PREA Facility Audit Report: Final

Name of Facility: Lakin Correctional Center
Facility Type: Prison / Jail
Date Interim Report Submitted: 05/14/2026
Date Final Report Submitted: 09/15/2026

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: Kendra Prisk	**Date of Signature:** 09/15/2026

AUDITOR INFORMATION	
Auditor name:	Prisk, Kendra
Email:	2kconsultingllc@gmail.com
Start Date of On-Site Audit:	03/30/2026
End Date of On-Site Audit:	03/31/2026

FACILITY INFORMATION	
Facility name:	Lakin Correctional Center
Facility physical address:	11264 Ohio River Road, West Columbia, West Virginia - 25287
Facility mailing address:	

Primary Contact

Name:	Amanda McGrew
Email Address:	amanda.d.mcgrew@wv.gov
Telephone Number:	304-352-4724

Warden/Jail Administrator/Sheriff/Director	
Name:	John D Sallaz
Email Address:	john.d.sallaz@wv.gov
Telephone Number:	304-674-2440

Facility PREA Compliance Manager	
Name:	Brenda Livingston
Email Address:	brenda.l.livingston@wv.gov
Telephone Number:	304-674-2440
Name:	Stephen Roush
Email Address:	stephen.m.roush@wv.gov
Telephone Number:	(304) 674-8125

Facility Health Service Administrator On-site	
Name:	Leslie Ball
Email Address:	lball@wexfdordhealth.com
Telephone Number:	304-674-2440

Facility Characteristics	
Designed facility capacity:	607
Current population of facility:	529
Average daily population for the past 12 months:	560

Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Women/girls
Age range of population:	18-99
Facility security levels/inmate custody levels:	1-5
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	161
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	52
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	64

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

Agency Chief Executive Officer Information:	
Name:	David L. Kelly
Email Address:	David.L.Kelly@wv.gov
Telephone Number:	304-558-2036

Agency-Wide PREA Coordinator Information			
Name:	Amanda McGrew	**Email Address:**	amanda.d.mcgrew@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

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-03-30
2. End date of the onsite portion of the audit:	2026-03-31

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:	REACH The Counseling Connection and JDI

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	607
15. Average daily population for the past 12 months:	650
16. Number of inmate/resident/detainee housing units:	13
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	
23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	531
25. 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:	4
26. 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:	10
27. 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:	1
28. 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:	2
29. 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
30. 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:	21

31. 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:	10
32. 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:	5
33. 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:	36
34. 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
35. 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):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. 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:	161
37. 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:	137

38. 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:	52
39. 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:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	15
41. 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
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor ensured a geographically diverse sample among interviewees (random and targeted). The following offenders were selected from the housing units: two from A, five from B, six from C, three from D, one from F, one form G, two from H, five from J, four from M and one from RHU.

43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	(●) Yes ( ) No
44. 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):	27 offenders were female, three were transgender male and one was non-binary. One of the offenders interviewed was black, 27 were white and two were another race/ ethnicity. Regarding age, one was between eighteen and 25, thirteen were 26-35, six were 36-45, seven were 46-55 and three were 56 or older. Eighteen of the offenders interviewed were at the facility less than a year, seven were there a year to five years, two were there six to ten years and three were at the facility longer than 16 years.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	15
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".	
47. Enter the total number of interviews conducted with inmates/residents/ detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1

48. 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:	2
49. 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:	1
50. Enter the total number of interviews conducted with inmates/residents/ detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1
51. 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
a. 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.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor reviewed risk screening documents and spoke with offenders and staff.

52. 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:	2
53. 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:	5
54. 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:	4
55. 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:	3
56. 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
a. 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.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor reviewed housing documents for offenders who reported sexual abuse and who were at risk of victimization.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	12
59. 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
If "Other," describe:	Race, gender and ethnicity
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ No

61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The auditor was able to interview the minimum required random staff. Seven staff were interviewed from day shift and five were interviewed from night shift. Regarding the demographics of the random staff interviewed, eight were male and four were female. One was black and eleven were white. Three staff were Correctional Officers, three were Corporals, two were Sergeants, two were Lieutenant and two were counselors.
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.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	26
63. Were you able to interview the Agency Head?	(●) Yes ( ) No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No
65. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
66. 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)

67. 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:	Mailroom staff
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. 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
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of CONTRACTORS who were interviewed:	3
b. 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

70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

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.

71. Did you have access to all areas of the facility?	(●) Yes ( ) No
Was the site review an active, inquiring process that included the following:	
72. 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
73. 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
74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No

75. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No

76. 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 on-site portion of the audit was conducted on March 30-31, 2026. The auditor had an initial briefing with facility leadership and discussed the audit logistics. The auditor conducted a tour of the facility on March 30, 2026. The tour included all areas associated with the facility to include housing units, laundry, warehouse, intake, supervisor area, visitation, education, vocation, maintenance, food service, health services, recreation, industries, cosmetology and administration. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for offenders in housing units and other factors as indicated in the appropriate standard findings. The auditor observed PREA information posted throughout the facility, including in housing units and common areas. The auditor observed the Zero Tolerance Poster on letter size paper in English and Spanish. It was determined that this poster was the older Zero Tolerance Poster and only included instruction on how to contact the #01 hotline. The End the Silence Sign was observed in English and Spanish on letter size metal material. The Zero Tolerance Poster and End the Silence Sign were observed in housing units by the phones and in some common areas. The PREA Unit mailing address was observed in a few areas of the facility. Additionally, four oversize puzzle piece posters were observed in a few common areas of the facility. These advised of the zero tolerance policy and outlined prevention, detection, response and reporting information. Posted information was at an adequate height and was visible to all offenders. The auditor did not observe any information posted related to emotional support services. The auditor had an offender demonstrate the information available on the tablet system. The auditor observed that the tablet included the Prison Rape Elimination Act Orientation for Adult Offenders, the PREA

	Resource Center’s End the Silence Handbook, the PREA Resource Center’s Adult Comprehensive PREA Education video, the PREA What You Need to Know video and numerous other videos. Third party reporting information was not observed at the front entrance or in visitation. During the tour the auditor confirmed the facility follows a staffing plan. There was at least one security staff assigned to each housing unit. Program, work and education areas included non-security staff and either a positioned or roving security staff member. In areas where security staff were not directly assigned, routine security checks were required. During the tour the auditor observed staff conducting rounds and performing official duties. Additionally, the auditor observed a plethora of non-security staff assisting with supervision and monitoring. The auditor observed that lines of sight were adequate when conducting rounds and reviewing video. The general population housing unit lines of sight were very good. The facility did not appear to be overcrowded. During the tour the auditor observed cameras in housing units and common areas. The auditor verified that the cameras are actively monitored by staff in central control. Cameras can also be monitored by administrative level staff. The cameras assisted with supervision and monitoring. It should be noted that upon review of the cameras, the auditor observed many that were poor quality or were not working. Additionally, there was an older camera system that had specific cameras and it was noted that these were not actively monitored. During the tour the auditor observed that privacy was provided via shower curtains, raised saloon doors, solid doors, public style

	toilet doors and doors with security windows. The auditor viewed the strip search area in visitation, segregated housing and intake and confirmed there were not any cross gender viewing issues. A review of video monitoring technology noted no cross gender viewing issues. With regard to the opposite gender announcement, the auditor heard staff verbally announce prior to entering most housing units. The announcement was loud and clear and appeared to be audible and appropriate for the offenders. Medical and mental health records are paper and electronic. Electronic records are maintained in the CORMOR system, which is only accessible to medical and mental health care staff. Paper files are maintained in the offender's main record, which is accessible to medical and mental health care staff. Risk screening information is maintained via paper and is scanned into the Offender Information System (OIS). During the on-site portion of the audit the auditor observed that all staff have access to OIS and can view the risk screening form. Paper risk screening forms are maintained by the PCM in a locked office. Investigative files are paper and electronic. Only agency investigative staff and upper level agency staff have access to these files. During the tour the auditor observed that offenders can place outgoing mail in any of the boxes around the facility. The mailroom staff indicated that she picks up mail from the mailboxes and she and other staff read the outgoing regular mail prior to sending it out. She stated legal mail come sealed and they do not open or monitor outgoing legal mail. The mailroom staff stated that incoming regular mail goes to a company in Maryland that copies and sends the mail electronically. She stated that she reads the regular incoming electronic mail and must approve it before it is sent to the offender's tablet. She stated legal mail comes in and staff complete a specific form. The offender is called up to

	the mailroom and opens the legal mail in front of the staff. The mailroom staff noted she was unsure how mail to/from the Fusion Center and the rape crisis center is treated. The auditor observed the intake process through a demonstration. Offenders are provided the End the Silence Brochure upon arrival. Staff also play the agency specific PREA video on a 26 inch screen. The auditor observed that the audio was adequate. The video is played for the offenders while they are in the holding cell waiting to be processed. The auditor was provided a demonstration of the initial risk screening process. The initial risk screening is completed one-on-one in a private setting. Staff review the offender's history prior to their arrival at the facility to complete any of the risk screening questions that can be obtained through information from a file review. The staff then meet with the offender upon intake and ask all questions from the risk screening form. Staff ask about prior sexual victimization, prior sexual abusiveness, etc. The staff noted that if her file review information was different than the verbal responses, she would use the information from the file review. The reassessment is completed within 20-30 days. Staff go through the offenders file to obtain information on criminal history, discipline, etc. and staff also review the prior risk assessments. Staff then meet with the offender and ask them if the information from the initial risk screening is accurate. Staff then ask if the offender feels like they are at risk of being sexually abused. Staff complete the risk assessment form and have the offender sign it. The auditor tested the internal reporting mechanism. The facility advised that offenders could report to the PREA office via their tablet. The auditor had an offender assist with demonstrating this process. The

	offender pulled up the request section of the tablet and the auditor viewed that there was a PREA request. The offender filled out the PREA request and submitted it electronically on March 31, 2025. The auditor was provided confirmation on that same date that the PREA request was received by the agency PC. The auditor tested the external reporting mechanism by calling the external reporting hotline (#01). The auditor dialed “1” for English and then dialed #01. A pin number was not required. The auditor reached a voicemail that advised offenders could report sexual abuse and sexual harassment. The auditor left a message on voicemail on March 30, 2026. The auditor received confirmation on the same date the call was placed that the central office PREA staff received the information from the call. The auditor confirmed that calls to the #01 hotline are not monitored or recorded. The auditor had staff demonstrate how they would submit a written report if an allegation of sexual abuse was verbally reported. The staff illustrated that they would complete a confidential incident report. All incident reports are submitted electronically in OIS. The staff enter all required information, including offender information, if it is a suspected PREA incident (yes or no) and incident type. Staff then write “see confidential notes” in the description box. After the incident report is saved and closed out, staff go back in and add the confidential note related to the incident. This is saved and closed. The auditor confirmed that after the information was entered the confidential note was unable to be viewed by that staff member or any other staff member. Only administrative level staff can access the confidential notes. The auditor tested the third party reporting mechanism via the online form on the agency website. The auditor filled out the required

	information on the form and submitted it on March 20, 2026. The auditor received confirmation on the same date from the central office PREA staff that the form was received. The staff noted that if a third party reported sexual abuse or sexual harassment, they would contact the facility PCM to have them start the PREA process and they would contact the investigator. The auditor tested access to emotional support services during the on-site portion of the audit. The auditor called the #9088 hotline. The auditor dialed “1” for English and then #9088. The call did not require a pin and is not monitored or recorded. The auditor reached a staff member from the local rape crisis center. The staff confirmed that they can provide emotional support services from 8:30am-4:30pm via phone. Comprehensive PREA education is completed partially during intake via the video and then during the initial risk assessment. Staff complete comprehensive education in the dayroom of the intake housing unit. Staff verbally read the information on the End the Silence Brochure to the offenders and ask if they have any questions. The staff tell them they have a right to report any sexual abuse or sexual harassment. The auditor did not require accommodations for disabled and LEP offender interviews. However, the auditor tested the functionality of the language line service. The auditor was provided a call in number and a pin number. The auditor called the line, was prompted for the pin and then to select a language for translation. The auditor reached a translator who confirmed that he could provide services and the account was active.

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.	
77. 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

78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	During the audit the auditor requested personnel and training files of staff, offender files, medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows: Personnel and Training Files. The auditor reviewed a total of 45 personnel and/or training files that included five staff hired in the previous twelve months, three contractors hired within the previous twelve months, four staff employed longer than five years, two contractors employed longer than five years, and two staff promoted within the previous twelve months. The sample included eleven total contractors, six volunteers and six medical and mental health care staff. Offender Files. A total of 38 offender files were reviewed. 20 offender files were of those that arrived within the previous twelve months, seven were disabled offenders, three were transgender or intersex offenders and ten were identified with prior sexual victimization and/or a history of prior abusiveness. Medical and Mental Health Records. The auditor reviewed medical and mental health documentation for twelve victims of sexual abuse or sexual harassment as well as mental health documents for ten offenders who disclosed victimization during the risk screening and/or were identified with prior sexual abusiveness. Incident Reports. The auditor reviewed incident reports associated with the sexual abuse and sexual harassment investigations. Investigation Files. The auditor reviewed requested fourteen investigations but was only provided documentation for twelve. Nine of the twelve had an administrative investigation completed. The auditor reviewed all nine investigations and associated documents with the other three

	allegations.

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.

79. 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	4	0	4	0
Staff-on-inmate sexual abuse	10	0	10	0
Total	14	0	14	0

80. 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	14	0	14	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	15	0	15	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.

81. 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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	2	0	2
Staff-on-inmate sexual abuse	0	3	7	0
Total	0	5	7	2

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.

83. 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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	1	13	0
Staff-on-inmate sexual harassment	1	0	0	0
Total	1	1	13	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	10

86. 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	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	4
88. 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)
89. 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	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	6
91. 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)

92. 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	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	3
94. 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	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
96. 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)
97. 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	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
99. 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)
100. 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)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. 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	
103. 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

AUDITING ARRANGEMENTS AND COMPENSATION	
108. 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

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
	Documents: 1. Pre-Audit Questionnaire 2. Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance 3. PREA Manual 4. Agency Organizational Chart 5. Facility Organizational Chart Interviews: 1. Interview with the PREA Coordinator

2. Interview with the PREA Compliance Manager

Findings (By Provision):

115.11 (a): The PAQ indicated that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The PAQ also stated that the facility has a policy outlining how it will implement the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment and that the policy includes definitions on prohibited behaviors regarding sexual abuse and sexual harassment and sanctions for those found to have participated in prohibited behaviors. The PAQ further stated that the policy includes a description of agency strategies and response to reduce and prevent sexual abuse and sexual harassment of offenders. The agency policy, 430.00, outlines the agency's strategies on preventing, detecting and responding to sexual abuse and include definitions of prohibited behavior. Page 1 states that the purpose of the policy is to ensure compliance with the Prison Rape Elimination Act (PREA) by mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the Division of Corrections and Rehabilitation's (DCR) approach to preventing, detecting, and responding to such conduct. Pages 2-3 provide the definitions of prohibited behaviors and pages 21-22 outline sanctions for those who have participated in prohibited behaviors. Page 4 further states the Division of Corrections and Rehabilitation (DCR) has zero tolerance for any acts of sexual abuse, assault, misconduct, or harassment. Sexual activity between staff and offenders, volunteers or contract personnel and offenders, and offender and offender, regardless of consensual status, is prohibited and subject to administrative and criminal disciplinary sanctions up to and including dismissal and prosecution pursuant to West Virginia Code §61-8B-10 and DCR policy and procedure. In addition to the agency policy the agency has a PREA Manual that serves as a roadmap for PREA compliance. It includes directions for numerous procedures as well as PREA forms, resources and attachments. The policy addresses "preventing" sexual abuse and sexual harassment through the designation of a PC and PCM, training (staff, volunteers and contractors), staffing, intake/risk screening, offender education and posting of signage (PREA posters, etc.). The policy addresses "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors) and intake/risk screening. The policy addresses "responding" to allegations of sexual abuse and sexual harassment through reporting, victim services, medical and mental health services, employee and offender discipline, incident reviews and data collection. The policy is consistent with the PREA standards and outlines the agency's approach to sexual safety.

115.11 (b): The PAQ indicated that the agency employs or designates an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards. The PAQ

	states the PREA Coordinator is under the Office of PREA Compliance. 430.00, page 3 outlines the definition of the PC. It states DCR shall employ or designate an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee DCR efforts to comply with the PREA standards in all facilities. Page 4 also states the DCR Director of PREA Compliance along with DCR PREA Coordinators and designated support staff shall make up the Office of PREA Compliance and will have sufficient time and authority to develop, implement, coordinate and oversee DCR efforts to comply with the PREA standards in all facilities. The agency's organizational chart reflects that the PC position is an upper-level, agency-wide position. The PREA Coordinator reports to the Assistant Commission of Accreditation and Compliance. The interview with the PC indicated she has the time and authority to manage all of her PREA related responsibilities. She stated there are 34 PREA Compliance Managers and she and her team work with the PCMs via phone, email, site visits, etc. She advised that if she identifies an issues complying with a standard, they would do whatever is needed to get into compliance. 115.11 (c): The PAQ indicated that the facility has designated a PREA Compliance Manager that has sufficient time and authority to coordinate the facility's efforts to comply with PREA standards. The PAQ stated the position of PCM at the facility is the Deputy Superintendent and the position reports to the Superintendent. 430.00, page 4 states each Superintendent, in consultation with the Director of PREA Compliance, shall designate a Facility PREA Compliance Manager (PCM) who will have sufficient time and authority to develop, implement, coordinate, and oversee DCR efforts to comply with the PREA standards in his/her facility. The facility's organizational chart notes that the Deputy Superintendent reports to the Superintendent. The interview with the PREA Compliance Manager indicated he has enough time to manage all of his PREA related responsibilities. He advised he ensures facility compliance by conducting walk throughs, giving everyone the PREA cards, ensuring staff receive annual training and offenders get education when they arrive at the facility. The PCM stated if he identifies an issue complying with a standard he gets everyone together to come up with an action plan to correct the issue. He also advised he would reach out to the agency PC for assistance and direction, when needed. Based on a review of the PAQ, 430.00, PREA Manual, the agency organizational chart, the facility organizational chart and information from interviews with the PC and PCM, this standard appears to be compliant.

115.12	**Contracting with other entities for the confinement of inmates**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance
3. Contract with Youth Services Systems Inc
4. Final PREA Audit Report

Interviews:

1. Interview with the Agency's Contract Administrator

Findings (By Provision):

115.12 (a): The PAQ indicated that the agency has entered into or renewed contracts for the confinement of offenders since the last PREA audit and all contracts require contractors to adopt and comply with PREA standards. The PAQ stated that the agency had entered into one contract and that it required the contractor to adopt and comply with PREA standards. 430.00, page 4 states any new contract or contract renewal for the confinement of offenders shall include an obligation to: 1. Comply with PREA Standards; 2. Comply with DCR policy; and 3. Ensure that the contracted facility is complying with the PREA standards by monitoring the facility performance. A review of the contract with Youth Services System Inc notes that it includes language that states "In accordance with the Prison Rape Elimination Act (PREA), the Vendor must adopt and comply with all Agency PREA Standards established by the United States Department of Justice. The Vendor must allow the Agency to monitor and provide technical support to the Vendor in an effort to achieve compliance with PREA standards. The Vendor must comply with all Agency policies, including Policy 430.00 Prison Rape Elimination Act".

115.12 (b): The PAQ indicated that all contracts require the agency to monitor the contractor's compliance with PREA standards. 430.00, page 4 states any new contract or contract renewal for the confinement of offenders shall include an obligation to: 1. Comply with PREA Standards; 2. Comply with DCR policy; and 3. Ensure that the contracted facility is complying with the PREA standards by monitoring the facility performance. A review of the contract with Youth Services System Inc notes that it includes language that states "In accordance with the Prison Rape Elimination Act (PREA), the Vendor must adopt and comply with all Agency PREA Standards established by the United States Department of Justice. The Vendor must allow the Agency to monitor and provide technical support to the Vendor in an effort to achieve compliance with PREA standards. The Vendor must comply with all Agency policies,

	including Policy 430.00 Prison Rape Elimination Act". The interview with the Agency Contract Administrator indicated that any new contract requires the entity to comply with PREA standards. She stated the PREA Coordinator and her team have compliance oversight for the contract. She advised the contracted entity has had numerous audits and has always been in compliance. A review of documentation confirmed the contract agency completed a PREA audit in 2024 with full compliance. The agency is scheduled for the next audit in 2027. Based on the review of the PAQ, 430.00, the Contract with Youth Services System Inc, PREA Audit Report, the interview with the Agency Contract Administrator, this standard appears to be compliant.

