliance across both public and contracted facilities. WVDCR Policy 430.00, p. 25, Section E(4), states: "The DCR shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its offenders." Provision (f) The PAQ states that the agency provides the Department of Justice with data from the previous calendar year upon request. This provision was confirmed through interviews and is addressed under the broader annual reporting policy described in Provision (b). <u>CONCLUSION</u> Following a comprehensive review of agency policy, facility practices, interviews with key personnel, and supporting documentation, the Auditor concludes that the facility fully meets the requirements of the PREA standard concerning the collection, review, and aggregation of sexual abuse data. The agency has implemented a structured and consistent approach to data management that supports transparency, accountability, and continual improvement in preventing and responding to sexual abuse in confinement settings.
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> • Pre-Audit Questionnaire (PAQ), supporting documentation, and • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022. • WVDCR PREA webpage (https://dcr.wv.gov/resources/Pages/prea.aspx) was reviewed for verification of public access to annual reports and other relevant information.

INTERVIEWS

Facility Head

During the interview, the Facility Head confirmed that if data trends reveal patterns—such as an increased number of incidents occurring in specific housing areas or disproportionate targeting of vulnerable populations, including individuals who identify as LGBTQI+—the agency takes immediate steps to revise policies, adjust practices, and improve training to address these issues. The Facility Head emphasized a strong commitment to ongoing evaluation and responsiveness to data-driven findings.

The Facility Head also acknowledged the process for reviewing each PREA Annual Report prior to its publication on the agency’s public website. The Facility Head confirmed that the facility routinely uses collected and aggregated data to evaluate and enhance its strategies for the prevention, detection, and response to sexual abuse. This review process supports the identification of potential concerns, allows for timely corrective action, and informs the development of the facility’s annual PREA report.

PREA Compliance Manager (PCM)

During the interview, the PCM affirmed that the facility routinely reviews and analyzes collected data to assess the effectiveness of sexual abuse prevention and response protocols. The PCM noted that these efforts inform updates to policy, staff training, and practices. Furthermore, the PCM confirmed that the agency prepares an annual report summarizing findings and corrective actions, which is then published on the WVDCR website for public access.

PROVISIONS

Provision (a)

The PAQ confirms that the agency systematically reviews and aggregates sexual abuse data to evaluate and improve the effectiveness of its policies, procedures, and training. This process includes:

- Identifying problematic trends or areas of concern.
- Taking corrective action on an ongoing basis.
- Preparing an annual report detailing findings and improvements at both the facility and agency level.

WVDCR Policy 430.00, p. 25, Section XII, G, mandates:

“All sexual abuse data shall be securely retained for at least ten (10) years after the date of initial collection.”

This long-term data retention ensures continuity in monitoring institutional performance and responsiveness.

Provision (b)

According to the PAQ, the agency's annual report provides a comparative analysis between the current year's data and that of previous years. This analysis includes corrective actions taken and provides an overall assessment of progress in addressing sexual abuse across the system.

WVDCR Policy 430.00, p. 25, Section XII, H, states:

"The annual report shall include comparisons of the current year's data and corrective actions with those from prior years and shall include an assessment of the DCR's progress in addressing sexual abuse."

The Auditor reviewed the most recent annual report and found that it fully aligned with PREA standards. The report included year-to-year comparisons and a clear summary of corrective steps taken, demonstrating the agency's commitment to transparency and accountability.

Provision (c)

The PAQ indicates the agency's annual report is approved by the Commissioner and made publicly available. The interview with the Facility Head confirmed that reports are reviewed internally prior to their release.

This is supported by WVDCR Policy 430.00, p. 25, Section XII, H, which states:

"The annual report shall be approved by the DCR Commissioner and made readily available to the public annually through the DCR website."

The agency's PREA webpage (<https://dcr.wv.gov/resources/Pages/prea.aspx>) includes access to the most recent annual report and demonstrates transparency and accessibility to the public.

Provision (d)

The PAQ confirms that when redactions are necessary to protect facility safety or security, the agency clearly indicates the nature of the material redacted.

As outlined in WVDCR Policy 430.00, p. 25, Section XII, H:

"The DCR may redact personal identifiers or other specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. Upon request, the DCR shall provide all such data from the previous calendar year to the Department of Justice."

This ensures that while safety is preserved, transparency and accountability remain core components of the agency's data practices.