115.13	**Supervision and monitoring**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance 3. Staffing Plan 4. Staffing Plan Review 5. Unannounced Rounds Interviews: 1. Interview with the Superintendent 2. Interview with the PREA Compliance Manager 3. Interview with the PREA Coordinator 4. Interviews with Intermediate-Level or Higher-Level Facility Staff Site Review Observations: 1. Staffing Levels

2. Video Monitoring Technology or Other Monitoring Materials

Findings (By Provision):

115.13 (a): The PAQ indicated that the agency requires each facility it operates to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect offenders against abuse. The PAQ indicated that the staffing plan is based on 560 offenders, and the average daily population since the last audit was 0. 430.00, page 5 states DCR shall ensure that each facility develops, documents, and makes its best efforts to comply with the PREA staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect offenders against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: Generally accepted detention and correctional practices; Any judicial finding of inadequacy; Any findings of inadequacy from federal investigative agencies; Any findings of inadequacy from internal or external oversight bodies; All components of the facility's physical plant (including blind spots or areas where staff or offenders may be isolated; The composition of the offender population; The number and placement of supervisory staff; Facility programs occurring on various shifts; Any applicable State or local laws, regulations or standards; Any prevalence of substantiated and unsubstantiated incidents of sexual abuse; and Any other relevant factors. A review of the staffing plan notes that it is a large document that was developed to ensure adequate staffing levels and video monitoring technology to protect offenders from sexual abuse. The staffing plan contains narrative related to the elements under this provision, as well as numerous attachments. During the tour the auditor confirmed the facility follows a staffing plan. There was at least one security staff assigned to each housing unit. Program, work and education areas included non-security staff and either a positioned or roving security staff member. In areas where security staff were not directly assigned, routine security checks were required. During the tour the auditor observed staff conducting rounds and performing official duties. Additionally, the auditor observed a plethora of non-security staff assisting with supervision and monitoring. The auditor observed that lines of sight were adequate when conducting rounds and reviewing video. The general population housing unit lines of sight were very good. The facility did not appear to be overcrowded. During the tour the auditor observed cameras in housing units and common areas. The auditor verified that the cameras are actively monitored by staff in central control. Cameras can also be monitored by administrative level staff. The cameras assisted with supervision and monitoring. It should be noted that upon review of the cameras, the auditor observed many that were poor quality or were not working. Additionally, there was an older camera system that had specific cameras and it was noted that these were not actively monitored. The interview with the Superintendent confirmed that the facility has a staffing plan that includes adequate levels to protect offenders from sexual abuse. He

	advised that they monitor staffing and that all mandatory posts on the rosters are filled. He also noted they conduct an analysis with Human Resources related to staffing and they have both uniform and non-uniform staff to assist with supervision and monitoring. The Superintendent confirmed video monitoring is part of the staffing plan, and the staffing plan is documented. He advised the elements under this provision are considered in the staffing plan and that they review these elements daily. He advised they conduct walk through and keep up with any staff shortages. The Superintendent noted that they meet weekly to discuss open staffing positions and they review rosters daily to ensure compliance with the staffing plan. The PCM advised that they have staff everywhere. He stated in any areas where offenders are located, there is a staff member assigned and that any area that has staff and offenders alone they have cameras to assist with the supervision. He confirmed all elements under this provision are considered. 115.13 (b): The PAQ indicated that this provision does not apply. The interview with the Superintendent confirmed that any deviations from the staffing plan would be documented on the daily rosters. He noted that they use overtime to ensure they fill all minimum staffing and that if they ever went below minimum staffing he would be notified. 115.13 (c): The PAQ indicated that at least once a year the facility in collaboration with the PC, reviews the staffing plan to see where adjustments are needed. 430.00, pages 5-6 state whenever necessary, but no less frequently than once a year, each facility PCM, in consultation with the Office of PREA Compliance, shall assess, determine, and document whether adjustments are needed to: 1. The PREA staffing plans; 2. Prevailing staffing patterns; 3. The facility's deployment of video monitoring systems and other monitoring technologies; and 4. The resources the facility has available to commit to ensure adherence to the staffing plan. The staffing plan was most recently reviewed in 2025. The plan was reviewed to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. The staffing plan review included narrative related to the components under provision (a) of this standard. The PC confirmed that she is consulted every year regarding each facility’s staffing plan. 115.13 (d): The PAQ indicated that the facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The PAQ further states that the facility documents the unannounced rounds and the rounds cover all shifts. Additionally, the PAQ stated that the facility prohibits staff from alerting other staff of the conduct of such rounds. 430.00, page 6 states in an effort to identify and deter staff sexual abuse and sexual harassment a minimum of four (4) unannounced rounds must be completed each month, two of those unannounced rounds must occur during the evening/overnight

	hours between 7:00pm and 7:00am. The overnight rounds must be completed by someone who arrives at the facility for the sole purpose of conducing the unannounced round. Two (2) rounds must be completed between the hours of 7:00 am and 7:00 pm. The unannounced rounds will be documented using PREA Compliance Manual Attachment 16 and submitted to the facility PCM monthly. Any staff member found to be alerting other staff that these rounds are occurring will be subject to disciplinary action unless such announcement is related to the legitimate operational functions of the facility. Interviews with intermediate or higher-level staff indicated they conduct unannounced rounds and the unannounced rounds are documented on the unannounced rounds sheet. Staff advised they stagger their rounds and each day is different, so times and locations of unannounced rounds are not systematic. A review of documentation for six randomly selected weeks confirmed that unannounced rounds are conducted across all three shifts at least weekly. Based on a review of the PAQ, 430.00, the facility staffing plan, the staffing plan review, unannounced rounds, observations made during the tour and interviews with the PC, PCM, Superintendent and intermediate-level or higher-level staff, this standard appears to be compliant. Recommendation The auditor highly recommends the facility alleviate the issues with the cameras and update current technology on the cameras with poor visibility.

115.14	**Youthful inmates**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance 3. Policy 401.00 – Prohibition on Committing Juveniles to Adult Facilities Findings (By Provision):

	115.14 (a): The PAQ indicated that the facility prohibits placing youthful offenders in a housing unit in which a youthful offender will have sight, sound, or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, or sleeping quarters. The PAQ further stated that no youthful offenders are housed at the facility. 430.00, page 6 states a juvenile offender shall not be placed in a housing unit in which they will have sight, sound, or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, sleeping quarters or areas outside of housing units. The DCR shall either maintain sight and sound separation between juvenile and adult offenders or provide direct staff supervision when juvenile and adult offenders have sight, sound, or physical contact. DCR shall make best efforts to avoid placing juvenile offenders in isolation to comply. Absent exigent circumstances, agencies shall not deny juvenile offender access to daily large-muscle exercise, legally required special education services or other programs and work opportunities to the extent possible. 401.000 states that pursuant to WV Code 49-4-720, a juvenile may not be detained or confined in any institution in which he or she has contact with or comes within sigh or sound of any adult person incarcerated upon conviction of a crime or awaiting trial on criminal charges. 115.14 (b): The PAQ indicated that no youthful offenders are housed at the facility. 430.00, page 6 states a juvenile offender shall not be placed in a housing unit in which they will have sight, sound, or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, sleeping quarters or areas outside of housing units. The DCR shall either maintain sight and sound separation between juvenile and adult offenders or provide direct staff supervision when juvenile and adult offenders have sight, sound, or physical contact. DCR shall make best efforts to avoid placing juvenile offenders in isolation to comply. Absent exigent circumstances, agencies shall not deny juvenile offender access to daily large-muscle exercise, legally required special education services or other programs and work opportunities to the extent possible. 401.000 states that pursuant to WV Code 49-4-720, a juvenile may not be detained or confined in any institution in which he or she has contact with or comes within sigh or sound of any adult person incarcerated upon conviction of a crime or awaiting trial on criminal charges. 115.14 (c): The PAQ indicated that no youthful offenders are housed at the facility. 430.00, page 6 states a juvenile offender shall not be placed in a housing unit in which they will have sight, sound, or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, sleeping quarters or areas outside of housing units. The DCR shall either maintain sight and sound separation between juvenile and adult offenders or provide direct staff supervision when juvenile and adult offenders have sight, sound, or physical contact. DCR shall make best efforts to avoid placing juvenile offenders in isolation to comply. Absent

	exigent circumstances, agencies shall not deny juvenile offender access to daily large-muscle exercise, legally required special education services or other programs and work opportunities to the extent possible. 401.000 states that pursuant to WV Code 49-4-720, a juvenile may not be detained or confined in any institution in which he or she has contact with or comes within sigh or sound of any adult person incarcerated upon conviction of a crime or awaiting trial on criminal charges. Based on a review of the PAQ, 430.00 and 401.00, this standard appears to be not applicable and as such compliant.

115.15	**Limits to cross-gender viewing and searches**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance 3. Contraband Searches Lesson Plan 4. Staff Training Records Interviews: 1. Interviews with Random Staff 2. Interviews with Random Offenders 3. Interview with Transgender and/or Intersex Offenders Site Review Observations: 1. Observations of Privacy Barriers 2. Observation of Cross Gender Announcement Findings (By Provision):

	115.15 (a): The PAQ indicated that the facility does not conduct cross gender strip or cross gender visual body cavity searches of offenders. The PAQ stated zero searches of this kind were conducted at the facility over the past twelve months. 430.00, page 6 states staff shall not conduct cross gender pat-down, strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners in accordance with current Policy. All exigent cross-gender searches will be documented via incident report. For a facility whose rated capacity does not exceed 50 offenders, the facility shall not permit cross-gender pat-down searches of female offenders, absent exigent circumstances. Facilities shall not restrict female offenders access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. If these searches occur, they shall be documented. 115.15 (b): The PAQ indicated that the facility does not house female offenders and as such this standard does not apply. 430.00, page 6 states staff shall not conduct cross gender pat-down, strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners in accordance with current Policy. All exigent cross-gender searches will be documented via incident report. For a facility whose rated capacity does not exceed 50 offenders, the facility shall not permit cross-gender pat-down searches of female offenders, absent exigent circumstances. Facilities shall not restrict female offenders access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. If these searches occur, they shall be documented. Interviews with twelve random staff confirmed they were not aware of a time an offender was restricted access in order to comply with this provision. Staff advised there is always a female staff member at the facility. Interviews with 30 offenders noted none were restricted access in order to comply with this provision. 115.15 (c): The PAQ indicated that facility policy requires that all cross-gender strip searches and cross gender visual body cavity searches be documented and that all cross-gender pat-down searches of female offenders be documented. The PAQ stated that the facility does not house female offenders and as such that part of the provision does not apply. 430.00, page 6 states staff shall not conduct cross gender pat-down, strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners in accordance with current Policy. All exigent cross-gender searches will be documented via incident report. For a facility whose rated capacity does not exceed 50 offenders, the facility shall not permit cross-gender pat-down searches of female offenders, absent exigent circumstances. Facilities shall not restrict female offenders access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. If these searches occur, they shall be documented. 115.15 (d): The PAQ stated that the facility has implemented policies and procedures

	that enable offenders to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Additionally, the PAQ stated that policies and procedures require staff of the opposite gender to announce their presence when entering an offender housing unit. 430.00, pages 6-7 state offenders shall be able to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. This limitation not only applies to in-person viewing, but also all forms of remote viewing as well. Staff shall announce their presence every time they enter an offender housing unit of the opposite gender to indicate that there will be someone of the opposite gender on the unit. During the tour the auditor observed that privacy was provided via shower curtains, raised saloon doors, solid doors, public style toilet doors and doors with security windows. The auditor viewed the strip search area in visitation, segregated housing and intake and confirmed there were not any cross gender viewing issues. A review of video monitoring technology noted no cross gender viewing issues. With regard to the opposite gender announcement, the auditor heard staff verbally announce prior to entering most housing units. The announcement was loud and clear and appeared to be audible and appropriate for the offenders. All twelve random staff stated that offenders have privacy when showering, using the restroom and changing clothes. 29 of the 30 offenders interviewed indicated they have privacy when showering, using the restroom and changing their clothes. 20 of the 30 offenders stated that staff of the opposite gender announce when entering offender housing units. All twelve staff stated that opposite gender staff announce their presence when entering offenders housing units. 115.15 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex offender for the sole purpose of determining the offender’s genital status and no searches of this nature occurred in the past twelve months. 430.00, page 7 states facilities shall not search or physically examine a transgender or intersex offender for the sole purpose of determining genital status. If unknown, staff should attempt to determine the genital status through conversations with the offender or by reviewing medical records. Interviews with twelve random staff indicated eleven were aware of an agency policy that prohibits strip searching a transgender or intersex offender for the sole purpose of determining the offenders’ genital status. Interviews with transgender offenders confirmed that they were not searched for the sole purpose of determining genital status. 115.15 (f): 430.00, page 7 states staff shall be trained to conduct pat searches of transgender and intersex offenders, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security. The PAQ indicated that 100% of staff have received this training. A review of the Contraband Searches

	Lesson Plan notes that it outlines how to conduct clothed searches and unclothed searches. The training outlines proper techniques for each search. It also outlines how to conduct searches on transgender and intersex offenders. Interviews with random staff indicated all twelve had received training on conducting cross-gender pat down searches and searches of a transgender and intersex offenders. A review of thirteen security staff training records indicated all thirteen had received the search training. Based on a review of the PAQ, 430.00, Contraband Searches Lesson Plan, staff training records, observations made during the tour as information from interviews with random staff, random offenders and transgender offenders, this standard appears to be compliant.

115.16	**Inmates with disabilities and inmates who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance 3. Contract with Homeland Language Services 4. Homeland Language Service Sign Language Services 5. Homeland Language Services Video Remote Interpreting 6. West Virginia Registry of Interpreters 7. A Guide to Hiring Qualified Sign Language Interpreters In West Virginia 8. West Virginia Braille Program PREA Orientation for Adult Offenders 9. Prison Rape Elimination Act Orientation for Adult Offenders 10. End the Silence Brochure 11. Zero Tolerance Poster 12. Support and Advocacy Services Poster Interviews:

1. Interview with the Agency Head Designee

2. Interviews with LEP and Disabled Offenders

3. Interviews with Random Staff

Site Review Observations:

1. Observations of PREA Posters

Findings (By Provision):

115.16 (a): The PAQ stated that the agency has established procedures to provide disabled offenders 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. 430.00, page 7 states facilities shall take reasonable steps to ensure all offenders with disabilities and those who are limited English proficient have meaningful access and equal opportunity to participate in or benefit from all aspects of the DCR's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility shall use the contracted translation services to facilitate communication with the offender. Written materials will either be delivered in alternative formats that accommodate the offender's disability, or the information will be delivered through alternative methods, that ensure effective communication with offenders with disabilities, including those with intellectual disabilities, limited reading skills, or no or low vision. Reading the information to the offender or communicating through an interpreter, will ensure that he or she understands the PREA related material. In addition to providing such education, the facility shall ensure that key information is continuously and readily available to offenders through posters, or other written formats. A review of the Contract with Homeland Language Services confirmed the agency has access to video remote interpreting, including American Sign Language. A review of the Prison Rape Elimination Act Orientation for Adult Offenders, End the Silence Brochure, Zero Tolerance Poster and Support and Advocacy Services Poster confirmed that information can be provided in large font and bright colors and can be read to offenders in terminology that they understand. Further the Prison Rape Elimination Act Orientation for Adult Offenders is available in Braille. The interview with the Agency Head Designee confirmed that the agency has established procedures to provide offenders with disabilities and offenders who are limited English Proficient 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. He stated they have taken strides to make sure they have a handbook in whatever language the offender speaks. He advised they have documents available in multiple languages, and they have apps to use for translation. The Agency Head Designee noted that they have a TTYP phone and offenders have

	tablets, which provide accommodations. He also noted the agency has the ability to provide video with sign language. The auditor observed PREA information posted throughout the facility, including in housing units and common areas. The auditor observed the Zero Tolerance Poster on letter size paper in English and Spanish. It was determined that this poster was the older Zero Tolerance Poster and only included instruction on how to contact the #01 hotline. The End the Silence Sign was observed in English and Spanish on letter size metal material. The Zero Tolerance Poster and End the Silence Sign were observed in housing units by the phones and in some common areas. The PREA Unit mailing address was observed in a few areas of the facility. Additionally, four oversize puzzle piece posters were observed in a few common areas of the facility. These advised of the zero tolerance policy and outlined prevention, detection, response and reporting information. Posted information was at an adequate height and was visible to all offenders. The auditor had an offender demonstrate the information available on the tablet system. The auditor observed that the tablet included the Prison Rape Elimination Act Orientation for Adult Offenders, the PREA Resource Center's End the Silence Handbook, the PREA Resource Center's Adult Comprehensive PREA Education video, the PREA What You Need to Know video and numerous other videos. Interviews with five disabled offenders indicated all five were provided information in a format that they could understand. 115.16 (b): The PAQ indicates that the agency has established procedures to provide offenders with limited English proficiency 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. 430.00, page 7 states facilities shall take reasonable steps to ensure all offenders with disabilities and those who are limited English proficient have meaningful access and equal opportunity to participate in or benefit from all aspects of the DCR's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility shall use the contracted translation services to facilitate communication with the offender. Written materials will either be delivered in alternative formats that accommodate the offender's disability, or the information will be delivered through alternative methods, that ensure effective communication with offenders with disabilities, including those with intellectual disabilities, limited reading skills, or no or low vision. Reading the information to the offender or communicating through an interpreter, will ensure that he or she understands the PREA related material. In addition to providing such education, the facility shall ensure that key information is continuously and readily available to offenders through posters, or other written formats. A review of the Contract with Homeland Language Services confirmed the agency has access to over the phone translation and video remote interpreting. A review of the Prison Rape Elimination Act Orientation for Adult Offenders, End the Silence Brochure, Zero Tolerance Poster and Support and Advocacy Services Poster confirmed they are available in English and Spanish. The auditor observed PREA information posted throughout the facility, including in housing units and common areas. The auditor observed the Zero Tolerance Poster on letter size paper in English and Spanish. It was determined that this poster was the older Zero Tolerance Poster and only included instruction on how

	to contact the #01 hotline. The End the Silence Sign was observed in English and Spanish on letter size metal material. The Zero Tolerance Poster and End the Silence Sign were observed in housing units by the phones and in some common areas. The PREA Unit mailing address was observed in a few areas of the facility. Additionally, four oversize puzzle piece posters were observed in a few common areas of the facility. These advised of the zero tolerance policy and outlined prevention, detection, response and reporting information. Posted information was at an adequate height and was visible to all offenders. The auditor had an offender demonstrate the information available on the tablet system. The auditor observed that the tablet included the Prison Rape Elimination Act Orientation for Adult Offenders, the PREA Resource Center's End the Silence Handbook, the PREA Resource Center's Adult Comprehensive PREA Education video, the PREA What You Need to Know video and numerous other videos. The auditor did not require accommodations for disabled and LEP offender interviews. However, the auditor tested the functionality of the language line service. The auditor was provided a call in number and a pin number. The auditor called the line, was prompted for the pin and then to select a language for translation. The auditor reached a translator who confirmed that he could provide services and the account was active. There were zero LEP offenders at the facility during the on-site portion of the audit and as such no interviews were completed. 115.16 (c): The PAQ indicated that agency policy prohibits use of offender interpreters, offender readers, or other type of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first responder duties, or the investigation of the offender's allegation. The PAQ further stated the agency/facility documents the limited circumstances and that there were zero instances where an offender was utilized to interpret, read or provide other types of assistance. 430.00, page 7 states only staff members or qualified contractors will provide translation for offenders. The DCR shall not rely on offender interpreters, readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-response duties, or the investigation of the offender's allegations. Interviews with five disabled offenders indicated all five were provided information in a format that they could understand. None of the offenders advised that another offender was utilized to translate, interpret or provide assistance. Interviews with twelve random staff indicated all twelve were aware that agency policy prohibits the use of offender interpreters, readers, or other types of assistants, except in limited circumstances. Staff noted they would use the phone translation services for assistance. Based on a review of the PAQ, 430.00, Contract with Homeland Language Services, Homeland Language Service Sign Language Services, Homeland Language Services Video Remote Interpreting, West Virginia Registry of Interpreters, A Guide to Hiring Qualified Sign Language Interpreters In West Virginia, West Virginia Braille Program PREA Orientation for Adult Offenders, Prison Rape Elimination Act Orientation for

	Adult Offenders, End the Silence Brochure, Zero Tolerance Poster, Support and Advocacy Services Poster, observations made during the tour as well as interviews with the Agency Head Designee, random staff, and offenders with disabilities, this standard appears to be compliant.

115.17	**Hiring and promotion decisions**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance 3. Sexual Misconduct Questionnaire 4. PREA Verification Applicant Form 5. Staff and Contractor Personnel Files Interviews: 1. Interview with Human Resource Staff Findings (By Provision): 115.17 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may come in contact with offenders, and shall not enlist the services of any contractor who may have contact with offenders if they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. 403.00, pages 7-8 state all individuals who may have contact with offenders will be asked to disclose previous misconduct during interviews for hiring, promoting and every four (4) years as part of the reoccurring background check process of current employees. Employees shall have a continuing affirmative duty to disclose any such misconduct. DCR shall not hire, promote or enlist the services of any person who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or has been convicted of engaging or attempting to engage in sexual activity in the

	community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse or has been civilly or administratively adjudicated to have engaged in such activity. A review of documentation for five staff hired in the previous twelve months confirmed all five had a criminal background records check completed prior to hire. A review of documents for three contractors hired in the previous twelve months noted all three had had a criminal background records check completed, however all three were after enlisting their services. 115.17 (b): The PAQ indicated that the agency considers any incidents of sexual harassment in determining whether to hire or promote any staff or enlist the services of any contractor who may have contact with an offender. 403.00, pages 7-8 state the DCR shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or enlist the services of any contractor, who may have contact with offenders. The interview with the Human Resource staff confirmed the agency considers sexual harassment when considering whether to hire or promote a staff member and when enlisting the services of any contractors. 115.17 (c): The PAQ indicated that agency policy requires that before it hires any new employees who may have contact with offenders, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes 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. The PAQ was blank but further communication with the PC indicated that in the previous twelve months, fifteen people had a criminal background records check completed prior to hire. 430.00, page 8 states consistent with Federal, State, and local law, the DCR must make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The interview with the Human Resource staff confirmed that a criminal background records check is completed prior to hiring staff. She stated they utilize the law enforcement criminal history transaction through fingerprinting and live scan. She advised this system queries all criminal history and warrants. The Human Resource staff advised they reach out to prior institutional employers in reference to substantiated sexual abuse investigation and resignation during investigation. A review of documentation for five staff hired in the previous twelve months confirmed all five had a criminal background records check completed prior to hire. Documentation noted none had a prior institutional employer; however, it was discovered that the facility did not have a process in place to contact and document checking with prior institutional employers. After the on-site portion of the audit the facility provided the Employment Reference Verification Form. This form is provided to prior institutional employers to complete. The form includes information on the reference being checked (company name, phone, dates of employment of the individual, reason for leaving, position, etc.) as well as the following questions: “did

	the employee ever engage in any type of sexual abuse while employed?, Was this employee ever 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? and Has this employee ever been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of PREA Standard 115.17?. The facility provided an email that was sent on April 9, 2026 by the PC to all facilities related to the use of this form. The email instructed facilities to complete training with Human Resource staff on the requirement to utilize this form for all out of state prior institutional employers. The facility provided confirmation, via signature, that the facility Human Resource staff completed reviewed the training documents. The auditor requested examples of the confirmation of the prior institutional check process completed by the agency/ facility, however at the issuance of the interim report no examples were provided. 115.17 (d): The PAQ stated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with offenders. The PAQ indicated that there have been 25 contracts at the facility within the previous twelve months where criminal background record checks were conducted on all staff covered under the contract. 430.00, page 8 states a background investigation will be completed before hiring or promoting employees, enlisting the services of contractors, interns, or volunteers. The Human Resource staff confirmed that a criminal background records check is completed prior to enlisting the services of any contractor. A review of documents for three contractors hired in the previous twelve months noted all three had had a criminal background records check completed, however all three were after enlisting their services. 115.17 (e): The PAQ indicated that agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with offenders, or that a system is in place for otherwise capturing such information for current employees. 430.00, page 8 states the DCR shall conduct criminal background checks of all employees, volunteers, interns and contractors every four (4) years. The interview with the Human Resource staff noted that the facility conducts criminal background record checks on all staff and contractors every four years. A review of documentation for four staff employed longer than five years noted none had a criminal background records check completed at least every five years. Two documents were not provided to the auditor and two had a recent criminal background records check but the provided documentation noted the prior was upon hire and not with the previous five years. A review of documentation for two contractors employed longer than five years noted that both had a criminal background records check completed at least every five years. 115.17 (f): 403.00, pages 7-8 state all individuals who may have contact with

	offenders will be asked to disclose previous misconduct during interviews for hiring, promoting and every four (4) years as part of the reoccurring background check process of current employees. Employees shall have a continuing affirmative duty to disclose any such misconduct. A review of the Sexual Misconduct Questionnaire notes that it includes the following questions: “have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution?, have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats, or coercion, or if the victim did not consent or was unable to consent or refuse?, have you been civilly or administratively adjudicated to have engaged or attempted to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or the victim did not consent or was unable to consent or refuse?, have you been involved in a relationship with an offender while employed in a prison, jail, lockup, community confinement facility, juvenile facility or other institution? and have you ever resigned or otherwise left employment at a prison, jail, lockup, community confinement facility, juvenile facility, or other institution while under investigation for allegation related to sexual misconduct?”. The Human Resource staff stated individuals fill out the PREA Questionnaire Form, which includes the questions under this provision. The Human Resource staff stated applicants and employees complete a form prior to hire/promotion that includes the questions under this provision. The Human Resource staff member confirmed that staff have a continuing affirmative duty to disclose any previous misconduct. A review of documentation for five staff hired in the previous twelve months confirmed all five completed the Sexual Misconduct Questionnaire. A review of documentation for two staff promoted during the previous twelve months indicated both completed the Sexual Misconduct Questionnaire prior to promotion. 115.17 (g): The PAQ indicates that agency policy states that material omissions regarding sexual misconduct or the provision of materially false information is grounds for termination. 403.00, pages 8 states material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. 115.17 (h): 430.00, page 8 states unless prohibited by law or policy, the DCR shall provide information on substantiated allegations of sexual abuse or sexual harassment involving former employees upon receiving a request from an institutional employer from whom the employee has applied to work. The interview with the Human Resource staff confirmed information is provided to institutional employers upon request. Based on a review of the PAQ, 430.00, Sexual Misconduct Questionnaire, PREA Verification Applicant Form, Staff and Contractors Files, and information obtained from the Human Resource staff, this standard appears to require corrective action. A

	review of documents for three contractors hired in the previous twelve months noted all three had had a criminal background records check completed, however all three were after enlisting their services. Documentation noted none had a prior institutional employer; however, it was discovered that the facility did not have a process in place to contact and document checking with prior institutional employers. After the on-site portion of the audit the facility provided the Employment Reference Verification Form. This form is provided to prior institutional employers to complete. The form includes information on the reference being checked (company name, phone, dates of employment of the individual, reason for leaving, position, etc.) as well as the following questions: “did the employee ever engage in any type of sexual abuse while employed?, Was this employee ever 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? and Has this employee ever been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of PREA Standard 115.17?. The facility provided an email that was sent on April 9, 2026 by the PC to all facilities related to the use of this form. The email instructed facilities to complete training with Human Resource staff on the requirement to utilize this form for all out of state prior institutional employers. The facility provided confirmation, via signature, that the facility Human Resource staff completed reviewed the training documents. The auditor requested examples of the confirmation of the prior institutional check process completed by the agency/facility, however at the issuance of the interim report no examples were provided. A review of documentation for four staff employed longer than five years noted none had a criminal background records check completed at least every five years. Two documents were not provided to the auditor and two had a recent criminal background records check but the provided documentation noted the prior was upon hire and not with the previous five years. Corrective Action The facility will need to develop a process to ensure all contractors have a criminal background records check completed prior to hire. The facility will need to provide a process memo and training with appropriate staff on the process. The facility will need to provide a list of contractors hired during the corrective action period (to include date of hire) and associated criminal background record checks. The facility will need to provide examples of use of the Employment Reference Verification Form. The facility will need to provide the originally requested documentation for five year criminal background record checks, if available. If not available, the facility will need to ensure all current staff have an updated criminal background records check and provide confirmation. Additional Documents:

	1. Employment Reference Verification Form 2. Human Resource Training Memorandum 3. List of Contractors During the Corrective Action Period 4. Criminal Background Record Checks The facility provided agency wide examples of the use of the Employment Reference Verification Form to inquire with prior institutional employers. The facility provided a training memo that directed Human Resource staff that all contractors are required to have a criminal background records check prior to enlisting their services. The facility provided a list of contractors hired during the corrective action period. Three of the four had a criminal background records check completed prior to enlisting services. One had it completed after enlisting services, but before they were granted access to the facility. Originally requested documentation was provided related to criminal background record checks. All staff originally requested had a criminal background records check completed at least every five years. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

115.18	**Upgrades to facilities and technologies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance Interviews:

1. Interview with the Agency Head Designee

2. Interview with the Superintendent

Site Review Observations:

1. Observations of Physical Plant

2. Observations of Video Monitoring Technology

Findings (By Provision):

115.18 (a): The PAQ indicated that the agency/facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. 430.00, page 8 states when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the DCR shall consider the effect of the design, acquisition, expansion, or modification upon the DCR's ability to protect offenders from sexual abuse. During the tour the auditor did not observe any substantial modifications to the existing facility. The interview with the Agency Head Designee indicated that anytime they make changes it is typically as a result of some type of incident that has occurred. He stated they may realize there is a blind spot or another issue. The Agency Head Designee advised they view everything from the PREA lens when making modifications. The interview with the Superintendent indicated that they have not had any substantial modifications to the facility since the last PREA audit.

115.18 (b): The PAQ stated that the 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. 430.00, page 8 states the facility PCM will be responsible for consulting with the Office of PREA Compliance, when the facility is installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology; the DCR shall consider how such technology may enhance the DCR's ability to protect offenders from sexual abuse. During the tour the auditor observed cameras in housing units and common areas. The auditor verified that the cameras are actively monitored by staff in central control. Cameras can also be monitored by administrative level staff. The cameras assisted with supervision and monitoring. It should be noted that upon review of the cameras, the auditor observed many that were poor quality or were not working. Additionally, there was an older camera system that had specific cameras and it was noted that these were not actively monitored. The interview with the Agency Head Designee confirmed that any use of

	newly updated or installed video monitoring technology would be utilized to assist in enhancing the agency's ability to protect offenders from sexual abuse. He stated that most prisons and jails are older, so they are trying to upgrade video monitoring technology for better quality/pictures. He noted they replace systems as they age out. He also stated that they use video monitoring technology in areas that they determine have blind spots. He further advised that cameras are used to prevent but also to gather as much evidence as possible if an incident does occur. The Superintendent confirmed that when installing or updating video monitoring technology they consider how that technology will protect offenders from sexual abuse. He advised they look for problem areas or areas that are not covered and try to add cameras to these places. He further stated that when they review each PREA incident they determine if they need additional cameras or there were any blind spots. Based on a review of the PAQ, 430.00, observations made during the tour and information from interviews with the Agency Head Designee and Superintendent, this standard appears to be compliant.

115.21	**Evidence protocol and forensic medical examinations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance 3. West Virginia Protocol for Responding to Victims of Sexual Assault 4. Agreement with West Virginia Foundation for Rape Information Services (WV FRIS) 5. Investigative Reports 6. Memorandum of Understanding with the West Virginia State Police (State Police) Interviews: 1. Interviews with Random Staff

2. Interview with the PREA Compliance Manager

3. Interview with SAFE/SANE

4. Interview with Offenders who Reported Sexual Abuse

Findings (By Provision):

115.21 (a): The PAQ indicated that the agency is responsible for conducting administrative and criminal investigations. Additionally, the PAQ stated that the West Virginia State Police conducts administrative and/or criminal staff sexual abuse investigations. The PAQ indicated that when conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol. 430.00, page 19 states administrative and criminal investigations shall be conducted in accordance with best practice for the investigation of sexual assault and shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative procedures and criminal prosecutions. The protocol shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. Further the West Virgina Protocol for Responding to Victims of Sexual Assault outlines guidance on responding to adult and adolescent victims, including a uniform evidence protocol. Interviews with twelve random staff indicated they were aware of and understood the protocol for obtaining usable physical evidence. Additionally, nine random staff stated they knew who was responsible for conducting sexual abuse investigations (CID or State Police).

115.21 (b): The PAQ indicated that the evidence protocol is developmentally appropriate for youth as the agency does not house youthful offenders. It further stated that the protocol was adapted from or otherwise based on the most recent edition of the DOJ’s Office of Violence Against Women publication “A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents.” 301.035 outlines the procedure for securing, collecting, storing, preserving and disposing of evidence. 430.00, page 19 states administrative and criminal investigations shall be conducted in accordance with best practice for the investigation of sexual assault and shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative procedures and criminal prosecutions. The protocol shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. Further the West Virgina Protocol for Responding to Victims of Sexual Assault

	outlines guidance on responding to adult and adolescent victims, including a uniform evidence protocol. 115.21 (c): The PAQ indicated that the facility offers all offenders who experience sexual abuse access to forensic medical examinations at an outside medical facility. The PAQ stated that forensic medical examinations are offered without financial cost to the victim. The PAQ noted that where possible, examinations are conducted by SAFE/SANE and when SAFE/SANE are not available, exams are conducted by qualified medical practitioners. The PAQ advised the facility documents efforts to provide SAFE/ SANE. The PAQ indicated that during the previous twelve months there was one forensic medical examination conducted. The PAQ noted the exam was completed by SAFE/SANE and qualified medical practitioners. 430.00, page 23 states all victims of sexual abuse shall be offered access to forensic medical examinations at an outside facility, such examinations shall be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where possible. Offenders who may require SAFE/SANE exam may not refuse such exams at the facility level. The DCR shall document efforts to provide a SAFE or SANE, if one is not available, the examination can be performed by other qualified medical practitioners. Treatment shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The facility shall maintain a SAFE/SANE log documenting when these services were attempted or utilized. The facility will use the list of local hospitals that employ a SANE, to determine the appropriate medical provider to transport to. Any refusal by the offender to undergo the forensic exam, must be documented. The auditor contacted St. Mary's Medical Center and the Cabel Huntington Hospital related to forensic medical examinations. The staff advised they perform forensic medical examinations through SAFE/SANE or qualified medical professionals when SAFE/SANE are not available. A review of documentation for ten sexual abuse investigations indicated there was one offender transported to the hospital (Cabel Huntington Hospital) for a forensic medical examination. 115.21 (d): The PAQ indicated that the facility attempts to make available to the victim a victim advocate from a rape crisis center and the efforts are documented. The PAQ further indicated that if a rape crisis center is not available a qualified staff member from a community-based organization or a qualified agency staff member, however a rape crisis center advocate is always provided. 430.00, page 20 states as requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. Page 23 further states the DCR shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the DCR shall provide a qualified staff member to provide these services. Agencies shall document efforts to secure services from rape

	crisis centers. If requested by the victim, a victim advocate, qualified DCR staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. A review of the Agreement with West Virginia Foundation for Rape Information Services indicates it includes unlimited hospital advocacy, 100 hours of services annually via phone and in-person, creation/updates of a flier/ brochure overviewing services for DCR offenders, a review of materials where partner vendors contact information will be included, creation/updates of e-learning training resources and annual training of advocates for services. The interview with the PCM confirmed that as requested by the victim, the victim advocate, qualified agency staff member or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews. He stated they have a contract with FRIS, who has staff throughout the state to provide these services. He noted they would contact FRIS to obtain the necessary services. Interviews with offenders who reported sexual abuse indicated two of the four were afforded access to a victim advocate. A review of documentation for ten sexual abuse allegations noted that none outlined the victim being afforded access to victim advocate, including the offender who had a forensic medical examination completed. 115.21 (e): The PAQ indicated that as requested by the victim, the victim advocate, qualified agency staff member or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews. 430.00, page 20 states as requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. Page 23 further states the DCR shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the DCR shall provide a qualified staff member to provide these services. Agencies shall document efforts to secure services from rape crisis centers. If requested by the victim, a victim advocate, qualified DCR staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. A review of the Agreement with West Virginia Foundation for Rape Information Services indicates it includes unlimited hospital advocacy, 100 hours of services annually via phone and in-person, creation/updates of a flier/ brochure overviewing services for DCR offenders, a review of materials where partner vendors contact information will be included, creation/updates of e-learning training resources and annual training of advocates for services. The interview with the PCM confirmed that as requested by the victim, the victim advocate, qualified agency staff member or qualified community-based organization staff member shall accompany

	and support the victim through the forensic medical examination process and investigatory interviews. He stated they have a contract with FRIS, who has staff throughout the state to provide these services. He noted they would contact FRIS to obtain the necessary services. Interviews with offenders who reported sexual abuse indicated two of the four were afforded access to a victim advocate A review of documentation for ten sexual abuse allegations noted that none outlined the victim being afforded access to victim advocate, including the offender who had a forensic medical examination completed. 115.21 (f): The PAQ indicated the agency is responsible for investigating administrative and criminal sexual abuse investigations. 430.00, page 19 states when an outside agency investigates sexual abuse, the DCR shall request that the investigating agency follow the medical and mental health requirements of this policy. Corrections Investigation Division (CID) shall endeavor to remain informed about the progress of the investigation and regularly update the Office of PREA Compliance throughout the investigative progress. Page 23 further states to the extent the DCR itself is not responsible for investigating allegations of sexual abuse, the DCR shall request that the investigating agency follows the requirements within policy. The facility provided an unexecuted MOU with the West Virginia State Police. The MOU did not address the requirements under this standard and did not outline the request for the West Virginia State Police to follow the requirements of provisions (a) through(e). 115.21 (g): The auditor is not required to audit this provision. 115.21 (h): The agency has a MOU with WVFRIS. The organization employs trained/ certified victim advocates. Staff are required to maintain necessary training and certification under state law. Based on a review of the PAQ, 430.00, West Virginia Protocol for Responding to Victims of Sexual Assault, Agreement with West Virginia Foundation for Rape Info Services, Investigative Report, MOU with the West Virginia State Police, and information from interviews with the random staff, the PREA Compliance Manager, and SAFE/SANE, this standard appears to require corrective action. The facility provided an unexecuted MOU with the West Virginia State Police. The MOU did not address the requirements under this standard and did not outline the request for the West Virginia State Police to follow the requirements of provisions (a) through(e). Recommendation

	The auditor highly recommends that the facility document affording victims of sexual abuse access to a victim advocate and whether they accepted/used or declined the services. Corrective Action The facility will need to request that the West Virginia State Police follow the requirements under this standard. Confirmation of the request will need to be provided. Verification of Corrective Action Since the Interim Audit Report The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard. Additional Documents: 1. Memorandum of Understanding with the West Virginia State Police The facility provided an updated MOU with the State Police. The MOU outlined that the State Police will follow the requirements under this standard. The MOU was executed on May 28, 2026. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

115.22	**Policies to ensure referrals of allegations for investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire

2. Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance

3. Investigative Log

4. Investigative Reports

Interviews:

1. Interview with the Agency Head Designee

2. Interviews with Investigative Staff

Findings (By Provision):

115.22 (a): The PAQ indicated that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. 430.00, page 15 states the DCR shall distribute publicly through the DCR website the e-mail, address and information on how to report sexual abuse and sexual harassment on behalf of the offender and the DCR policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigations. The PAQ was blank but further communication with the PCM noted there were 31 allegations reported within the previous twelve months. The PAQ stated fourteen resulted in an administrative investigation and three resulted in a criminal investigation. The interview with the Agency Head Designee confirmed that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. He stated all allegations are taken seriously, and allegations are tracked and discussed. He advised all substantiated complaints are forwarded to the State Police. The Agency Head Designee stated when an allegation is reported staff complete first responder duties and then there is a mandatory call down list. Any incident would result in a call being generated to the investigator and to the State Police, if required. The auditor requested documentation for fourteen allegations. The facility provided ten investigations, however at the issuance of the interim report, four investigations were not provided.

115.22 (b): The PAQ indicated that the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The PAQ further stated that the policy is published on the agency’s website and all referrals for criminal investigations are documented. 430.00, page 19 states when an outside agency investigates sexual abuse, the DCR shall request that the investigating agency follow the medical and mental health

	requirements of this policy. CID shall endeavor to remain informed about the progress of the investigation and regularly update the Office of PREA Compliance throughout the investigative progress. A review of the agency website confirms that it outlines that all allegations are fully investigated and appropriate cases are referred to the WV State Police for criminal investigation. The interview with the investigator confirmed that all allegations are referred to an investigative agency with the legal authority to conduct criminal investigations. She advised that they work with the West Virgina State Police and County Prosecutors. The auditor requested documentation for fourteen allegations. The facility provided ten investigations, however at the issuance of the interim report, four investigations were not provided. Additionally, the facility noted that six allegations had a criminal investigation, however no documentation was provided related to WV State Police criminal investigations or referral for criminal investigation. 115.22 (c): 430.00, page 19 states when an outside agency investigates sexual abuse, the DCR shall request that the investigating agency follow the medical and mental health requirements of this policy. CID shall endeavor to remain informed about the progress of the investigation and regularly update the Office of PREA Compliance throughout the investigative progress. 115.22 (d): The PAQ stated if the agency is not responsible for conducting administrative or criminal investigations of alleged sexual abuse, and another state entity has that responsibility, this other entity has a policy governing how such investigations are conducted. 115.22(e): The auditor is not required to audit this provision. Based on a review of the PAQ, 430.00, Investigative Log, Investigative Reports, the agency’s website and information obtained via interviews with the Agency Head Designee and the investigators, this standard appears to require corrective action. The auditor requested documentation for fourteen allegations. The facility provided ten investigations, however at the issuance of the interim report, four investigations were not provided. Additionally, the facility noted that six allegations had a criminal investigation, however no documentation was provided related to WV State Police criminal investigations or referral for criminal investigation. Corrective Action

	The facility will need to provide the originally requested investigations. If not available, the facility will need to ensure an administrative investigation is completed for all allegations of sexual abuse and sexual harassment and that all criminal allegations are referred to the WV State Police. The facility will need to provide a list of sexual abuse and sexual harassment allegations during the corrective action period and associated investigative reports. Verification of Corrective Action Since the Interim Audit Report The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard. Additional Documents: 1. Process/Training Memorandum Related to Allegations and Investigations 2. Grievance/Incident Log 3. Memorandum of Understanding with the West Virginia State Police 4. Clarifying Information It was identified that allegations that were not provided to CID for investigation did not have an administrative investigation completed. Facility staff obtained appropriate statements and may have reviewed video, but a thorough investigation was not completed at the facility level. A process/training memo was provided that outlined the process to ensure all allegations are forwarded for investigation. The memo noted that all allegations will be triaged at the facility and then will be forwarded for a formal investigation within 24 hours. The facility conducted a mock investigation to illustrate the process as the issue was identified with allegations investigated at the facility level. There were no allegations reported during the corrective action period. The grievance/incident log was provided illustrating there were zero sexual abuse or sexual harassment allegation reported during the corrective action period. The facility provided an updated MOU with the State Police. The MOU outlined that the State Police will follow the requirements under this standard. The MOU was executed on May 28, 2026.

	Additionally, clarifying information was provided related to reported six allegations referred for criminal investigation. Two investigations were provided outlining that the incidents were forwarded to the State Police, however the State Police did not investigate. The remaining four were not criminal and were not forwarded to the State Police. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

115.31	**Employee training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance 3. Prison Rape Elimination Act (PREA) Lesson Plan 4. PREA Training Certificate of Receipt and Understanding 5. Staff Training Records Interviews: 1. Interviews with Random Staff Findings (By Provision): 115.31 (a): The PAQ indicated that the agency trains all employees who may have contact with offenders on the requirements under this provision. 430.00, page 8 states all employees, contractors, volunteers, mentors and interns will receive training regarding DCR's zero tolerance policy regarding sexual misconduct. This training should be conducted during orientation, but no later than thirty (30) days after date of hire or enlistment of services. At a minimum, the training shall include the following information: Sexual contact with an offender is prohibited; Offender's right to report if sexual contact occurs; The zero-tolerance policy against sexual

	abuse and sexual harassment within the DCR; How staff are to fulfill their responsibilities under the Division's sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures as defined in this Policy; Offenders right to be free from sexual abuse and sexual harassment; The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment; The dynamics of sexual abuse and sexual harassment in confinement; The common reactions of sexual abuse and sexual harassment victims; How to detect and respond to signs of threatened and actual sexual abuse; How to avoid inappropriate relationships with offenders; How to communicate effectively and professionally with offenders, including LGBTI or gender nonconforming offenders; How to comply with relevant laws of West Virginia related to mandatory reporting of sexual abuse to outside authorities; and Sexual misconduct in confinement facilities. A review of the PREA Lesson Plan confirms that it covers: the agency's zero-tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the offenders' right to be free from sexual abuse and sexual harassment, the right of the offender to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex offenders, how to avoid inappropriate relationship with offenders and how to comply with relevant laws related to mandatory reporting. Interviews with twelve random staff confirmed fourteen had received PREA training and the training included the elements under this provision. A review of seventeen staff training records indicated all seventeen had completed training. 115.31 (b): The PAQ indicated that training is not tailored to the gender of offender at the facility and that employees who are reassigned to facilities with opposite gender are not given additional training. 430.00, page 8 states staff training shall be appropriate to the gender of the offenders within the facility. A review of the PREA Lesson Plan confirms that it covers gender differences. 115.31 (c): The PAQ indicated that between trainings the agency provides employees who may have contact with offenders with refresher information about current policies regarding sexual abuse and sexual harassment and that staff are provided training annually. 430.00, page 8 states the DCR shall provide employees with a yearly refresher to ensure that all employees know the DCR's current sexual harassment policies and procedures. A review of seventeen staff training records indicated twelve had completed training at least every two years. One staff was on military leave; however, the remaining four training records were not provided. 115.31 (d): The PAQ indicated that the agency documents that employees who may

	have contact with offenders understand the training they have received through employee signatures or electronic verification. 430.00, page 9 states each facility shall document through a Certificate of Understanding that staff, volunteers and contract employees have received and understand the training they have received. Documentation will be kept in the employee's training file, and a copy will be sent to the Office of PREA Compliance. A review of the PREA Training Certificate of Receipt and Understanding notes that staff sign and date this form that outlines that they have received the WVDCR’s training on PREA and PREA protocols and understand how it applies to them. It further notes that by signing they acknowledge that they received and understood the training. A review of seventeen staff training records indicated all seventeen had signed the PREA Training Certificate of Receipt and Understanding confirming they completed the training. Based on a review of the PAQ, 430.00, Prison Rape Elimination Act (PREA) Lesson Plan, PREA Training Certificate of Receipt and Understanding, staff training records as well as interviews with random staff, this standard appears to require corrective action. A review of seventeen staff training records indicated twelve had completed training at least every two years. One staff was on military leave; however, the remaining four training records were not provided. Corrective Action The facility will need to provide the originally requested documentation. If not available, additional corrective action may be required. Verification of Corrective Action Since the Interim Audit Report The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard. Additional Documents: 1. Staff Training Records The facility provided the originally requested documentation. All staff had training completed at least every two years.

	Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance 3. Prison Rape Elimination Act (PREA) Acknowledgment for Volunteers, Contractors, Mentors – Attachment 19 4. Contractor and Volunteer Training Records Interviews: 1. Interviews with Volunteers and Contractors who have Contact with Offenders Findings (By Provision): 115.32 (a): The PAQ indicated that all volunteers and contractors who have contact with offenders have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. 430.00, page 8 states all employees, contractors, volunteers, mentors and interns will receive training regarding DCR's zero tolerance policy regarding sexual misconduct. This training should be conducted during orientation, but no later than thirty (30) days after date of hire or enlistment of services. The PAQ indicated that 121 volunteers and contractors had received PREA training. A review of the Prison Rape Elimination Act (PREA) Acknowledgment for Volunteers, Contractors, Mentors notes that the document outlines the zero tolerance policy, prohibition of sexual misconduct and sexual harassment and sanctions for those who violate policy and procedure, reporting procedures if aware of any sexual abuse or sexual harassment and boundaries to maintain with offenders. Interviews with contractors and volunteers confirmed that they received information on the agency's sexual abuse and sexual harassment policies. A review of documentation for eleven

	contractors and six volunteers indicated all eleven contractors had completed PREA training, and three volunteers completed the training. 115.32 (b): The PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with offenders. Further the PAQ noted that all volunteers and contractors who have contact with offenders have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. 430.00, page 8 states facilities shall ensure that volunteers and contractors who have contact with offenders have been trained on their responsibilities under the DCR's sexual abuse and sexual harassment prevention, detection and response policies and procedures. The level and type of training provided to volunteers and contractors shall be based on the services that the provide and level of contact they have with offenders, but all volunteers and contractors who have contact with offenders shall be notified on the DCR's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. A review of the Prison Rape Elimination Act (PREA) Acknowledgment for Volunteers, Contractors, Mentors notes that the document outlines the zero tolerance policy, prohibition of sexual misconduct and sexual harassment and sanctions for those who violate policy and procedure, reporting procedures if aware of any sexual abuse or sexual harassment and boundaries to maintain with offenders. Interviews with contractors and volunteers indicated all had complete training in person and were provided information in writing. All contractors and volunteers confirmed the training went over the zero tolerance policy and reporting procedures. 115.32 (c): The PAQ indicated that the agency maintains documentation confirming that volunteers and contractors understand the training they have received. 430.00, page 9 states each facility shall document through a Certificate of Understanding that staff, volunteers and contract employees have received and understand the training they have received. Documentation will be kept in the employee's training file, and a copy will be sent to the Office of PREA Compliance. A review of the Prison Rape Elimination Act (PREA) Acknowledgment for Volunteers, Contractors, Mentors notes that it includes a section for the volunteer or contractor to sign illustrating completion of the training. A review of documentation confirmed that contractors and volunteers signed the document confirming they received the training. Based on a review of the PAQ, 430.00, PREA Acknowledgment for Volunteers, Contractors, Mentors, volunteer and contractor training records as well as the interviews with contractor and the volunteer, this standard appears to require corrective action. A review of documentation for eleven contractors and six volunteers indicated all eleven contractors had completed PREA training, and three volunteers completed the training.

	Corrective Action The facility will need to provide the originally requested volunteer documents. If not available, further corrective action will be required. Verification of Corrective Action Since the Interim Audit Report The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard. Additional Documents: 1. Contractor and Volunteer Training The facility provided the originally requested contractor and volunteer training records. All had completed PREA training. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

115.33	**Inmate education**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance 3. West Virginia Department of Corrections and Rehabilitation PREA Video 4. Contract with Homeland Language Services

5. Homeland Language Service Sign Language Services

6. Homeland Language Services Video Remote Interpreting

7. West Virginia Registry of Interpreters

8. A Guide to Hiring Qualified Sign Language Interpreters In West Virginia

9. West Virginia Braille Program PREA Orientation for Adult Offenders

10. Prison Rape Elimination Act Orientation for Adult Offenders

11. End the Silence Brochure

12. Offender Education Records

Interviews:

1. Interview with Intake Staff

2. Interviews with Random Offenders

Site Review Observations:

1. Observations of Intake Area

2. Observations of PREA Posters

Findings (By Provision):

115.33 (a): The PAQ indicated that offenders receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. The PAQ indicated that 445 offenders received information on the zero-tolerance policy and how to report at intake, which is equivalent to 100% of the offenders who arrived in the previous twelve months. 430.00, pages 10-11 state during the intake process, and every year thereafter if applicable, offenders shall receive educational information explaining, in an age-appropriate fashion, the DCR's zero-tolerance policy on sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or harassment. This information shall be communicated verbally, in writing and in language clearly understood by the offender. The curriculum may be provided to offenders individually or in groups. At a minimum, the offender shall receive information regarding the agencies reporting procedures and information related to access to outside victim advocates for emotional support services related to sexual abuse, by providing

	posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations. A review of the Prison Rape Elimination Act Orientation for Adult Offenders indicates that it includes an introduction which outlines the zero tolerance policy, right to be free from sexual abuse and sexual harassment and right to be free from retaliation from reporting. The document outlines what sexual abuse is, prevention, myths and facts, information on investigations, retaliation monitoring, reporting mechanism, what to expect if an incident occurs, and a summary. A review of the End the Silence Brochure notes that it includes information on the zero tolerance policy, definitions of sexual abuse and sexual harassment, tips for avoiding sexual abuse and sexual harassment, reporting mechanisms, what to do if sexually abused. A review of the DCR PREA video noted that it was agency specific and included definitions, purpose of PREA, prevention methods, agency policy information, common characteristics of victims, and reporting mechanisms (staff, #9029, grievance, #78 Fusion Center and Fusion Center address). The auditor observed the intake process through a demonstration. Offenders are provided the End the Silence Brochure upon arrival. Staff also play the agency specific PREA video on a 26 inch screen. The auditor observed that the audio was adequate. The video is played for the offenders while they are in the holding cell waiting to be processed. The interview with the intake staff confirmed that offenders are provided information on the zero tolerance policy and reporting methods during intake. Interviews with 30 offenders indicated all 30 were provided information on the zero tolerance policy and reporting methods upon intake. A review of documentation for 23 offenders that arrived in the previous twelve months confirmed all 23 had received PREA information at intake. 115.33 (b): 430.00, page 11 states within thirty (30) days of intake, adult offenders shall receive comprehensive education regarding their rights to be free from sexual abuse, sexual harassment and retaliation for reporting such incidents and regarding DCR policies and procedures for responding to such incidents. Juvenile offenders shall receive this comprehensive education within ten (10) days. All offenders should sign the appropriate attachment within the PREA Manual as an acknowledgement of receiving the training and the signed form will be scanned into the offender's record in OIS Document Management. It shall also be retained by the facility PCM as directed. The PAQ indicated that 445 offenders received comprehensive PREA education within 30 days of intake, which is equivalent to 100% of those received in the previous twelve months whose length of stay was for 30 days or more. A review of the Prison Rape Elimination Act Orientation for Adult Offenders indicates that it includes an introduction which outlines the zero tolerance policy, right to be free from sexual abuse and sexual harassment and right to be free from retaliation from reporting. The document outlines what sexual abuse is, prevention, myths and facts, information on investigations, retaliation monitoring, reporting mechanism, what to expect if an incident occurs, and a summary. A review of the End the Silence Brochure notes that it includes information on the zero tolerance policy, definitions of sexual abuse and sexual harassment, tips for avoiding sexual abuse and sexual harassment,

	reporting mechanisms, what to do if sexually abused. Comprehensive PREA education is completed partially during intake via the video and then during the initial risk assessment. Staff complete comprehensive education in the dayroom of the intake housing unit. Staff verbally read the information on the End the Silence Brochure to the offenders and ask if they have any questions. The staff tell them they have a right to report any sexual abuse or sexual harassment. The interview with intake staff confirmed that offenders are provided information on their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting such incidents, and the facility's response to an allegation of sexual abuse or sexual harassment. She stated she verbally goes over information with the offenders during orientation, which is completed within 24 hours of arrival. Interviews with 30 offenders indicated 29 were provided information on their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting such incidents and the agency's policies and procedures after an allegations of sexual abuse or sexual harassment. Many advised they watched a video, had a class and received paperwork. A review of documentation for 23 offenders that arrived in the previous twelve months confirmed all 23 had received comprehensive PREA education within 30 days of arrival. 115.33 (c): The PAQ indicated that all current offenders at the facility had been educated on PREA within 30 days or were educated by June 30, 2014. Additionally, the PAQ indicated that agency policy requires that offenders who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility. 430.00, page 11 states offenders shall receive PREA education upon each transfer to a different facility. The offender shall be provided a handbook, in addition to PREA training. Documentation of offender participation in these education sessions shall be scanned into the offender's record in OIS Document Management and maintained by the facility PCM as directed. The interview with intake staff confirmed that offenders are provided information on their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting such incidents, and the facility's response to an allegation of sexual abuse or sexual harassment. She stated she verbally goes over information with the offenders during orientation, which is completed within 24 hours of arrival. A review of a total of 34 offenders files indicated 32 had completed PREA education. Two documents were not provided at the issuance of the interim report, however the auditor determined that offenders received education and these documents were just not provided in time. 115.33 (d): The PAQ indicated that offender PREA education is available in formats accessible to all offenders, including those who are disabled or limited English proficient. 430.00, page 7 states written materials will either be delivered in alternative formats that accommodate the offender's disability, or the information will

	be delivered through alternative methods, that ensure effective communication with offenders with disabilities, including those with intellectual disabilities, limited reading skills, or no or low vision. Reading the information to the offender or communicating through an interpreter, will ensure that he or she understands the PREA related material. In addition to providing such education, the facility shall ensure that key information is continuously and readily available to offenders through posters, or other written formats. A review of the Contract with Homeland Language Services confirmed the agency has access to over the phone translation and video remote interpreting, including American Sign Language. A review of the Prison Rape Elimination Act Orientation for Adult Offenders, End the Silence Brochure, Zero Tolerance Poster and Support and Advocacy Services Poster confirmed that information can be provided in large font and bright colors and can be read to offenders in terminology that they understand. Further the Prison Rape Elimination Act Orientation for Adult Offenders is available in Braille. A review of the Prison Rape Elimination Act Orientation for Adult Offenders, End the Silence Brochure, Zero Tolerance Poster and Support and Advocacy Services Poster confirmed they are available in English and Spanish. A review of documentation for seven disabled offenders noted five had completed PREA education. Two of the three missing education documents were of two disabled offenders. Based on the interviews with these offenders' education was provided in a format they could understand. 115.33 (e): The PAQ indicated that the agency maintains documentation of offender participation in PREA education sessions. 430.00, page 11 states the offender shall sign an acknowledgement of receiving the PREA training and PREA related materials. This documentation shall be scanned into the offender's record in Offender Information System (OIS) Document Management and retained by the facility PCM as directed. Offenders manually sign the PREA Training Confirmation for Prison Intake and Transfers Form. The form outlines that offenders received the DCR PREA Pamphlet and a brief overview of the Prison Rape Elimination Act and how it applies to offender in a DCR facility. The form further outlines that offenders understand the zero tolerance policy, that allegations will be taken seriously and investigated, and how to report (PREA hotline, staff and tablet). A review of documentation confirmed that offenders signed the document confirming they received PREA education. 115.33 (f): The PAQ indicated that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, offender handbooks or other written formats. The auditor observed PREA information posted throughout the facility, including in housing units and common areas. The auditor observed the Zero Tolerance Poster on letter size paper in English and Spanish. It was determined that this poster was the older Zero Tolerance Poster and only included instruction on how to contact the #01 hotline. The End the Silence Sign was observed in English and Spanish on letter size metal material. The Zero Tolerance Poster and End the Silence Sign were observed in housing units by the phones and in some common areas. The PREA Unit mailing address was observed in a

	few areas of the facility. Additionally, four oversize puzzle piece posters were observed in a few common areas of the facility. These advised of the zero tolerance policy and outlined prevention, detection, response and reporting information. Posted information was at an adequate height and was visible to all offenders. The auditor had an offender demonstrate the information available on the tablet system. The auditor observed that the tablet included the Prison Rape Elimination Act Orientation for Adult Offenders, the PREA Resource Center's End the Silence Handbook, the PREA Resource Center's Adult Comprehensive PREA Education video, the PREA What You Need to Know video and numerous other videos. Based on a review of the PAQ, 430.00, Contract with Homeland Language Services, Homeland Language Service Sign Language Services, Homeland Language Services Video Remote Interpreting, West Virginia Registry of Interpreters, A Guide to Hiring Qualified Sign Language Interpreters In West Virginia, West Virginia Braille Program PREA Orientation for Adult Offenders, Prison Rape Elimination Act Orientation for Adult Offenders, End the Silence Brochure, Offender Education Records, observations made during the tour as well as information obtained during interviews with intake staff and random offenders, this standard appears to be compliant.

115.34	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance 3. National Institute of Corrections (NIC) PREA Investigating Sexual Abuse in a Confinement Setting 4. Investigator Training Records Interviews: 1. Interviews with Investigative Staff Findings (By Provision):

	115.34 (a): The PAQ indicates that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. 430.00, pages 9-10 state in addition to the general training provided to all employees pursuant to §115.31, the DCR shall ensure that, to the extent the DCR itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Corrections Investigation Division (CID) investigative staff shall receive additional specialized training on conducting sexual abuse investigations in confinement settings. Documentation will be kept in the employee's training file, and a copy will be sent to the Office of PREA Compliance. This specialized training will include but is not limited to: Interviewing sexual abuse victims; Proper use of Miranda warnings and the Garrity rule; Sexual abuse evidence collection in confinement settings; and The criteria and evidence required to substantiate a case for administrative action or prosecutorial referral. The interview with the investigator confirmed she received specialized training regarding conducting sexual abuse and sexual harassment investigations in a confinement setting. A review of documentation indicated three facility/agency staff were documented with the specialized investigator training. 115.34 (b): 430.00, pages 9-10 state in addition to the general training provided to all employees pursuant to §115.31, the DCR shall ensure that, to the extent the DCR itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Corrections Investigation Division (CID) investigative staff shall receive additional specialized training on conducting sexual abuse investigations in confinement settings. Documentation will be kept in the employee's training file, and a copy will be sent to the Office of PREA Compliance. This specialized training will include but is not limited to: Interviewing sexual abuse victims; Proper use of Miranda warnings and the Garrity rule; Sexual abuse evidence collection in confinement settings; and The criteria and evidence required to substantiate a case for administrative action or prosecutorial referral. The agency utilizes the NIC specialized training which includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative investigation. The interview with the investigator confirmed that the specialized investigator training included the topics required under this provision: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative case. A review of documentation indicated three facility/agency staff were documented with the specialized investigator training. 115.34 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and that three facility investigator had completed the specialized training. 430.00, pages 9-10 state in addition to the general training provided to all employees pursuant to §115.31, the DCR shall ensure

	that, to the extent the DCR itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Corrections Investigation Division (CID) investigative staff shall receive additional specialized training on conducting sexual abuse investigations in confinement settings. Documentation will be kept in the employee's training file, and a copy will be sent to the Office of PREA Compliance. A review of documentation indicated three facility/agency staff were documented with the specialized investigator training. 115.34 (d): The auditor is not required to audit this provision. Based on a review of the PAQ, 430.00, National Institute of Corrections (NIC) PREA Investigating Sexual Abuse in a Confinement Setting, investigator training records as well as the interview with the investigator, this standard appears to be compliant.

115.35	**Specialized training: Medical and mental health care**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance 3. PREA Resource Center (PRC) Specialized Training: PREA Medical and Mental Care Standards 4. Medical and Mental Health Staff Training Records Interviews: 1. Interviews with Medical and Mental Health Staff Findings (By Provision): 115.35 (a): The PAQ indicated that the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. The PAQ

	indicated that the facility has 26 medical and mental health staff and that 100% of these staff received the specialized training. 430.00, page 10 states in addition to the general training provided by the facility during Orientation, all full-and part-time medical and mental health employees shall receive additional specialized training regarding victims of sexual abuse and sexual harassment. This training will be coordinated and completed by a qualified source. All medical employees must receive this training during orientation, but no later than one (1) month of the effective date of hire. This specialized training will include but is not limited to: How to detect and assess signs of sexual abuse and sexual harassment; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The training is conducted via PREA Resource Center Specialized Training: PREA Medical and Mental Care Standards training curriculum. A review of the training curriculum confirmed that it includes the following topics: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and whom to report allegations or suspicion of sexual abuse and sexual harassment. Interviews with medical and mental health care staff confirmed they received specialized training and the training included the elements under this provision. A review of six medical and mental health care staff training records noted four were documented with the specialized medical and mental health training. 115.35 (b): The PAQ indicated that this provision does not apply as agency medical and mental health care staff do not perform forensic medical examinations. 430.00, page 10 states contractual medical staff will not conduct forensic examinations. Interviews with medical and mental health staff confirmed that they do not perform forensic medical examinations. 115.35 (c): The PAQ indicated that documentation showing the completion of the training is maintained by the agency. A review of six medical and mental health care staff training records noted four were documented with the specialized medical and mental health training via a sign-in sheet. 115.35 (d): 430.00, page 8 states all employees, contractors, volunteers, mentors and interns will receive training regarding DCR's zero tolerance policy regarding sexual misconduct. This training should be conducted during orientation, but no later than thirty (30) days after date of hire or enlistment of services. A review of six medical and mental health care staff training records indicated all six had completed training as outlined under 115.32.

	Based on a review of the PAQ, 430.00, PREA Resource Center Specialized Training: PREA Medical and Mental Care Standards training curriculum, medical and mental health care staff training records as well as interviews with medical and mental health care staff, this standard appears to require corrective action. A review of six medical and mental health care staff training records noted four were documented with the specialized medical and mental health training. Corrective Action The facility will need to provide the originally requested documentation. If not available, additional corrective action may be required. Verification of Corrective Action Since the Interim Audit Report The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard. Additional Documents: 1. Medical and Mental Health Staff Training Records 2. List of Medical and Mental Health Care Staff The facility provided the originally requested documentation. The missing training was completed during the corrective action period. As such the auditor required additional corrective action to ensure all medical and mental health care staff completed the specialized training. The facility provided the list of medical and mental health care staff and associated specialized medical and mental health care training. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

115.41	**Screening for risk of victimization and abusiveness**

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance 3. PREA Risk Screening 4. Offenders Assessment and Reassessment Documents Interviews: 1. Interview with Staff Responsible for Risk Screening 2. Interviews with Random Offenders 3. Interview with the PREA Coordinator 4. Interview with the PREA Compliance Manager Site Review Observations: 1. Observations of Risk Screening Area 2. Observations of Risk Assessment Access Findings (By Provision): 115.41 (a): The PAQ indicated that the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other offenders. 430.00, pages 11-12 state all offenders shall be assessed individually screening and upon transfer to another facility and in a private setting during intake for their risk of being sexually abused by other offenders or sexually abusive toward other offenders prior to housing in general population. Page 12 states the screening will occur upon transfer to a different facility. The auditor was provided a demonstration of the initial risk screening process. The initial risk screening is completed one-on-one in a private setting. Staff review the offender’s history prior to their arrival at the facility to complete any of the risk screening questions that can be obtained through information from a file review. The staff then meet with the offender upon intake and ask all questions from the risk

	screening form. Staff ask about prior sexual victimization, prior sexual abusiveness, etc. The staff noted that if her file review information was different than the verbal responses, she would use the information from the file review. The interviews with the staff responsible for the risk screening confirmed that offenders are screened for their risk of victimization and abusiveness upon admission to the facility. 115.41 (b): The PAQ indicated that the policy requires that offenders be screened for risk of sexual victimization or risk of sexually abusing other offenders within 72 hours of their intake. The PAQ noted that 445 offenders were screened within 72 hours over the previous twelve months. This indicates that 100% of those whose length of stay was for 72 hours or more received a risk screening within 72 hours. 430.00, page 12 states the screening will occur within seventy-two (72) hours of intake. The interviews with the staff responsible for the risk screening confirmed that offenders are screened for their risk of victimization and abusiveness within 72 hours. The staff advised the risk assessment is completed the same day they arrive. Interviews with eighteen offenders that arrived within the previous twelve months indicated all eighteen were asked the questions related to risk of victimization and abusiveness upon arrival at the facility. A review of 20 offenders files of those that arrived within the previous twelve months indicated thirteen had an initial risk screening completed, twelve were within 72 hours. Seven documents were not provided to the auditor at the issuance of the interim report. 115.41 (c): The PAQ indicated that the risk screening is conducted using an objective screening instrument. A review of the PREA Risk Screening notes that it includes a section for “Risk Factors for Potential Victims” and a section for “Risk Factors of Potential Predators”. The “Risk Factors for Potential Victims” includes age, prior incarcerations, presence of disability(ies), prior conviction of sex offense, gender identity/sexual preference, history of protective custody/special management, stature, history of prior sexual victimization, history of consensual sex while incarcerated and detailed for civil immigration purposes. The "Risk Factors of Potential Predators” includes current or history of rape/sexual assault convictions, history of domestic violence, gang affiliation, history of physically assaultive behavior and history of sexually abusive or assaultive behavior. Once each section is completed, there is a threshold number of responses that outline if the offender is classified as a “Potential Victim” and/or “Potential Predator”. 115.41 (d): 430.00, page 12 states this shall be accomplished by using the appropriate attachment within the PREA Manual to gather the following information: Known or perceived gender nonconforming appearance or identifies as lesbian, gay, bisexual, transgender or intersex (LGBTI) and whether the offender may therefore be vulnerable to sexual abuse; Whether the offender has a mental, physical, or developmental disability; Offender's age and physical build; Current charge, offense history and whether the offender has been previously incarcerated for convictions for

	sex offenses against an adult or child or a history of acts of sexual abuse; Whether the offender's criminal history is exclusively non-violent; Whether the offender has previously experienced sexual victimization; The offender's own perceptions of her or his vulnerability; Any specific information about individual offenders that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other offenders; Whether the offender is detained solely for civil immigration purposes; and Level of emotional and cognitive development (for juvenile offenders only). A review of the PREA Risk Screening notes that it includes a section for “Risk Factors for Potential Victims” and a section for “Risk Factors of Potential Predators”. The “Risk Factors for Potential Victims” includes age, prior incarcerations, presence of disability(ies), prior conviction of sex offense, gender identity/sexual preference, history of protective custody/special management, stature, history of prior sexual victimization, history of consensual sex while incarcerated and detailed for civil immigration purposes. The "Risk Factors of Potential Predators” includes current or history of rape/sexual assault convictions, history of domestic violence, gang affiliation, history of physically assaultive behavior and history of sexually abusive or assaultive behavior. Once each section is completed, there is a threshold number of responses that outline if the offender is classified as a “Potential Victim” and/or “Potential Predator”. The staff responsible for the risk screening confirmed the elements under this provision are included in the risk assessment. Staff advised they ask the offender the questions from the risk screening and review file information to confirm responses. 115.41 (e): 430.00, page 12 states the initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the DCR, in assessing offenders for risk of being sexually abusive. A review of the PREA Risk Screening notes that it includes a section for “Risk Factors for Potential Victims” and a section for “Risk Factors of Potential Predators”. The “Risk Factors for Potential Victims” includes age, prior incarcerations, presence of disability(ies), prior conviction of sex offense, gender identity/sexual preference, history of protective custody/special management, stature, history of prior sexual victimization, history of consensual sex while incarcerated and detailed for civil immigration purposes. The "Risk Factors of Potential Predators” includes current or history of rape/sexual assault convictions, history of domestic violence, gang affiliation, history of physically assaultive behavior and history of sexually abusive or assaultive behavior. Once each section is completed, there is a threshold number of responses that outline if the offender is classified as a “Potential Victim” and/or “Potential Predator”. The staff responsible for the risk screening confirmed the elements under this provision are included in the risk assessment. Staff advised they ask the offender the questions from the risk screening and review file information to confirm responses. 115.41 (f): The PAQ indicated that the policy requires that the facility reassess each offender’s risk of victimization or abusiveness within a set time period, not to exceed