CONCLUSION

Based on a comprehensive review of policy documentation, interviews with key staff, and public-facing materials, the Auditor concludes that the agency fully complies with the requirements of the PREA standard regarding data review and corrective action.

	The facility demonstrates an ongoing commitment to transparency, accountability, and the continuous improvement of its practices to prevent and respond to sexual abuse in custody settings.
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> The following materials were reviewed as part of the PREA audit process: • Pre-Audit Questionnaire (PAQ) and supporting documentation • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 • WVDCR PREA webpage: https://dcr.wv.gov/resources/Pages/prea.aspx <u>INTERVIEWS</u> Facility Head During the interview, the Facility Head confirmed that incident-based sexual abuse data is securely stored within a restricted-access system at the facility level. Only designated staff with a demonstrated need-to-know are permitted access. Additionally, the Facility Head acknowledged that aggregate data is retained at the agency level to fulfill federal reporting requirements, including submission of the SSV-2 (Survey of Sexual Violence), and to maintain transparency by publishing PREA-related data on the agency's public website. The Facility Head further affirmed that the agency follows a rigorous process to review, retain, and publish PREA data in accordance with applicable standards and policies, while ensuring data confidentiality and security. PREA Compliance Manager (PCM) During the interview, the PCM reiterated that sexual abuse data is collected, reviewed, and stored in a secure format. Access is limited to authorized personnel, and all personally identifiable information is removed before any data is made publicly available. The PCM also confirmed compliance with federal and agency policies related to secure data retention, timely publication, and annual reporting. PREA Coordinator (PC) The PREA Coordinator emphasized that data collected under §115.87 is managed with strict confidentiality protocols. The PC explained that all data is securely retained within the agency's Risk Management System, with access limited to individuals who

require it for official duties. Data is also maintained at the central agency level for purposes such as DOJ reporting and the SSV-2. Before publication, all personally identifying information is redacted to protect the safety and privacy of those involved. The PC further noted that the only redactions made to the annual report pertain to personal identifiers, and the nature of any redacted content is clearly indicated, as required by policy.

PROVISIONS

Provision (a)

The PAQ confirms that the agency securely retains both incident-based and aggregate sexual abuse data. This was corroborated during interviews with the PC and Facility Head.

WVDCR policy mandates that data be retained securely for at least ten (10) years, even if the case is closed. This requirement applies to all facilities under the agency's direct control and extends to contracted private facilities.

The relevant policy, WVDCR Policy 430.00, p. 25, Section XII, G, states:

"All sexual abuse data shall be securely retained for at least ten (10) years after the date of the initial collection."

The Auditor verified that data is also made publicly accessible annually through the agency's PREA website: <https://dcr.wv.gov/resources/Pages/prea.aspx>

Provision (b)

The PAQ indicates that the agency makes aggregated data related to sexual abuse publicly available on an annual basis. This includes data from both public and contracted private facilities. The PC confirmed that this practice is routinely followed, and the Auditor confirmed that the most recent annual report was posted on the WVDCR website.

WVDCR Policy 430.00, p. 25, Section XII, H, states:

"The Director of PREA Compliance shall submit an annual report of the incident-based sexual abuse data, to include facility recommendations and corrective actions, to the DCR Commissioner. The annual report shall include comparisons of the current year's data and corrective actions with those from prior years and will include an assessment of the DCR's progress in addressing sexual abuse. The annual report shall be approved by the DCR Commissioner and made readily available to the public annually through the DCR website."

Provision (c)

The PAQ and interview responses confirm that the agency redacts all personal identifiers from PREA data before making it publicly available. This process is designed to maintain confidentiality and ensure the safety of individuals whose information may be included in reports.

As outlined in WVDCR Policy 430.00, p. 25, Section XII, H:

	“The DCR may redact personal identifiers or other specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.” Provision (d) The PAQ affirms that all PREA-related data collected under §115.87 is maintained for a minimum of ten (10) years, unless otherwise required by federal, state, or local law. The PC confirmed this practice during the interview. This requirement is specified in WVDCR Policy 430.00, p. 25, Section XII, G: “All sexual abuse data shall be securely retained for at least ten (10) years after the date of the initial collection.” <u>CONCLUSION</u> Based on a comprehensive review of agency policy, interviews with key staff, and verification of online documentation, the Auditor has determined that the facility is in full compliance with all provisions of this standard. The agency has demonstrated a clear and consistent commitment to securely collecting, retaining, and publishing sexual abuse data in accordance with PREA requirements. The systems in place support transparency, data integrity, and the protection of personal information, ensuring both accountability and confidentiality.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • West Virginia Division Of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022. • West Virginia Division Of Corrections and Rehabilitation website https://dc-r.wv.gov/resources/Pages/prea.aspx <u>INTERVIEWS</u> Agency Head During the interview process the AH reported each facility within the WVDCR had been audited within the previous three (3) year audit cycle. During the interview process the AH reported copies of all audit reports are on the WVDCR website for public information and review. WVDCR PREA webpage provides multiple reports relative to sexual abuse data from the various facilities in

accordance with PREA standards. Data can be accessed at: <https://dcr.wv.gov/resources/Pages/prea.aspx>

PROVISIONS

Provision (a)

The PAQ indicates during the prior three-year audit period, the agency ensured that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once.

The policy which addresses this provision is West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 26, XIII, A, states upon request for information, the Director of PREA Compliance will be responsible to respond to all external surveys, schedule audits required by the Department of Justice's National PREA Standards and comply with all PREA requirements and ensure that at least one-third of each facility type under the DCR's control is audited during each year of the three-year audit cycle.

Provision (b)

See Provision (a) for policy details.

Provision (c) to Provision (g)

N/A

Provision (h)

During the on-site portion of the audit, the Auditor had complete, unimpeded access to every area of the facility. Throughout the on-site portion of the audit agency and facility personnel were available to offer any assistance needed to facilitate the audit.

Provision (i)

At all times throughout the audit process, agency and facility staff provided the Auditor with requested information in a timely and complete manner.

Provision (j) to Provision (l)

N/A

Provision (m)

The Auditor was provided with a secure, private space to conduct all interviews during the on-site portion of the audit.

Provision (n)

Through the interview process the inmates reported they were provided the opportunity to send out confidential mail or correspondence to the Auditor in the

	same manner as if they were communicating with legal counsel. Provision (o) N/A <u>CONCLUSION:</u> Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding frequency and scope of audits.
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW:</u> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • West Virginia Division Of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022. • West Virginia Division Of Corrections and Rehabilitation website https://dcr.wv.gov/resources/Pages/prea.aspx Provision (f) The agency webpage provides the most recent annual report relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at: https://dcr.wv.gov/resources/Pages/prea.aspx <u>CONCLUSION:</u> Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding audit contents and findings.

Appendix: Provision Findings		
115.11 (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
115.11 (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 facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (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 inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	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
115.13 (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? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	yes

	facility does not have female inmates.)	
115.15 (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 inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (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 inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates 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	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates 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 inmates 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
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (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 inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c) Hiring and promotion decisions		
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (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 inmates?	yes

115.17 (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 inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (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
115.17 (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
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.18 (b)	Upgrades to facilities and technologies	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (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
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (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
115.21 (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? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (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
115.21 (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
115.21 (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 always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (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
115.22 (b) Policies to ensure referrals of allegations for investigations		
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	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
115.22 (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 criminal investigations. See 115.21(a).)	yes
115.31 (a) Employee training		
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (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 administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (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 administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (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	yes

	suspicious 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.)	
115.35 (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 medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
115.35 (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
115.35 (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 §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (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	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b) Inmate reporting		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (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 inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	yes

	this standard.)	
	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
115.52 (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 inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	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 inmate 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
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate 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 inmates 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
115.54 (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 an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates 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	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (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 inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (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
115.61 (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
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (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

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (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
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (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
115.65 (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	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates 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 limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (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 inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates 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 inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	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?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	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 reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (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
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (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 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (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
115.71 (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 inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (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
115.71 (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
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (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 agency does not provide a basis for terminating an investigation?	yes
115.71 (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 administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (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
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate'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 inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate'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 an inmate'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 an inmate'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
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (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
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (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
115.76 (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
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	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
115.77 (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 inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	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	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (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 § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (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
115.83 (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 inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (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
115.83 (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
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (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
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

115.86 (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
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (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
115.86 (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 §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (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
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	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
115.87 (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
115.87 (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 inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (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
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
115.88 (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
115.88 (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
115.88 (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
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (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
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
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.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
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 inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403	Audit contents and findings	

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