	30 days after the offender’s arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The PAQ noted that 445 offenders were reassessed within 30 days, which is equivalent to 100% of the offenders who arrived and stayed longer then 30 days. The Superintendent shall designate specific staff to complete PREA reassessments. 430.00, page 13 states a reassessment shall be completed between twenty (20) and thirty (30) days after the initial assessment and should not exceed thirty (30) days from the offender's arrival at the facility. This information shall be ascertained through direct conversations with the offender, through medical and mental health screenings, reviewing court records, case files, facility behavioral records, and other relevant documentation from the offender's records. The facility will reassess the offender's risk of victimization or abusiveness when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. All offenders that remain in custody will also be reassessed every year thereafter, if applicable, by using the appropriate PREA Manual attachment. The reassessment is completed within 20-30 days. Staff go through the offenders file to obtain information on criminal history, discipline, etc. and staff also review the prior risk assessments. Staff then meet with the offender and ask them if the information from the initial risk screening is accurate. Staff then ask if the offender feels like they are at risk of being sexually abused. Staff complete the risk assessment form and have the offender sign it. The interviews with the staff responsible for the risk screening indicated that offenders are reassessed within 30 days of arrival and then annually thereafter. Interviews with eighteen offenders that arrived within the previous twelve months indicated thirteen had been asked questions related to their risk of victimization and abusiveness more than once, including a few weeks after they arrived. A review of 20 offenders files of those that arrived in the previous twelve months indicated seventeen had a reassessment completed. All seventeen were within 30 days of arrival. 115.41 (g): The PAQ indicated that the policy requires that an offender's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. 430.00, page 13 states a reassessment shall be completed between twenty (20) and thirty (30) days after the initial assessment and should not exceed thirty (30) days from the offender's arrival at the facility. This information shall be ascertained through direct conversations with the offender, through medical and mental health screenings, reviewing court records, case files, facility behavioral records, and other relevant documentation from the offender's records. The facility will reassess the offender's risk of victimization or abusiveness when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. All offenders that remain in custody will also be reassessed every year thereafter, if applicable, by using the appropriate PREA Manual attachment. The interviews with the risk screening staff confirmed that offenders are reassessed when warranted due to referral, request, incident of sexual abuse or receipt of additional

	information. Interviews with eighteen offenders that arrived within the previous twelve months indicated thirteen had been asked questions related to their risk of victimization and abusiveness more than once. A review of 20 offenders files of those that arrived in the previous twelve months indicated seventeen had a reassessment completed. A review of documentation for ten sexual abuse investigations indicated one required a reassessment due to incident of sexual abuse. Risk assessment documentation was provided but the auditor was unable to determine if it was completed after the reported incident. 115.41 (h): The PAQ indicated that policy prohibits disciplining offenders for refusing to answer (or for not disclosing complete information related to) questions regarding: (a) whether or not the offender has a mental, physical, or developmental disability; (b) whether or not the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) whether or not the offender has previously experienced sexual victimization; and (d) the offender's own perception of vulnerability. 430.00, page 13 states offenders may not be disciplined for refusing to answer or for not disclosing complete information. If an offender refuses to disclose the information requested, housing placement should be based on a review of the offender's records. The interviews with the staff responsible for risk screening confirmed that offenders are not disciplined for refusing to answer or for not fully disclosing information any of the risk screening questions. 115.41 (i): 430.00, page 13 states facility staff and contractors involved in the assessment process will not disseminate responses to the screening questions or other sensitive information which may be exploited to the offender's detriment by staff or other offenders. Risk screening information is maintained via paper and is scanned into OIS. During the on-site portion of the audit the auditor observed that all staff have access to OIS and can view the risk screening form. Paper risk screening forms are maintained by the PCM in a locked office. The interview with the PREA Coordinator indicated that the agency has outlined who should have access to an offender’s risk assessment within the facility in order to protect sensitive information from exploitation. She stated that anyone with access to the offender system can see the assessments. She further stated that all staff have signed a confidentiality agreement. The PCM confirmed that the agency has outlined who should have access to an offender’s risk assessment within the facility in order to protect sensitive information from exploitation. He stated the papers copies are stored in his office, which has limited access. The staff responsible for the risk screening advised that risk screening information is uploaded in OIS and that anyone can look at it. Based on a review of the PAQ, 430.00, PREA Risk Screening, Initial and Reassessment, and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random offenders, this standard appears to require corrective action. A review of 20 offenders files of

	those that arrived within the previous twelve months indicated thirteen had an initial risk screening completed, twelve were within 72 hours. Seven documents were not provided to the auditor at the issuance of the interim report. A review of 20 offenders files of those that arrived in the previous twelve months indicated seventeen had a reassessment completed. A review of documentation for ten sexual abuse investigations indicated one required a reassessment due to incident of sexual abuse. Risk assessment documentation was provided but the auditor was unable to determine if it was completed after the reported incident. Risk screening information is maintained via paper and is scanned into OIS. During the on-site portion of the audit the auditor observed that all staff have access to OIS and can view the risk screening form. The interview with the PREA Coordinator indicated that the agency has outlined who should have access to an offender's risk assessment within the facility in order to protect sensitive information from exploitation. She stated that anyone with access to the offender system can see the assessments. She further stated that all staff have signed a confidentiality agreement. Corrective Action The facility will need to provide the originally requested risk assessment documents. If not available, further corrective action will be required. The facility will need to restrict access to risk screening information. Confirmation of the restriction will need to be provided. Verification of Corrective Action Since the Interim Audit Report The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard. Additional Documents: 1. Offender Risk Assessments 2. Directive from PREA Coordinator on OIS The facility provided the originally requested initial offender risk assessments. All had a risk assessment completed. One was past the 72 hour timeframe. The facility also provided the originally requested offender risk reassessments. All were completed within 30 days. Further, the facility provided the reassessments due to incident of

	sexual abuse. All were completed within 30 days of the conclusion of the investigation. The PREA Coordinator sent out a directive to all agency facilities to cease uploading risk assessment documents to the OIS. The directive states that risk assessment documents are to be maintained on the PREA drive, which has limited access. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

115.42	**Use of screening information**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance 3. Housing Assignments of Offenders at Risk of Sexual Victimization and/or Sexual Abusiveness 4. Transgender/Intersex Biannual Reassessments 5. LGBTI Housing Assignments Interviews: 1. Interview with Staff Responsible for Risk Screening 2. Interview with PREA Coordinator 3. Interview with PREA Compliance Manager 4. Interviews with Gay, Lesbian and Bisexual Offenders 5. Interviews with Transgender Offenders Site Review Observations:

1. Shower Area in Housing Units

Findings (By Provision):

115.42 (a): The PAQ indicated that the agency/facility uses information from the risk screening required by §115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. 430.00, page 14 states the PREA screening assessment information shall be used to make decisions regarding housing, bed, work, education, and program assignments. The goal of the DCR is to keep offenders that are at high risk for being sexually victimized away from those a high risk of being sexually abusive. The facility shall make individualized determinations about how to ensure the safety of each offender. The interview with the PREA Compliance Manager indicated information from the risk screening is used to identify victims and predators and to keep them away from one another. He stated they do not house victims and predators in the same unit, and they track them to ensure placement is appropriate. The interviews with the staff responsible for the risk screening indicated that information from the risk screening is mainly used for bed assignments and program assignments. She stated they do not want a victim to be with a predator. The facility provided the high risk victim and high risk abuser lists. The auditor observed that numerous potential victims were in the same housing unit as potential predators. Victims were not in the same housing unit as predators. The facility provided a memo outlining that all offenders are reviewed case-by-case and the goal is to keep high risk victims separate but that it is impossible to keep them out of the same housing units. The memo noted that they are not housed in the same cell.

115.42 (b): The PAQ indicated that the agency/facility makes personized determinations about how to ensure the safety of each offender. 430.00, page 14 states the PREA screening assessment information shall be used to make decisions regarding housing, bed, work, education, and program assignments. The goal of the DCR is to keep offenders that are at high risk for being sexually victimized away from those a high risk of being sexually abusive. The facility shall make individualized determinations about how to ensure the safety of each offender. The interviews with the staff responsible for the risk screening indicated that information from the risk screening is mainly used for bed assignments and program assignments. She stated they do not want a victim to be with a predator.

115.42 (c): The PAQ indicated that the agency/facility makes housing and program assignments for transgender or intersex offenders in the facility on a case-by-case basis. 430.00, page 14 states the DCR shall not consider lesbian, gay, bisexual,

	transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. The facility shall consider the offender's health and safety when determining placement. In deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, and in making other housing and programming assignments, the DCR shall consider on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether the placement would present management or security problems. The interview with the PCM indicated that transgender and intersex offenders are not discriminated against and they house them just as they do anyone else at the facility. He stated transgender and intersex offender can take any programming at the facility. The PCM confirmed that placement would take into consideration the safety of the offender and the presentation of any security or management problems. Interviews with transgender offenders indicated all five were asked how they felt about their safety. 115.42 (d): 430.00, page 14 states placement and programming assignments for each transgender or intersex offender shall be reassessed twice a year. The PCM advised that transgender and intersex offenders are reassessed twice a year. The staff responsible for the risk screening confirmed transgender and intersex offenders are reassessed biannually in June and December. A review of documentation for four transgender offenders noted all four had one assessments, but none had a second provided to the auditor. 115.42 (e): 430.00, page 14 states a transgender or intersex offender's own views with respect to his or her own safety shall be given serious consideration. Transgender and intersex offenders shall be given the opportunity to shower separately from other offenders. Interviews with the PCM and staff responsible for the risk screening confirmed that transgender and intersex offenders' views with respect to their safety are given serious consideration. Interviews with the transgender offenders indicated all five were asked how they felt about their safety. 115.42 (f): 430.00, page 14 states a transgender and intersex offenders shall be given the opportunity to shower separately from other offenders. During the tour the auditor observed that the housing unit showers were single with shower curtains and either solid doors or raised saloon style doors. The interviews with the staff responsible for risk screening confirmed transgender and intersex offenders are given the opportunity to shower separately. The PCM confirmed that transgender and intersex offenders are afforded the opportunity to shower separately. He stated all showers at the facility are separate. Interviews with transgender offenders indicated four of the five are afforded the opportunity to shower separately. 115.42 (g): 430.00, page 14 states LGBTI offenders will not be placed in dedicated

	facilities or units solely based on such identification or status. The interview with the PC confirmed that the agency is not subject to a consent decree and that there is not a dedicated facility for LGBTI offenders. She advised they do not house based on gender identity or sexual preference and they do not have any dedicated area for LGBTI offenders. The PCM confirmed that the agency does not have a consent decree and that LGBTI offenders are not placed in dedicated facilities, units or wings solely because of their identification or status. Interviews with seven LGBTI offenders confirmed none felt the facility places LGBTI offenders in dedicated facilities, units, or wings solely on the basis of such identification or status. A review of housing assignments for LGBTI offenders confirmed that they were housed across numerous different units at the facility. Based on a review of the PAQ, 430.00, offenders at risk of sexual abusiveness and sexual victimization housing determinations, transgender or intersex biannual assessments, LGBTI offender housing assignments, observations made during the tour and information from interviews with the PC, PCM, staff responsible for conducting the risk screening and LGBTI offenders, this standard appears be compliant. Recommendation The auditor highly recommends that the agency review their risk screening tool and how it is scored and make appropriate modifications. The current scoring appears to over predict number high risk victims and high risk abusers, which makes the tool ineffective and causes problems with separation of those deemed at high risk.

115.43	**Protective Custody**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance 3. Offenders at High Risk of Victimization Housing Assignments Interviews:

1. Interview with the Superintendent

2. Interview with Staff who Supervise Offenders in Segregated Housing

Site Review Observations:

1. Observations in the Segregated Housing Unit

Findings (By Provision):

115.43 (a): The PAQ indicated that the agency has a policy prohibiting the placement of offenders 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. The PAQ noted that there were zero offenders at high risk of victimization that were placed in involuntary segregated housing in the past twelve months. 430.00, page 14 states offenders with a high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and there is no available alternative means of separation from likely abusers. If the facility cannot conduct the assessment immediately, the facility may hold the offender in involuntary segregated housing no longer than twenty-four (24) hours while completing the assessment. Offenders placed in involuntary segregation for protection from sexual victimization shall have access to programs, privileges and education. Work opportunities shall be afforded to the offender to the extent possible. If limited, the facility must document the reasoning for limiting these opportunities and the duration of the limitation. If no immediate alternatives are identified, the facility may assign offenders to involuntary segregation until an alternative means of separation from likely abusers can be arranged. Such assignment shall not ordinarily exceed thirty (30) days, if an extension of involuntary segregation beyond thirty (30) days is necessary, the facility shall clearly document the basis for concern of the offender's safety and why no other alternative means of separation can be arranged. Any extension beyond thirty (30) days must be approved by the Superintendent within seventy-two (72) hours of being implemented. Any assignment to involuntary segregation must be reported to the facility PCM within twenty-four (24) hours. Every thirty (30) days, the facility shall afford each such offender a review to determine whether there is a continuing need for separation from the general population. The interview with the Superintendent confirmed that agency policy prohibits placing offenders at high risk of sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and it is determined that there are no alternative means of separation from likely abusers. He stated they do not punish high risk victims. A review of documentation for high risk victims noted that one was housed in segregated housing. Documentation confirmed the offender was in segregated

	housing due to discipline and not due to risk of victimization. 115.43 (b): 430.00, pages 14-15 state if an involuntary segregation housing assignment is made, the facility PCM shall clearly document the following: The basis for the staff member's concern for the offender's safety; The other alternative means of separation that were explored; and The reason why no alternative means of separation can be arranged. Offenders placed in involuntary segregation for protection from sexual victimization shall have access to programs, privileges and education. Work opportunities shall be afforded to the offender to the extent possible. If limited, the facility must document the reasoning for limiting these opportunities and the duration of the limitation. If no immediate alternatives are identified, the facility may assign offenders to involuntary segregation until an alternative means of separation from likely abusers can be arranged. Such assignment shall not ordinarily exceed thirty (30) days, if an extension of involuntary segregation beyond thirty (30) days is necessary, the facility shall clearly document the basis for concern of the offender's safety and why no other alternative means of separation can be arranged. Any extension beyond thirty (30) days must be approved by the Superintendent within seventy-two (72) hours of being implemented. Any assignment to involuntary segregation must be reported to the facility PCM within twenty-four (24) hours. Every thirty (30) days, the facility shall afford each such offender a review to determine whether there is a continuing need for separation from the general population. During the tour the auditor observed the segregated housing unit. The housing unit was two tiered and included cells and single showers. A property room and book cart were observed. Offenders are out of their cell five days a week for recreation and four days a week for showers. Phone access is provided daily, and offenders can retain their tablets in segregated housing. Mail and grievances are provided to any staff. The interview with the staff who supervise offenders in segregated housing indicted if an offender at high risk of victimization was placed in involuntary segregated housing they would have access to programs, privileges and work opportunities to the extent possible. She stated they have never placed a high risk victim in involuntary segregated housing. She confirmed that any restrictions in involuntary segregated housing would be documented. The auditor did not identify any offenders deemed at high risk of victimization that were placed in involuntary segregated housing due to risk and as such not interviews were conducted. 115.43 (c): The PAQ indicated there were zero offenders at risk of sexual victimization who were assigned to involuntary segregated housing due to their risk of sexual victimization. 430.00, page 14 states offenders with a high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and there is no available alternative means of separation from likely abusers. If the facility cannot conduct the assessment immediately, the facility may hold the offender in involuntary segregated housing no longer than twenty-four (24) hours while completing the assessment. Offenders placed in involuntary segregation for protection from sexual victimization

	shall have access to programs, privileges and education. Work opportunities shall be afforded to the offender to the extent possible. If limited, the facility must document the reasoning for limiting these opportunities and the duration of the limitation. If no immediate alternatives are identified, the facility may assign offenders to involuntary segregation until an alternative means of separation from likely abusers can be arranged. Such assignment shall not ordinarily exceed thirty (30) days, if an extension of involuntary segregation beyond thirty (30) days is necessary, the facility shall clearly document the basis for concern of the offender's safety and why no other alternative means of separation can be arranged. Any extension beyond thirty (30) days must be approved by the Superintendent within seventy-two (72) hours of being implemented. Any assignment to involuntary segregation must be reported to the facility PCM within twenty-four (24) hours. Every thirty (30) days, the facility shall afford each such offender a review to determine whether there is a continuing need for separation from the general population. The interview with the Superintendent confirmed that offenders would only be placed in involuntary segregated housing until an alternative means of separation from likely abuser(s) could be arranged. He stated they would find alternative housing immediately and they would not place a high risk victim in involuntary segregated housing. The interview with the staff who supervise offenders in segregated housing indicated that offenders would only be placed in involuntary segregated housing until they could find an alternative means of separation. She stated they would find alternative housing within 24 hours. The auditor did not identify any offenders deemed at high risk of victimization that were placed in involuntary segregated housing due to risk and as such not interviews were conducted. 115.43 (d): The PAQ indicated there were zero offenders at risk of sexual victimization who were held in involuntary segregated housing in the past twelve months who had both a statement of the basis for the facility’s concern for the offender’s safety and the reason why alternative means of separation could not be arranged. 430.00, page 14 states offenders with a high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and there is no available alternative means of separation from likely abusers. If the facility cannot conduct the assessment immediately, the facility may hold the offender in involuntary segregated housing no longer than twenty-four (24) hours while completing the assessment. Offenders placed in involuntary segregation for protection from sexual victimization shall have access to programs, privileges and education. Work opportunities shall be afforded to the offender to the extent possible. If limited, the facility must document the reasoning for limiting these opportunities and the duration of the limitation. If no immediate alternatives are identified, the facility may assign offenders to involuntary segregation until an alternative means of separation from likely abusers can be arranged. Such assignment shall not ordinarily exceed thirty (30) days, if an extension of involuntary segregation beyond thirty (30) days is necessary, the facility shall clearly document the basis for concern of the offender's safety and why no other alternative means of separation can be arranged. Any extension beyond thirty (30) days must be approved by the Superintendent

	within seventy-two (72) hours of being implemented. Any assignment to involuntary segregation must be reported to the facility PCM within twenty-four (24) hours. Every thirty (30) days, the facility shall afford each such offender a review to determine whether there is a continuing need for separation from the general population. A review of documentation for high risk victims noted that one was housed in segregated housing. Documentation confirmed the offender was in segregated housing due to discipline and not due to risk of victimization. 115.43 (e): The PAQ indicate that if an offender was placed in segregation due to risk of victimization, they would be reviewed every 30 days to determine if there was a continued need for the offender to be separated from the general population. 430.00, page 14 states every thirty (30) days, the facility shall afford each such offender a review to determine whether there is a continuing need for separation from the general population. The interview with the staff who supervise offenders in segregated housing confirmed that offenders would be reviewed at least every 30 days for their continued need for placement in involuntary segregated housing. Based on a review of the PAQ, 430.00, high risk offenders housing assignments, observations from the facility tour as well as information from the interviews with the Superintendent and staff who supervise offenders in segregated housing indicates this standard appears to be compliant.

115.51	**Inmate reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance 3. End the Silence Brochure 4. Prison Rape Elimination Act Orientation for Adult Offenders 5. Zero Tolerance Poster Interviews: 1. Interviews with Random Staff

2. Interviews with Random Offenders

3. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observation of Posted PREA Information

2. Test of Internal Reporting Hotline

3. Test of the External Reporting Entity

Findings (By Provision):

115.51 (a): The PAQ indicated that the agency has established procedures allowing for multiple internal ways for offenders to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other offenders or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents. 430.00, page 15 states offenders shall be provided multiple internal and external ways to privately report sexual misconduct, retaliation by other offenders or staff for reporting sexual abuse, sexual harassment, staff neglect or violation of responsibilities that may have contributed to such incidents. The DCR shall also provide at least one way for offenders to report abuse or harassment to a public or private entity or office that is not part of the DCR, and that is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to DCR officials, allowing the offender to remain anonymous upon request. A review of Zero Tolerance Poster notes that it includes information on reporting, including: to any staff, volunteer, contractor or medical and mental health staff; through a grievance, sick call slip or a report on the tablet; in writing to the Director of the WV Intelligence/Fusion Center (address provided); by dialing 01 on the offender phone system; through the PC or PCM, and by telling a family member, friend, legal counsel or anyone else outside the facility (phone number and email they can report). A review of the Prison Rape Elimination Act Orientation for Adult Offenders confirms that it includes information on reporting, including to a trusted staff member, to family or attorneys, to medial or mental health, through a written complaint, by contacting the Office of PREA Compliance (phone number and mailing address provided), by notifying outside law enforcement, via the website or through email. The document outlines what sexual abuse is, prevention, myths and facts, information on investigations, retaliation monitoring, reporting mechanism, what to expect if an incident occurs, and a summary. The End the Silence Brochure includes reporting mechanisms such as; to any staff, volunteer, contractor or medical or mental health staff; though a grievance or sick call slip; to the PC or PCM; to family, friends, legal counsel or anyone else outside the facility; and by calling a telephone number. The End the Silence Brochure also advises that

	offenders can report to the external reporting option, which is the West Virginia Intelligence/Fusion Center by dialing 01. It also states that offenders can remain anonymous when reporting. The auditor observed PREA information posted throughout the facility, including in housing units and common areas. The auditor observed the Zero Tolerance Poster on letter size paper in English and Spanish. It was determined that this poster was the older Zero Tolerance Poster and only included instruction on how to contact the #01 hotline. The End the Silence Sign was observed in English and Spanish on letter size metal material. The Zero Tolerance Poster and End the Silence Sign were observed in housing units by the phones and in some common areas. The PREA Unit mailing address was observed in a few areas of the facility. Additionally, four oversize puzzle piece posters were observed in a few common areas of the facility. These advised of the zero tolerance policy and outlined prevention, detection, response and reporting information. Posted information was at an adequate height and was visible to all offenders. The auditor had an offender demonstrate the information available on the tablet system. The auditor observed that the tablet included the Prison Rape Elimination Act Orientation for Adult Offenders, the PREA Resource Center's End the Silence Handbook, the PREA Resource Center's Adult Comprehensive PREA Education video, the PREA What You Need to Know video and numerous other videos. The auditor tested the internal reporting mechanism. The facility advised that offenders could report to the PREA office via their tablet. The auditor had an offender assist with demonstrating this process. The offender pulled up the request section of the tablet and the auditor viewed that there was a PREA request. The offender filled out the PREA request and submitted it electronically on March 31, 2025. The auditor was provided confirmation on that same date that the PREA request was received by the agency PC. Interviews with 30 offenders confirmed all 30 were aware of at least one method to report sexual abuse and sexual harassment. Most stated they could report to staff, on the phone, on the tablet, in writing or through their family. Interviews with twelve random staff indicated that offenders could report to staff, in writing, on their tablet, through the phone and to their family. 115.51 (b): The PAQ stated that the agency provides at least one way for offenders to report sexual abuse to a public or private entity or office that is not part of the agency. Additionally, the PAQ indicated that the facility does not house offenders solely for civil immigration purposes. 430.00, page 15 states offenders shall be provided multiple internal and external ways to privately report sexual misconduct, retaliation by other offenders or staff for reporting sexual abuse, sexual harassment, staff neglect or violation of responsibilities that may have contributed to such incidents. The DCR shall also provide at least one way for offenders to report abuse or harassment to a public or private entity or office that is not part of the DCR, and that is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to DCR officials, allowing the offender to remain anonymous upon request. Offenders detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the U.S. Department of Homeland Security. A review of Zero Tolerance Poster notes that it

	includes information on reporting, including: to any staff, volunteer, contractor or medical and mental health staff; through a grievance, sick call slip or a report on the tablet; in writing to the Director of the WV Intelligence/Fusion Center (address provided); by dialing 01 on the offender phone system; through the PC or PCM, and by telling a family member, friend, legal counsel or anyone else outside the facility (phone number and email they can report). The End the Silence Brochure includes reporting mechanisms such as; to any staff, volunteer, contractor or medical or mental health staff; though a grievance or sick call slip; to the PC or PCM; to family, friends, legal counsel or anyone else outside the facility; and by calling a telephone number. The End the Silence Brochure also advises that offenders can report to the external reporting option, which is the West Virginia Intelligence/Fusion Center by dialing 01. It also states that offenders can remain anonymous when reporting. The auditor observed PREA information posted throughout the facility, including in housing units and common areas. The auditor observed the Zero Tolerance Poster on letter size paper in English and Spanish. It was determined that this poster was the older Zero Tolerance Poster and only included instruction on how to contact the #01 hotline. The End the Silence Sign was observed in English and Spanish on letter size metal material. The Zero Tolerance Poster and End the Silence Sign were observed in housing units by the phones and in some common areas. The PREA Unit mailing address was observed in a few areas of the facility. Additionally, four oversize puzzle piece posters were observed in a few common areas of the facility. These advised of the zero tolerance policy and outlined prevention, detection, response and reporting information. Posted information was at an adequate height and was visible to all offenders. The auditor had an offender demonstrate the information available on the tablet system. The auditor observed that the tablet included the Prison Rape Elimination Act Orientation for Adult Offenders, the PREA Resource Center’s End the Silence Handbook, the PREA Resource Center’s Adult Comprehensive PREA Education video, the PREA What You Need to Know video and numerous other videos. During the tour the auditor observed that offenders can place outgoing mail in any of the boxes around the facility. The mailroom staff indicated that she picks up mail from the mailboxes and she and other staff read the outgoing regular mail prior to sending it out. She stated legal mail come sealed and they do not open or monitor outgoing legal mail. The mailroom staff stated that incoming regular mail goes to a company in Maryland that copies and sends the mail electronically. She stated that she reads the regular incoming electronic mail and must approve it before it is sent to the offender’s tablet. She stated legal mail comes in and staff complete a specific form. The offender is called up to the mailroom and opens the legal mail in front of the staff. The mailroom staff noted she was unsure how mail to/from the Fusion Center and the rape crisis center is treated. The auditor tested the external reporting mechanism by calling the external reporting hotline (#01). The auditor dialed “1” for English and then dialed #01. A pin number was not required. The auditor reached a voicemail that advised offenders could report sexual abuse and sexual harassment. The auditor left a message on voicemail on March 30, 2026. The auditor received confirmation on the same date the call was placed that the central office PREA staff received the information from the call. The auditor confirmed that calls to the #01 hotline are not monitored or recorded. The interview with the PCM indicated that offenders can report externally to FRIS. He stated FRIS would report back to the

	facility through CID or Central Office staff. Interviews with 30 offenders indicated 26 were aware of an outside reporting entity and 27 knew they could anonymously report. 115.51 (c): The PAQ indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. It further indicated that staff are required to document verbal reports immediately. 430.00, page 15 states all employees, contractors, volunteers and interns are mandatory reporters and shall accept verbal, written, anonymous and third-party allegations from offenders who observe, are involved in, or have any knowledge, information or suspicion of sexual abuse, harassment, or an inappropriate relationship. All reports shall be promptly documented and reported to the Superintendent and facility PCM. Staff may be subject to disciplinary action if they do not report such conduct. Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse. The auditor had staff demonstrate how they would submit a written report if an allegation of sexual abuse was verbally reported. The staff illustrated that they would complete a confidential incident report. All incident reports are submitted electronically in OIS. The staff enter all required information, including offender information, if it is a suspected PREA incident (yes or no) and incident type. Staff then write “see confidential notes” in the description box. After the incident report is saved and closed out, staff go back in and add the confidential note related to the incident. This is saved and closed. The auditor confirmed that after the information was entered the confidential note was unable to be viewed by that staff member or any other staff member. Only administrative level staff can access the confidential notes. Interviews with 30 offenders indicated all 27 knew they could report verbally and/or in writing to staff and 23 knew they could report through a third party. Interviews with random staff indicated that offenders could report verbally, in writing, anonymously and through a third party. The staff stated verbal reports would be documented in a confidential report immediately. A review documentation for twelve investigations (fourteen total were requested) indicated five were reported verbally. All five included an incident report authored by the staff receiving the verbal report. 115.51 (d): The PAQ indicates the agency has established procedures for staff to privately report sexual abuse and sexual harassment of offenders. It further states that staff can report to the Watch Commander, through a confidential incident report, and through victim services. The PAQ indicated that staff are informed of these method through policy, training and refreshers. 430.00, page 15 states staff can privately report information about sexual assault and sexual harassment by submitting a confidential report to the Superintendent, facility PCM or the Office of PREA Compliance. Interviews with twelve random staff indicated all twelve were aware that they could privately report sexual abuse of an offender via a confidential report.

Based on a review of the PAQ, 430.00, End the Silence Brochure, Prison Rape Elimination Act Orientation for Adult Offenders, Zero Tolerance Poster, observations made during the tour, information from interviews with the PCM, random offenders and random staff, and the documentation provided related to the auditor's test of reporting methods, this standard appears to require corrective action. It was determined that the poster was the older Zero Tolerance Poster and only included instruction on how to contact the #01 hotline. The mailroom staff noted she was unsure how mail to/from the Fusion Center and the rape crisis center is treated.

Corrective Action

The facility will need to post the updated reporting information around the facility and upload it to the offender tablet (Zero Tolerance Poster and End the Silence Brochure). Photos of the posted information and the uploaded information to the tablet will need to be provided. The facility will need to conduct training with mailroom staff on how mail to the Fusion Center is handled. Confirmation of the training will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Photos of Zero Tolerance Poster
2. Memorandum Related to Mail Process

The facility provided photos illustrating the current Zero Tolerance Poster was displayed around the facility in English. Additionally, photos were provided confirming the current Zero Tolerance Poster was added to the offender tablet.

A memo was provided that outlined that mail to Fusion Center (external reporting entity) is considered privileged mail. Staff signatures were provided confirming

	mailroom staff were advised on the treatment of mail to the Fusion Center via the memo. Further, the facility provided photos that the memo was also uploaded to the offender tablet system. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

115.52	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance 3. Grievance Log Interviews: 1. Interviews with Offenders who Reported Sexual Abuse Findings (By Provision): 115.52 (a): The PAQ indicated that the agency has an administrative procedure for dealing with offender grievances regarding sexual abuse. 430.00, page 16 outlines the grievance policy. 115.52 (b): The PAQ indicated that agency policy or procedure allows an offender to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. The PAQ further states that agency policy does not require an offender to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. 430.00, page 16 states an offender may also report abuse by using the grievance process. These grievances will be forwarded to the Superintendent or designee for immediate action. There is no time limit on when an offender may submit a grievance regarding an

	allegation of sexual abuse. The DCR may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. The DCR shall not require an offender to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. 115.52 (c): The PAQ indicated that the agency's policy and procedure allow an offender to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The PAQ further stated that the agency's policy and procedure require that an offender grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. 430.00, page 16 states the agency shall ensure that: An offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint: and Such grievance is not referred to a staff member who is the subject of the complaint. 115.52 (d): The PAQ indicated that the agency's policy and procedure require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The PAQ noted there were zero grievances of sexual abuse during the previous twelve months. 430.00, page 16 states DCR shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within ninety (90) days of the initial filing of the grievance. Interviews with offenders who reported sexual abuse noted none filed a grievance related to the incident. A review of the grievance log confirmed there were zero sexual abuse grievances. 115.52 (e): The PAQ indicated that agency policy and procedure permit third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of offenders. It further states that agency policy and procedure require that if an offender declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the offender's decision to decline. The PAQ noted there were zero grievances alleging sexual abuse during the previous twelve months. 430.00, page 16 states third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, are permitted to assist offenders in filing reports or grievances and requests for administrative remedies relating to allegations of sexual abuse. Third parties are also permitted to file such requests on behalf of offenders. If the offender declines third party assistance, it must be documented by using the appropriate attachment within the PREA Manual. CID will discuss the allegation with the alleged victim and to the extent possible proceed with an investigation if the allegation occurred in a correctional setting. A review of the grievance log confirmed there were zero sexual abuse grievances.

	115.52 (f): The PAQ indicated that the agency has a policy and established procedures for filing an emergency grievance alleging that an offender is subject to a substantial risk of imminent sexual abuse. It further states that the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. The PAQ noted there were zero grievances alleging imminent risk of sexual abuse. 430.00, page 16 states after receiving a PREA emergency grievance alleging an offender is subject to substantial risk of imminent sexual abuse, it must be forwarded to the Superintendent or designee for immediate action. An initial response will be provided within forty- eight (48) hours, and a final decision shall be within five (5) calendar days. The initial response and final DCR decision shall document the DCR's determination whether the offender is in substantial risk of imminent sexual abuse and action taken in response to the emergency grievance. A review of the grievance log confirmed there were zero grievances alleging imminent risk of sexual abuse. 115.52 (g): The PAQ indicated that the agency has a written policy that limits its ability to discipline an offender for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the offender filed the grievance in bad faith. The PAQ noted there were zero offenders disciplined during the previous twelve months. 430.00, page 16 states offenders may be disciplined for filing a grievance related to alleged sexual abuse only where the DCR demonstrates that the offender filed the grievance in bad faith. Based on a review of the PAQ, 430.00, Grievance Log and interviews with offenders who reported sexual abuse, this standard appears to be compliant. Recommendation The auditor highly recommends the facility add information that outlines the sexual abuse grievance process to the offender handbook.

115.53	**Inmate access to outside confidential support services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

1. Pre-Audit Questionnaire

2. Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance

3. Agreement with West Virginia Foundation for Rape Information Services (WV FRIS)

4. West Virginia Rape Crisis Centers

5. End the Silence Brochure

6. Prison Rape Elimination Act Orientation for Adult Offenders

7. Zero Tolerance Poster

8. Support and Advocacy Services Poster

Interviews:

1. Interviews with Random Offenders

2. Interviews with Offenders Who Reported Sexual Abuse

Site Review Observations:

1. Observation of Victim Advocacy Information

Findings (By Provision):

115.53 (a): The PAQ indicated that the facility provides offenders with access to outside victim advocates for emotional support services related to sexual abuse. It further stated that the facility provides offenders with access to such services by giving offenders mailing addresses and telephone numbers for local, state or national victim advocacy or rape crisis organizations and that the facility provides offenders with access to such services by enabling reasonable communication between offenders and these organizations in a confidential a manner as possible. Additionally, the PAQ noted that the facility provides offenders with access to such services by giving offenders mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes. 430.00, page 17 states information related to access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting or otherwise making available mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. The facility shall inform

	offenders, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The facility shall enable reasonable confidential communication between offenders and these organization. For people detained solely for civil immigration purposes, the person will receive contact information for immigrant service agencies. The facility shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible. A review of the Agreement with West Virginia Foundation for Rape Information Services indicates it includes unlimited hospital advocacy, 100 hours of services annually via phone and in-person, creation/updates of a flier/brochure overviewing services for DCR offenders, a review of materials where partner vendors contact information will be included, creation/updates of e-learning training resources and annual training of advocates for services. A review of the West Virginia Rape Crisis Center document notes that it includes the address, telephone number, and website for each rape crisis center in the state. The Support and Advocacy Poster provides the #9088 number for support and advocacy services. It advises that DCR has partnered with West Virginia Foundation for Rape Information and Services (WV FRIS) to provide emotional support and advocacy services to all victims of sexual abuse. It also provides the name of the local rape crisis center (REACH The Counseling Connection) that the number will connect them. The Support and Advocacy Poster provides the phone number and mailing address to RAINN as well. The document notes that the hotline is for victim advocates and support services only and is not intended as a reporting method. It advises that services are confidential and are at no cost. It also provides a paragraph on services that can be provided. A review of the Zero Tolerance Poster indicates that it includes the speed dial to reach the local rape crisis center (#9088). The Zero Tolerance Poster advises offender to contact the PCM for a list of local services. The PREA Orientation for Adult Offenders advises that for emotional support offenders can call #9088 to speak with a victim advocate from a local rape crisis center. The document advise that WV FRIS is not a reporting avenue and the hotline is for advocacy and support services only. A review of the End the Silence Brochure notes that it did not contain any information on emotional support services. The auditor observed PREA information posted throughout the facility, including in housing units and common areas. The auditor observed the Zero Tolerance Poster on letter size paper in English and Spanish. It was determined that this poster was the older Zero Tolerance Poster and only included instruction on how to contact the #01 hotline. The End the Silence Sign was observed in English and Spanish on letter size metal material. The Zero Tolerance Poster and End the Silence Sign were observed in housing units by the phones and in some common areas. The PREA Unit mailing address was observed in a few areas of the facility. Additionally, four oversize puzzle piece posters were observed in a few common areas of the facility. These advised of the zero tolerance policy and outlined prevention, detection, response and reporting information. Posted information was at an adequate height and was visible to all offenders. The auditor did not observe any information posted related to emotional support services. The auditor had an offender demonstrate the information available on the tablet system. The auditor observed that the tablet included the Prison Rape Elimination Act Orientation for Adult Offenders, the PREA Resource Center’s End the Silence Handbook, the PREA Resource

	Center’s Adult Comprehensive PREA Education video, the PREA What You Need to Know video and numerous other videos. The auditor tested access to emotional support services during the on-site portion of the audit. The auditor called the #9088 hotline. The auditor dialed “1” for English and then the #9088. The call did not require a pin and is not monitored or recorded. The auditor reached a staff member from the local rape crisis center. The staff confirmed that they can provide emotional support services from 8:30am-4:30pm via phone. Interviews with 30 offenders, including those who reported sexual abuse, indicated eighteen were provided a phone number and mailing address to a local rape crisis center. 115.53 (b): The PAQ indicated that the facility informs offenders, prior to giving them access to outside support services, the extent to which such communications will be monitored. It further stated that the facility informs offenders, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. 430.00, page 17 states information related to access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting or otherwise making available mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. The facility shall inform offenders, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The facility shall enable reasonable confidential communication between offenders and these organization. For people detained solely for civil immigration purposes, the person will receive contact information for immigrant service agencies. The facility shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible. A review of the Agreement with West Virginia Foundation for Rape Information Services indicates it includes unlimited hospital advocacy, 100 hours of services annually via phone and in-person, creation/updates of a flier/brochure overviewing services for DCR offenders, a review of materials where partner vendors contact information will be included, creation/updates of e-learning training resources and annual training of advocates for services. A review of the West Virginia Rape Crisis Center document notes that it includes the address, telephone number, and website for each rape crisis center in the state. The Support and Advocacy Poster provides the #9088 number for support and advocacy services. It advises that DCR has partnered with West Virginia Foundation for Rape Information and Services (WV FRIS) to provide emotional support and advocacy services to all victims of sexual abuse. It also provides the name of the local rape crisis center (REACH The Counseling Connection) that the number will connect them. The Support and Advocacy Poster provides the phone number and mailing address to RAINN as well. The document notes that the hotline is for victim advocates and support services only and is not intended as a reporting method. It advises that services are confidential and are at no cost. It also provides a paragraph on services that can be

	provided. A review of the Zero Tolerance Poster indicates that it includes the speed dial to reach the local rape crisis center (#9088). The Zero Tolerance Poster advises offender to contact the PCM for a list of local services. The PREA Orientation for Adult Offenders advises that for emotional support offenders can call #9088 to speak with a victim advocate from a local rape crisis center. The document advise that WV FRIS is not a reporting avenue and the hotline is for advocate and support services only. A review of the End the Silence Brochure notes that it did not contain any information on emotional support services. The auditor observed PREA information posted throughout the facility, including in housing units and common areas. The auditor observed the Zero Tolerance Poster on letter size paper in English and Spanish. It was determined that this poster was the older Zero Tolerance Poster and only included instruction on how to contact the #01 hotline. The End the Silence Sign was observed in English and Spanish on letter size metal material. The Zero Tolerance Poster and End the Silence Sign were observed in housing units by the phones and in some common areas. The PREA Unit mailing address was observed in a few areas of the facility. Additionally, four oversize puzzle piece posters were observed in a few common areas of the facility. These advised of the zero tolerance policy and outlined prevention, detection, response and reporting information. Posted information was at an adequate height and was visible to all offenders. The auditor did not observe any information posted related to emotional support services. The auditor had an offender demonstrate the information available on the tablet system. The auditor observed that the tablet included the Prison Rape Elimination Act Orientation for Adult Offenders, the PREA Resource Center’s End the Silence Handbook, the PREA Resource Center’s Adult Comprehensive PREA Education video, the PREA What You Need to Know video and numerous other videos. During the tour the auditor observed that offenders can place outgoing mail in any of the boxes around the facility. The mailroom staff indicated that she picks up mail from the mailboxes and she and other staff read the outgoing regular mail prior to sending it out. She stated legal mail come sealed and they do not open or monitor outgoing legal mail. The mailroom staff stated that incoming regular mail goes to a company in Maryland that copies and sends the mail electronically. She stated that she reads the regular incoming electronic mail and must approve it before it is sent to the offender’s tablet. She stated legal mail comes in and staff complete a specific form. The offender is called up to the mailroom and opens the legal mail in front of the staff. The mailroom staff noted she was unsure how mail to/from the Fusion Center and the rape crisis center is treated. Interviews with 30 offenders, including those who reported sexual abuse, indicated eighteen were provided a phone number and mailing address to a local rape crisis center. Most of the offenders stated services were free and confidential and could be accessed anytime. 115.53 (c): The PAQ indicated that the facility maintains a memorandum of understanding or other agreement with a community service provider that is able to provide offenders with emotional support services related to sexual abuse. The PAQ also indicated that the facility maintains copies of the agreement. 430.00, page 16 states the DCR shall maintain or attempt to enter into memoranda of understanding

	or other agreements with community service providers that are able to provide offenders with confidential emotional support services related to sexual abuse. The DCR shall maintain copies of agreements or documentation showing attempts to enter into such agreements. A review of the Agreement with West Virginia Foundation for Rape Information Services indicates it includes unlimited hospital advocacy, 100 hours of services annually via phone and in-person, creation/updates of a flier/ brochure overviewing services for DCR offenders, a review of materials where partner vendors contact information will be included, creation/updates of e-learning training resources and annual training of advocates for services. The updated agreement notes it is effective from January 1, 2023 through December 31, 2026. Based on a review of the PAQ, 430.00, Agreement with West Virginia Foundation for Rape Information Services, West Virginia Rape Crisis Centers, End the Silence Brochure, Prison Rape Elimination Act Orientation for Adult Offenders, Zero Tolerance Poster, Support and Advocacy Services Poster, observations during the tour, and interviews with random offenders and offenders who reported sexual abuse, this standard appears to require corrective action. The auditor did not observe any information posted related to emotional support services. Interviews with 30 offenders, including those who reported sexual abuse, indicated eighteen were provided a phone number and mailing address to a local rape crisis center. None of the documents reviewed outlined how mail to the rape crisis centers is treated. The mailroom staff noted she was unsure how mail to/from the Fusion Center and the rape crisis center is treated. Corrective Action The facility will need to post the emotional support services information around the facility and add the information to the tablet. Photos will need to be provided confirming the information was posted and uploaded. The facility will need to ensure at least one document is updated to include how mail to the rape crisis centers is treated. A copy of the document and confirmation that it was uploaded to the tablet will need to be provided. The facility will need to conduct training with the mailroom staff on how mail to the rape crisis center is treated. Confirmation of the training will need to be provided. Verification of Corrective Action Since the Interim Audit Report The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Photos of Support and Advocacy Poster
2. Memorandum Related to Mail Process

The facility provided photos illustrating the current Support and Advocacy Poster was displayed around the facility in English. Additionally, photos were provided confirming the current Support and Advocacy Poster was added to the offender tablet.

A memo was provided that outlined that mail to the rape crisis center is considered privileged mail. Staff signatures were provided confirming mailroom staff were advised on the treatment of mail to the rape crisis center via the memo. Further, the facility provided photos that the memo was also uploaded to the offender tablet system.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance 3. End the Silence Sign 4. Third Party Reporting Poster 5. Photos of Third Party Reporting Poster Findings (By Provision):

	115.54 (a): The PAQ indicated that the agency has a method to receive third-party reports of sexual abuse and sexual harassment and the agency publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an offender. 430.00, page 15 states the DCR shall distribute publicly through the DCR website the e-mail, address and information on how to report sexual abuse and sexual harassment on behalf of the offender and the DCR policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigations. A review of the End the Silence Sign notes that it includes information on the zero tolerance policy and advises to report through the #01 hotline or by writing to the Director of WV Intelligence/Fusion Center (address provided). This was determined to not be an applicable third party reporting entity as this is the external reporting entity for offenders. Third party reporting information was not observed at the front entrance or in visitation. The auditor tested the third party reporting mechanism via the online form on the agency website. The auditor filled out the required information on the form and submitted it on March 20, 2026. The auditor received confirmation on the same date from the central office PREA staff that the form was received. The staff noted that if a third party reported sexual abuse or sexual harassment, they would contact the facility PCM to have them start the PREA process and they would contact the investigator. After the on-stie portion of the audit the facility provided the Third Party Reporting Poster which advises third parties that they can report sexual abuse by calling (1-855-366-0015 or 304-352-4724) or by emailing (DCRPREA@WV.gov). It further notes information to include and that all allegations will be investigated. The facility provided photos confirming the Third Party Reporting Poster was displayed at the front entrance and in visitation. Based on a review of the PAQ, 430.00, End the Silence Sign, Third Party Reporting Poster, Photos of the Third Party Reporting Poster, and the agency’s website this standard appears to be compliant.

115.61	**Staff and agency reporting duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance 3. Investigative Reports

Interviews:

1. Interviews with Random Staff
2. Interviews with Medical and Mental Health Staff
3. Interview with the Superintendent
4. Interview with the PREA Coordinator

Findings (By Provision):

115.61 (a): The PAQ indicated that the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against offenders or staff who reported such an incident; and/or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. 430.00, page 15 states all employees, contractors, volunteers and interns are mandatory reporters and shall accept verbal, written, anonymous and third-party allegations from offenders who observe, are involved in, or have any knowledge, information or suspicion of sexual abuse, harassment, or an inappropriate relationship. All reports shall be promptly documented and reported to the Superintendent and facility PCM. Staff may be subject to disciplinary action if they do not report such conduct. Interviews with twelve random staff confirmed that policy requires that they report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, any retaliation related to reporting sexual abuse and/or information related to any staff neglect or violation of responsibilities that contributed to the sexual abuse or retaliation.

115.61 (b): The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. 430.00, page 17 states the facility PCM will report all allegations of sexual abuse, including anonymous allegations to the Office of PREA Compliance. Staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation or other security and management decisions. Interviews with twelve random staff confirmed that policy requires that they report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, any retaliation related to reporting sexual abuse and/or information related to any staff neglect or violation of responsibilities that contributed to the sexual abuse or retaliation. Staff stated they would report the information to the supervisor, PCM, PC and CID.

	115.61 (c): 430.00, page 15 states all employees, contractors, volunteers and interns are mandatory reporters and shall accept verbal, written, anonymous and third-party allegations from offenders who observe, are involved in, or have any knowledge, information or suspicion of sexual abuse, harassment, or an inappropriate relationship. Page 22 states any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical, and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments, or as otherwise required by Federal, State or local law. Such practitioners shall be required to inform offenders at the initiation of services of their duty to report and the limitations of confidentiality. Interviews with medical and mental health care staff confirmed that at the initiation of services with an offender they disclose limitations of confidentiality and their duty to report. Both staff stated they are required to report any knowledge, suspicion or information related an incident of sexual abuse or sexual harassment. The mental health care staff stated he had become aware of such incidents and reported the information to security. A review of documentation for twelve allegations (fourteen were requested) indicated none were reported to mental or mental health care staff. 115.61 (d): The interview with the PREA Coordinator indicated that the follow the same protocols when an incident is reported by someone under eighteen or a vulnerable adult. She stated they also have a state agency through Health and Human Resources that would be contacted related to any minors. The Superintendent stated they have mandatory reporting to local law enforcement and state agencies. 115.61 (e): 430.00, page 15 states all employees, contractors, volunteers and interns are mandatory reporters and shall accept verbal, written, anonymous and third-party allegations from offenders who observe, are involved in, or have any knowledge, information or suspicion of sexual abuse, harassment, or an inappropriate relationship. All reports shall be promptly documented and reported to the Superintendent and facility PCM. Staff may be subject to disciplinary action if they do not report such conduct. Page 17 states the facility PCM will report all allegations of sexual abuse, including anonymous allegations to the Office of PREA Compliance. Staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation or other security and management decisions. The interview with the Superintendent confirmed that all allegations are reported to the designated facility investigators. A review documentation for fourteen allegations noted they were forwarded to facility/agency investigators. Based on a review of the PAQ, 430.00, investigative reports and information from interviews with random staff, medical and mental health care staff, the PREA

	Coordinator and the Superintendent, this standard appears to be compliant.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance 3. Investigative Reports Interviews: 1. Interview with the Agency Head Designee 2. Interview with the Superintendent 3. Interviews with Random Staff Findings (By Provision): 115.62 (a): The PAQ indicated that when the agency or facility learns that an offender is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the offender (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). The PAQ stated that there were zero determinations made in the past twelve months that an offender was at substantial risk of imminent sexual abuse. 430.00, page 17 states when facility staff learn that an offender is subject to a substantial risk of sexual abuse, the facility shall assess and implement appropriate protective measures and shall take immediate action to protect the offender without unreasonable delay. The Agency Head Designee stated it is their duty to house offenders in proper classification. He noted they do not place victims with abusers. He noted if they identified an offender at imminent risk of sexual abuse they would bring the offender in and talk to him. He sated they have special management where they can be housed alone or housed where people are restricted access to them. The interview with the Superintendent indicated if an offender was deemed at imminent risk of sexual abuse they would off the offender protective custody. He advised they would never segregate them. He noted they would put them where they can monitor them and protect them. Interviews with

	random staff indicated they would take immediate action if an offender was deemed at imminent risk including reporting to the supervisor and removing/separating the offender from the threat. A review of documentation indicated there were no offenders deemed at imminent risk of sexual abuse, however there were sexual harassment allegations reported. In all instances staff took immediate action related to the allegation, including reporting the information for investigation and removing an individual from the area and/or changing housing, when necessary. Based on a review of the PAQ, 430.00, investigative reports and information from interviews with the Agency Head Designee, Superintendent and random staff, this standard appears to be compliant.

115.63	**Reporting to other confinement facilities**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance 3. Reporting to Confinement Facilities – Attachment #12 4. Offender Risk Assessments 5. Investigative Reports Interviews: 1. Interview with the Agency Head Designee 2. Interview with the Superintendent Findings (By Provision): 115.63 (a): The PAQ indicated that the agency has a policy requiring that, upon receiving an allegation that an offender was sexually abused while confined at

	another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The PAQ stated there was one allegation received in the previous twelve months that an offender was abused while confined at another facility. 430.00, page 17 states within seventy-two (72) hours of receiving an allegation that an offender was sexually abused while confined in another correctional facility, the Superintendent of the facility that received the allegation shall notify in writing the head of the facility or appropriate office of where the alleged abuse occurred and shall also notify the Office of PREA Compliance. The Superintendent can contact the other facility via phone before forwarding the report in writing. The facility shall document that it has provided such notification by using the appropriate attachment within the PREA Manual. A review of the Reporting to Confinement Facilities form notes that it includes a template for the facility to use to notify the other agency/ facility, including the date the incident occurred, the alleged abuser, the offender victim information and contact information for the reporting facility. The facility did not provide documentation related to the one allegation reported to have occurred at another agency/facility. 115.63 (b): The PAQ indicated that agency policy requires that the facility head provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. 430.00, page 17 states within seventy-two (72) hours of receiving an allegation that an offender was sexually abused while confined in another correctional facility, the Superintendent of the facility that received the allegation shall notify in writing the head of the facility or appropriate office of where the alleged abuse occurred and shall also notify the Office of PREA Compliance. The Superintendent can contact the other facility via phone before forwarding the report in writing. The facility shall document that it has provided such notification by using the appropriate attachment within the PREA Manual. The facility did not provide documentation related to the one allegation reported to have occurred at another agency/facility. 115.63 (c): The PAQ indicated that the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. 430.00, page 17 states within seventy-two (72) hours of receiving an allegation that an offender was sexually abused while confined in another correctional facility, the Superintendent of the facility that received the allegation shall notify in writing the head of the facility or appropriate office of where the alleged abuse occurred and shall also notify the Office of PREA Compliance. The Superintendent can contact the other facility via phone before forwarding the report in writing. The facility shall document that it has provided such notification by using the appropriate attachment within the PREA Manual. The facility did not provide documentation related to the one allegation reported to have occurred at another agency/facility.

	115.63 (d): The PAQ indicated that the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. The PAQ stated there was one allegation reported to the facility from another facility in the previous twelve months. 430.00, page 17 states the facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with PREA standards. The Agency Head Designee stated that any allegation reported from another agency/facility would go to the facility where the incident occurred. He stated contact would be made with the Superintendent of the facility where the incident occurred, and the facility would make the initial call to the investigator. The Agency Head Designee noted that the incident would be investigated just like if the offender was housed within the agency. The Agency Head Designee stated they have received allegations previously from other agencies, but he was not aware of any received during the previous twelve months. The interview with the Superintendent indicated that if an allegation was received by another agency/facility they would forward the information to CID for investigation. He advised they would communicate with the other agency and determine anything the offender may need. The Superintendent noted the facility has received allegations through this manner and they were investigated. A review of documentation noted there was one allegation reported via a notification from another agency/facility. The investigation was forwarded for investigation. Based on a review of the PAQ, 430.00, Reporting to Confinement Facilities – Attachment #12, Offender Risk Assessments, Investigative Report, and interviews with the Agency Head Designee and Superintendent, this standard appears to require corrective action. The facility did not provide documentation related to the one allegation reported to have occurred at another agency/facility. Corrective Action The facility will need to provide the documentation sent to the facility where the incident occurred as well as documentation of when the incident was originally reported to the facility. Verification of Corrective Action Since the Interim Audit Report The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

	Additional Documents: 1. Reporting to Confinement Facilities – Attachment #12 The facility provided the originally requested documentation. The one incident reported to have occurred at another facility was reported on July 9, 2025. The Reporting to Confinement Facilities form was provided to the facility where the incident occurred on July 9, 2025. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

115.64	**Staff first responder duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance 3. Shift Commander Sexual Misconduct Checklist 4. Investigative Report Interviews: 1. Interviews with First Responders 2. Interviews with Random Staff 3. Interviews with Offenders who Reported Sexual Abuse Findings (By Provision): 115.64 (a): The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse and that the policy requires that, upon learning of an allegation that an offender was sexually abused, the first security staff member to

	respond to the report to separate the alleged victim and abuser. It further states that the policy requires that, upon learning of an allegation that an offender was sexually abused, the first security staff member to respond to the report to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence and if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim and ensure that the alleged perpetrator not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The PAQ stated there were six allegations of sexual abuse in the previous twelve months, all six involved separation of the victim and abuser, five involved evidence collection and five included instruction for the victim and abuser not to take action to destroy evidence. 430.00 page 17 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; and preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim and abuser not take any actions that could destroy evidence, including, as appropriate, washing, brushing defecating, smoking, drinking, or eating. When responding to incidences of sexual abuse, all first responders are required to follow the DCR coordinated response plan. The Shift Commander Sexual Misconduct Checklist includes boxes for the staff to note the first responder duties completed, the date, the time and the initial of the staff completing the duty. The security staff first responder stated that first responder duties include: separating the victim and abuser, notifying the Shift Commander, making sure evidence is not contaminated, securing the scene, taking the victim to medical and completing a confidential report. The non-security first responder advised she would separate the offender, contact the Shift Commander and write a report. Interviews with offenders who reported sexual abuse indicated none involved any immediate first responder duties. All indicated some action was taken after they reported, including being interviewed and/or someone being moved from the cell/housing unit. A review of documentation for twelve allegations (fourteen were requested) indicated ten were sexual abuse and one involved immediate first responder duties, including preservation of evidence and securing a crime scene. 115.64 (b): The PAQ indicated that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. It further indicated that agency policy does not require that if the first staff responder is not a security staff member, that responder shall be required to notify security staff. The PAQ stated there were zero allegations of sexual abuse that involved a non-security staff first responder. 430.00 page 17 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; and preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. If the abuse

	occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim and abuser not take any actions that could destroy evidence, including, as appropriate, washing, brushing defecating, smoking, drinking, or eating. When responding to incidences of sexual abuse, all first responders are required to follow the DCR coordinated response plan. The security staff first responder stated that first responder duties include: separating the victim and abuser, notifying the Shift Commander, making sure evidence is not contaminated, securing the scene, taking the victim to medical and completing a confidential report. The non-security first responder advised she would separate the offender, contact the Shift Commander and write a report. Interviews with random staff confirmed they were aware of first responder duties. A review of documentation for twelve allegations (fourteen were requested) indicated ten were sexual abuse and one was reported to a non-security first responder. The non-security staff reported the information to security staff. Based on a review of the PAQ, 430.00, Shift Commander Sexual Misconduct Checklist, investigative report, and interviews with random staff, and first responders, this standard appears to be compliant.

115.65	**Coordinated response**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance 3. Coordinated Response Plan – Attachment #4 Interviews: 1. Interview with the Superintendent Findings (By Provision): 115.65 (a): The PAQ indicated that the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among

	staff first responders, medical and mental health practitioners, investigators, and facility leadership. 430.00, page 17 states when responding to incidences of sexual abuse, all first responders are required to follow the DCR coordinated response plan The Coordinated Response Plan outlines duties for first responders, shift supervisor, facility investigators, medical and mental health and the PCM. The Superintendent confirmed that the facility has an institutional plan that coordinates actions among staff first responders, medical and mental health practitioners, investigators and facility leadership. Based on a review of the PAQ, 430.00, PREA Coordinated Response Plan, and information from the interview with the Superintendent, this standard appears to be compliant.

115.66	**Preservation of ability to protect inmates from contact with abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire Interviews: 1. Interview with the Agency Head Designee Findings (By Provision): 115.66 (a): The PAQ indicated that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. The PAQ noted that West Virginia does not participate in collective bargaining. The interview with the Agency Head Designee confirmed that the agency has not entered into or renewed collective bargaining agreements or other agreements since the last PREA audit. 115.66 (b): The auditor is not required to audit this provision.

	Based on a review of the PAQ and the interview with the Agency Head Designee, this standard appears to be compliant.

115.67	**Agency protection against retaliation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance 3. Agency Protection Against Retaliation for Offenders Form – Attachment 12 4. Agency Protection Against Retaliation for Employees Form – Attachment 12 5. Investigative Reports 6. Monitoring Documents Interviews: 1. Interview with the Agency Head Designee 2. Interview with the Superintendent 3. Interview with Designated Staff Member Charged with Monitoring Retaliation 4. Interviews with Offenders who Reported Sexual Abuse Findings (By Provision): 115.67 (a): The PAQ indicated that the agency has a policy to protect all offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff. The PAQ indicated that the agency designates staff members charged with monitoring for retaliation (PCM). 430.00, page 18 states the DCR shall monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse for at least ninety (90)

	days following a report of sexual abuse, to see if there are changes that may suggest possible retaliation by offenders or staff and shall act promptly to remedy any such retaliation. Items the DCR should monitor include any offender disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The DCR shall continue such monitoring beyond ninety (90) days if the initial monitoring indicates a continuing need. These efforts shall be documented by using the appropriate attachment within the PREA Manual. Such monitoring shall include periodic status checks. The obligation to monitor for retaliation shall terminate if the allegation is unfounded. If any individual who cooperates with an investigation expresses a fear of retaliation, the DCR shall take appropriate measures to protect that individual against retaliation. The facility shall act promptly to remedy any such retaliation. Action taken to protect staff or offenders shall be documented and reported to the Office of PREA Compliance within twenty-four (24) hours of the reported incident. Any effort to hinder or impede staff or an offender from reporting an incident or retaliation shall result in disciplinary action. 115.67 (b): 430.00, pages 17-18 state the DCR shall employ multiple protection measures, such as housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for offenders or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The Agency Head Designee stated they have a zero tolerance policy and that is how they approach all aspects of PREA. He stated they try to separate to keep people from being further victimized or retaliated against. He noted if it involved staff, they would discipline them and would refer the information to outside prosecutors. The Agency Head Designee confirmed they can take protective measures including housing changes, facility transfers, removal of staff from contact and offering emotional support services. The Superintendent stated they protect from retaliation by ensuring the offenders are not in the same housing unit. He stated they met with the offender to ensure they have all they need, including mental health services. The Superintendent confirmed they can take protective measures to prevent retaliation including housing changes, facility transfers, removal of staff, and offering of emotional support services. The interview with the staff who monitors for retaliation indicated his role is to meet with them and provide any support that is needed. He advised he explains the retaliation process and asks if they want to be reviewed for the next 90 days. He advised if they do not want reviewed, he has them sign a paper. The staff who monitors for retaliation stated they can take protective measures such as moving the offender and providing medical and mental health services. He confirmed they can remove staff but noted that they cannot transfer as they are the only female facility. Interviews with offenders who reported sexual abuse indicated three of the four felt protected against retaliation and three of the four felt safe at the facility. A review of investigative reports and monitoring documents indicated there was no reported retaliation nor any reported fear of retaliation.

	115.67 (c): The PAQ indicated that the agency/facility monitors the conduct or treatment of offenders or staff who reported sexual abuse and of offenders who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by offenders or staff. The PAQ stated that monitoring is completed for a minimum of 90 days at 30 day increments. The PAQ further stated that the agency/facility acts promptly to remedy any relation and that the agency/ facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The PAQ noted there were zero incidents of retaliation reported in the previous twelve months. 430.00, page 18 states the DCR shall monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse for at least ninety (90) days following a report of sexual abuse, to see if there are changes that may suggest possible retaliation by offenders or staff and shall act promptly to remedy any such retaliation. Items the DCR should monitor include any offender disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The DCR shall continue such monitoring beyond ninety (90) days if the initial monitoring indicates a continuing need. These efforts shall be documented by using the appropriate attachment within the PREA Manual. Such monitoring shall include periodic status checks. The obligation to monitor for retaliation shall terminate if the allegation is unfounded. A review of the Agency Protection Against Retaliation for Offenders form notes that it includes the facility, investigation number, offender name and offender id number. The form then includes a section for 30 day monitoring, 60 day monitoring and 90 day monitoring. These areas included the elements under this provision. The form also includes an area for the offender to sign and the PCM to sign. A review of the Agency Protection Against Retaliation for Employees form notes that it includes the facility, investigation number, offender name and offender id number. The form then includes a section for 30 day monitoring, 60 day monitoring and 90 day monitoring. These areas included the elements under this provision. The form also includes an area for the offender to sign and the PCM to sign. The interview with the Superintendent indicated that if retaliation is suspected or reported it would be investigated. He stated they would take appropriate disciplinary action, if required. The interview with the staff member responsible for monitoring for retaliation indicated he reviews bed changes, write ups, job performance and he talks to the pod staff to see how the offender is doing. He confirmed he would check post change and staff performance reviews. The staff advised he monitors for 90 days and if there is a concern there is not a maximum time limit, he would monitor. A review of documentation for ten sexual abuse allegations noted eight required monitoring for retaliation (two were closed within 30 days). Two had monitoring completed for 90 days, however they were not adequate related to required checks and in-person status checks. Additionally, six did not have monitoring for retaliation completed as the victim declined the monitoring. The auditor advised the PCM that monitoring was still required even if the offender did not want to speak to him during the in-person status check, as checks under this provision were still required.

	115.67 (d): 430.00, page 18 states such monitoring shall include periodic status checks. The staff responsible for monitoring for retaliation stated that he conducts periodic in-person status checks every at least three times during that 90 days. A review of documentation for ten sexual abuse allegations noted eight required monitoring for retaliation (two were closed within 30 days). Two had monitoring completed for 90 days, however they were not adequate related to required checks and in-person status checks. Additionally, six did not have monitoring for retaliation completed as the victim declined the monitoring. The auditor advised the PCM that monitoring was still required even if the offender did not want to speak to him during the in-person status check, as checks under this provision were still required. 115.67 (e): 430.00, page 18 states if any individual who cooperates with an investigation expresses a fear of retaliation, the DCR shall take appropriate measures to protect that individual against retaliation. The Agency Head Designee and Superintendent stated they take the same protective measures outlined in provision (b) for those who cooperate with an investigation or express fear for retaliation. 115.67 (f): Auditor is not required to audit this provision. Based on a review of the PAQ, 430.00, Investigative Report, Monitoring Documents, and interviews with the Agency Head Designee, Superintendent, and staff charged with monitoring for retaliation, this standard appears to require corrective action. A review of documentation for ten sexual abuse allegations noted eight required monitoring for retaliation (two were closed within 30 days). Two had monitoring completed for 90 days, however they were not adequate related to required checks and in-person status checks. Additionally, six did not have monitoring for retaliation completed as the victim declined the monitoring. The auditor advised the PCM that monitoring was still required even if the offender did not want to speak to him during the in-person status check, as checks under this provision were still required. The facility will need to provide a list of sexual abuse allegations during the corrective action period and associated monitoring for retaliation documentation. Verification of Corrective Action Since the Interim Audit Report The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

	Additional Documents: 1. Monitoring Documents 2. Grievance/Incident Log 3. Mock Monitoring Documents The facility provided monitoring documents for an investigation reviewed during the on-site portion of the audit. The auditor requested additional documentation as this was not conducted during the corrective action period. The facility provided the grievance/incident log illustrating they did not have any sexual abuse allegations reported during the corrective action period. The facility conducted a mock investigation to illustrate compliance. The facility provided monitoring documents outlining monitoring for retaliation was conducted for 90 days. The monitoring included in-person status checks and checks under provision (d). Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

115.68	**Post-allegation protective custody**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance 3. Offenders Victim Housing Assignments Interviews: 1. Interview with the Superintendent 2. Interview with Staff who Supervise Offenders in Segregated Housing

Site Review Observations:

1. Observations of the Segregated Housing Unit

Findings (By Provision):

115.68 (a): The PAQ indicated that the agency has a policy prohibiting the placement of offenders who allege to have suffered sexual abuse 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. The PAQ further indicated that if an involuntary segregated housing assignment is made, the facility affords each such offender a review every 30 days to determine whether there is a continuing need for separation from the general population. The PAQ noted there were zero offenders who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 day. During the tour the auditor observed the segregated housing unit. The housing unit was two tiered and included cells and single showers. A property room and book cart were observed. Offenders are out of their cell five days a week for recreation and four days a week for showers. Phone access is provided daily, and offenders are able to retain their tablets in segregated housing. Mail and grievances are provided to any staff. The interview with the Superintendent confirmed that agency policy prohibits placing offenders who report sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and it is determined that there are no alternative means of separation from likely abusers. He stated they do not punish high risk victims. The Superintendent confirmed that offenders would only be placed in involuntary segregated housing until an alternative means of separation from likely abuser(s) could be arranged. He stated they would find alternative housing immediately and they would not place an offender who reported sexual abuse in involuntary segregated housing. The Superintendent advised that they have not had to involuntarily segregate an offender victim after an allegation of sexual abuse in the previous twelve months. The interview with the staff who supervise offenders in segregated housing indicted if an offender who reports sexual abuse was placed in involuntary segregated housing they would have access to programs, privileges and work opportunities to the extent possible. She stated they have never placed an offender victim in involuntary segregated housing. She confirmed that any restrictions in involuntary segregated housing would be documented. The staff who supervise offenders in segregated housing indicated that offenders would only be placed in involuntary segregated housing until they could find an alternative means of separation. She stated they would find alternative housing within 24 hours. The interview with the staff who supervise offenders in segregated housing confirmed that offenders would be reviewed at least every 30 days for their continued need for placement in involuntary segregated housing. The auditor requested housing documentation for offenders who reported sexual abuse, however at the issuance of

	the interim report the documentation had not been provided. Based on a review of the PAQ, 430.00, housing documentation for offenders who reported sexual abuse and the interview with the Superintendent and staff who supervise offenders in segregated housing, this standard appears to require corrective action. The auditor requested housing documentation for offenders who reported sexual abuse, however at the issuance of the interim report the documentation had not been provided. Corrective Action The facility will need to provide the originally requested documentation. Additional corrective action may be required. Verification of Corrective Action Since the Interim Audit Report The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard. Additional Documents: 1. Victim Housing Documents The facility provided the originally requested documentation. The documents confirmed none of the victims were placed in involuntary segregated housing after the report of sexual abuse or sexual harassment. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

115.71	**Criminal and administrative agency investigations**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance 3. Investigative Reports 4. Investigator Training Records Interviews: 1. Interviews with Investigative Staff 2. Interview with the Superintendent 3. Interview with the PREA Coordinator 4. Interview with the PREA Compliance Manager 5. Interviews with Offenders who Reported Sexual Abuse Findings (By Provision): 115.71 (a): The PAQ indicated that the agency/facility has a policy related to criminal and administrative agency investigations. The Interview with the investigator indicated that investigations are initiated immediately. She stated they would immediately get medical and mental health involved and start gathering information to begin the investigation. The investigator advised all allegations follow the same investigative process and are investigated the same. A review of twelve investigations (fourteen were requested) indicated three did not have an investigative report. Of the nine remaining, all nine were prompt and objective and eight were thorough. 115.71 (b): 430.00, page 9-10 state in addition to the general training provided to all employees pursuant to §115.31, the DCR shall ensure that, to the extent the DCR itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. The agency utilizes the NIC Training. A review of investigations revealed they were completed by three investigators, two of which completed the specialized investigator training.

	115.71 (c): 430.00, page 19 states investigators shall: Gather and/or preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; Interview alleged victims, suspected abusers, and witnesses; Review prior complaints and reports of sexual abuse involving the suspected abuser; and Determine whether staff actions or failures to act contributed to the abuse and shall be documented in the reports. The interview with the investigator indicated the investigative process includes documentation of the crime scene, witness statements, photographs, incident reports, statements from staff, and following the forensic process. She advised wherever the evidence takes her, she would go. A review of twelve investigations (fourteen were requested) indicated three did not have an investigative report. Of the nine remaining, all nine included necessary interviews, eight involved evidence collection and none involved a review of prior complaints of the alleged perpetrator. 115.71 (d): 430.00, page 20 states when the quality of evidence appears to support criminal prosecution, the DCR shall conduct compelled interviews only after consulting with prosecutors to determine whether compelled interviews may be an obstacle for subsequent criminal prosecution. The interview with investigator indicated that they work in tandem with the West Virginia State Police and County Prosecutors during investigations. A review of investigative reports confirmed none involved compelled interviews. 115.71 (e): 430.00, page 20 states the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as an offender or staff. The DCR shall not require an offender who alleges unwanted forced sexual abuse to submit to a polygraph examination or other truth telling device as a condition of proceeding with the investigation of such an allegation. Investigations shall not be terminated solely because the source of the allegation recants the allegation. The interview with the investigator confirmed that the agency does not require offender victims of sexual abuse to submit to a polygraph tests or any other truth-telling devices. Further she stated that credibility is based on the evidence gathered during the investigation. She stated she takes the information they provide her and compare it with the evidence to triangulate. Interviews with offenders who reported sexual abuse confirmed none were required to take a polygraph test or truth telling device test. 115.71 (f): 430.00, page 19 states administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Page 20 states at the conclusion of the investigation, the investigator will prepare an investigative report that documents a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and

	investigative facts and findings and all documentary evidence when feasible. The investigative findings will indicate whether the evidence supports a finding that sexual abuse has occurred (substantiated), the allegation is false (unfounded), or the evidence is inconclusive (unsubstantiated). If the case has not already been referred for criminal prosecution, the investigator will refer substantiated allegations of conduct that appears to be criminal for prosecution in the county where the assault occurred. The interview with the investigator confirmed that all administrative investigations are documented in a written report. She stated they utilize their template and attach all statements, incident reports, camera footage and interviews. The investigator advised during the investigation they determine if staff actions or failure to act contributed to the incident of sexual abuse through a review of cameras, review of policy and procedure to ensure they were followed, and a review of shift reports and of shift logs documentation to ensure staff are where they are supposed to be and doing what they are supposed to be doing. A review of investigations noted most were documented in a written report. The reports included information related to the initial allegation, a description of statements/interviews, a description of any evidence and investigatory facts and findings. Three outlined policy violations by staff. Three of the investigation were on an incident report but did not include an investigative report. 115.71 (g): 430.00, page 19 states criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Page 20 states at the conclusion of the investigation, the investigator will prepare an investigative report that documents a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings and all documentary evidence when feasible. The investigative findings will indicate whether the evidence supports a finding that sexual abuse has occurred (substantiated), the allegation is false (unfounded), or the evidence is inconclusive (unsubstantiated). If the case has not already been referred for criminal prosecution, the investigator will refer substantiated allegations of conduct that appears to be criminal for prosecution in the county where the assault occurred. The interview with the investigator confirmed that all criminal investigations are documented in a written report. She stated they utilize their template and attach all statements, incident reports, camera footage and interviews. There were six criminal investigations, however none of the investigations were provided to the auditor at the issuance of the interim report. 115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal are referred for prosecution and there were six allegations referred for prosecution. 430.00, page 19 states substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. Page 20 states if the case has not already been referred for criminal prosecution, the investigator will refer substantiated allegations of conduct that appears to be criminal for prosecution in the

	county where the assault occurred. The interview with the investigator indicated substantiated investigations are referred for prosecution. The auditor requested the documentation related to referral for prosecution, however at the issuance of the interim report the documentation had not yet been provided. 115.71 (i): The PAQ indicated that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. 430.00, page 19 states the DCR shall retain all written reports for as long as the alleged abuser is incarcerated or employed by the DCR, plus five (5) years. A review of a sample of historic investigations confirmed retention is being met. 115.71 (j): 430.00, page 21 states the departure of the alleged abuser or victim from the employment or control of the DCR shall not provide a basis for terminating an investigation. The interview with the investigator noted that the departure of the offender or staff would not deter the investigation. She stated they would continue all investigations regardless of if staff, victim, witnesses or perpetrator are no longer available. 115.71 (k): The auditor is not required to audit this standard. 115.71 (l): 430.00, page 19 states when an outside agency investigates sexual abuse, the DCR shall request that the investigating agency follow the medical and mental health requirements of this policy. CID shall endeavor to remain informed about the progress of the investigation and regularly update the Office of PREA Compliance throughout the investigative progress. The PREA Coordinator stated that if the State Police conducted an investigation they would remain informed through phone calls from the State Police. The Superintendent stated they have a good relationship with local law enforcement, and he would communicate with them related to investigations. The PCM stated they remained informed of the progress of an outside investigation through CID. The investigator indicated she works very closely with law enforcement, and they complete most investigations in tandem. She advised they provide law enforcement with anything they may need during the investigation. Based on a review of the PAQ, 430.00, investigative reports, investigative training records, and information from interviews with the Superintendent, PREA Coordinator, PREA Compliance Manager, investigators and the offenders who reported sexual abuse, this standard appears to require corrective action. A review of investigations revealed they were completed by three investigators, two of which completed the

	specialized investigator training. A review of twelve investigations (fourteen were requested) indicated three did not have an investigative report. Of the nine remaining, all nine included necessary interviews, eight involved evidence collection and none involved a review of prior complaints of the alleged perpetrator. A review of investigations noted most were documented in a written report. The reports included information related to the initial allegation, a description of statements/interviews, a description of any evidence and investigatory facts and findings. Three outlined policy violations by staff. Three of the investigation were on an incident report but did not include an investigative report. There were six criminal investigations, however none of the investigations were provided to the auditor at the issuance of the interim report. The auditor requested the documentation related to referral for prosecution, however at the issuance of the interim report the documentation had not yet been provided. Corrective Action The facility will need to ensure all allegations of sexual abuse and sexual harassment have a thorough investigation that is documented in a written report. The investigation should include a review of prior complaints of the alleged perpetrator. Investigations should also be completed by staff with specialized investigator training. The facility will need to provide the list of sexual abuse and sexual harassment allegations during the corrective action period and associated investigations. The facility will need to provide the originally requested criminal investigations and referral for prosecution documents. If not available, additional corrective action will be required. Verification of Corrective Action Since the Interim Audit Report The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard. Additional Documents: 1. Investigator Training 2. Grievance/Incident Log 3. Mock Investigation 4. Process Memorandum

	5. Clarifying Documentation The facility provided training that was completed with investigators on credibility assessments and the requirements to review prior complaints of the alleged perpetrator as part of that assessment. Confirmation of the training was provided via staff signatures. The facility provided the grievance/incident log which illustrated there were zero allegations of sexual abuse or sexual harassment reported during the corrective action period. Since there were no allegations, the facility completed a mock investigations to confirm corrective action. The mock investigation was thorough and objective. It included interviews, evidence and a review of prior complaints of the alleged abuser as part of the credibility assessment. The one missing investigator training record was provided. The investigators was a facility staff member and completed the NIC training in August 2026. A process memorandum was provided that advised investigations would not be conducted by anyone with the NIC training. Clarifying documentation noted that none of the investigation were referred for prosecution. There were zero substantiated administrative investigations and zero investigations that were completed by the State Police. The information provided in the PAQ was incorrect. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

115.72	**Evidentiary standard for administrative investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance

	3. Investigative Reports Interviews: 1. Interviews with Investigative Staff Findings (By Provision): 115.72 (a): The PAQ stated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. 430.00, page 20 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. The interview with the investigator noted that for administrative investigations they utilize a preponderance of the evidence to determine if investigations are substantiated. A review of documentation for twelve investigations (fourteen requested) indicated two were substantiated. Two investigative report were not provided, including one that was substantiated. The remaining investigation all appeared to utilize a standard no higher than a preponderance of the evidence. Based on a review of the PAQ, 430.00, investigative reports and information from the interview with the investigator, this standard appears to be compliant.

115.73	**Reporting to inmates**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance 3. Offender Outcome Notification Form – Attachment 11 4. Investigative Reports 5. Victim Notification Letters

Interviews:

1. Interview with the Superintendent

2. Interviews with Investigative Staff

3. Interviews with Offenders who Reported Sexual Abuse

Findings (By Provision):

115.73 (a): The PAQ indicated that the agency has a policy requiring that any offender who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The PAQ stated there were six completed sexual abuse investigations in the previous twelve months and there were six notifications. 430.00, page 20 states following an investigation into an offender's allegation that he or she suffered sexual abuse, the facility PCM shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Information given to the offender shall be documented. A review of the Offender Outcome Notification form notes that it includes the facility name, offender name and date. The form then includes the three outcomes, where staff circle the corresponding outcome for each specific case. The form also has a section at the bottom for the offender and staff witness to sign. Interviews with the Superintendent and the investigator confirmed that offenders are informed of the outcome of the investigation into their allegation. Interviews with offenders who reported sexual abuse indicated three were aware they were to be notified of the outcome of the investigation. Two of the four advised they were provided notification in verbally of the outcome. A review of ten sexual abuse investigations confirmed all ten included a notification of the investigative outcome, including the victim housed at another DCR facility.

115.73 (b): The PAQ indicate this provision does not apply. 430.00, page 20 states if the facility did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the offender. Information given to the offender shall be documented. A review of the Offender Outcome Notification form notes that it includes the facility name, offender name and date. The form has the date of the request for information from any outside agency and the date the requested information was received. A review of investigations confirmed that none were completed by an outside agency and as such notification under this provision was not required.

	115.73 (c): The PAQ indicated following an offender's allegation that a staff member has committed sexual abuse against the offender, the agency/facility subsequently informs the offender (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the offender's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Additionally, the PAQ indicated that there have been substantiated or unsubstantiated complaints (i.e., not unfounded) of sexual abuse committed by a staff member against an offender in an agency facility in the past 12 months and notifications under this provision were provided. 430.00, pages 20-21 state following a substantiated or unsubstantiated allegation that a staff member has committed sexual abuse against an offender, the facility shall subsequently inform the offender whenever: The staff member is no longer posted within the offender's unit; The staff member is no longer employed at the facility; The facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility; and/or The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. A review of the Offender Outcome Notification form notes that it includes the facility name, offender name and date. The form then has a section for each element under this provision where staff provide a date they informed the offender. The offender and staff witness sign the bottom of the form. Interviews with offenders who reported sexual abuse indicated three incidents were against a staff member but no notifications under this provision were provided. One offender stated they did advise her she would not have to be around the staff any longer. A review of ten sexual abuse investigations indicated four were staff-on-offender and three included notification under this provision (both were unsubstantiated). 115.73 (d): The PAQ indicated following an offender’s allegation that he or she has been sexually abused by another offender in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. 430.00, page 21 states Following an offender's allegation that he or she has been sexually abused by another offender, the DCR shall subsequently inform the alleged victim whenever: The DCR learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; and/ or The DCR learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. A review of the Offender Outcome Notification form notes that it includes the facility name, offender name and date. The form then has a section for each element under this provision where staff provide a date they informed the offender. The offender and staff witness sign the bottom of the form. Interviews with offenders who reported sexual abuse indicated one allegation was against another offender, but no notifications under this provision were provided. A review of ten sexual abuse investigations indicated six were offender-on-offender,

	however none required notification under this provision. 115.73 (e): The PAQ indicated the agency has a policy that all notifications to offenders described under this standard are documented. The PAQ stated there were six notifications made pursuant to this standard. 430.00, page 21 states all notifications or attempted notifications shall be documented and sent to the offenders current DCR placement or address on file. The facility's obligation to report under this policy shall terminate if the offender is released from the Division's custody. A review of ten sexual abuse investigations confirmed all ten included a written notification under this standard. 115.73 (f): This provision is not required to be audited. Based on a review of the PAQ, 430.00, Offender Outcome Notification Form – Attachment 11, Investigative Report, Victim Notification, and information from interviews with the Superintendent and investigator, this standard appears to be compliant.

115.76	**Disciplinary sanctions for staff**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance 3. Investigative Reports Findings (By Provision): 115.76 (a): The PAQ indicated that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. 430.00, page 21 states the staff member shall be subject to disciplinary sanctions up to and including termination for violating DCR sexual abuse or sexual harassment policies, termination shall be the presumptive disciplinary sanction for

	staff who has engaged in sexual abuse. A review of investigative reports indicated there were zero substantiated sexual abuse or sexual harassment investigations against a staff member. 115.76 (b): The PAQ indicated there were zero staff members who violated the sexual abuse or sexual harassment policies in the previous twelve months and zero staff members who were terminated (or resigned prior to termination) for violating the agency's sexual abuse or sexual harassment policies. 430.00, page 21 states the staff member shall be subject to disciplinary sanctions up to and including termination for violating DCR sexual abuse or sexual harassment policies, termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse. A review of investigative reports indicated there were zero substantiated sexual abuse or sexual harassment investigations against a staff member. 115.76 (c): The PAQ indicated that the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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 PAQ indicated there were zero staff members that was disciplined short of termination for violating the sexual abuse or sexual harassment policies. 430.00, page 21 states disciplinary sanctions for violations of DCR policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. A review of investigative reports indicated there were zero substantiated sexual abuse or sexual harassment investigations against a staff member. 115.76 (d): The PAQ indicated that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. The PAQ indicated there were zero staff members who were reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual or sexual harassment policies. 430.00, page 21 states all terminations for violations of sexual abuse or harassment policies, or resignations by staff that would have been terminated if not for their resignation, will be documented and reported to law enforcement agencies, unless the act was clearly not criminal, and the any relevant licensing bodies. The departure of the alleged abuser or victim from the employment or control of the DCR shall not provide a basis for terminating an investigation. A review of investigative reports indicated there were zero substantiated sexual abuse or sexual harassment investigations against a staff member.

	Based on a review of the PAQ, 430.00, and investigative reports, this standard appears to be compliant.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance 3. Investigative Reports Interviews: 1. Interview with the Superintendent Findings (By Provision): 115.77 (a): The PAQ indicated that agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies and that any contractor or volunteer who engages in sexual abuse be prohibited from contact with offenders. The PAQ indicated that there have been zero contractors or volunteers who violated the sexual abuse or sexual harassment policies within the previous twelve months and as such none were reported to law enforcement or relevant licensing bodies. 430.00, page 21 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 is involved in a sexual abuse or sexual harassment investigation is strictly prohibited. Any contractor, volunteer, intern or any individual who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies and relevant licensing bodies. A review of investigative reports confirmed there were zero contractors or volunteers who violated the agency’s sexual abuse or sexual harassment policies.

	115.77 (b): The PAQ indicated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with offenders in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. 430.00, page 21 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 is involved in a sexual abuse or sexual harassment investigation is strictly prohibited. Any contractor, volunteer, intern or any individual who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies and relevant licensing bodies. The interview with the Superintendent indicated that if a volunteer or contractor violated the sexual abuse and/or the sexual harassment policies they would conduct an investigation. He advised they would be banned from the facility and not allowed back. Based on a review of the PAQ, 430.00, investigative reports and information from the interview with the Superintendent, this standard appears to be compliant.

115.78	**Disciplinary sanctions for inmates**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance 3. Investigative Reports Interviews: 1. Interview with the Superintendent 2. Interviews with Medical and Mental Health Staff Findings (By Provision):

	115.78 (a): The PAQ indicated that offenders are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding and/or a criminal finding that an offender engaged in offender-on-offender sexual abuse. The PAQ stated there was one administrative finding of offender-on-offender sexual abuse and zero criminal findings of offender-on-offender sexual abuse. 430.00, page 22 states offenders shall be subject to disciplinary sanctions pursuant to an investigation that concluded that the offender engaged in offender-on-offender sexual abuse. Offenders may be charged with a facility rule violation even if they are also being charged within the court system. Sanctions shall be commensurate with the nature and circumstances of the abuse or harassment, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories. The disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed. A review of investigative reports noted there were two substantiated offender-on-offender sexual abuse investigations. Both perpetrators went through the disciplinary process. 115.78 (b): 430.00, page 22 states offenders shall be subject to disciplinary sanctions pursuant to an investigation that concluded that the offender engaged in offender-on-offender sexual abuse. Offenders may be charged with a facility rule violation even if they are also being charged within the court system. Sanctions shall be commensurate with the nature and circumstances of the abuse or harassment, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories. The disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed. The Superintendent advised that if an offender is found to have violated the sexual abuse or sexual harassment policies they could receive outside charges. He noted that the offender would go through the disciplinary process internally, which could result in segregated housing time. The Superintendent confirmed that sanctions are consistent in the disciplinary process and that sanctions would be commensurate with the nature and circumstances of the abuse committed, the offender’s disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories. 115.78 (c): 430.00, page 22 states offenders shall be subject to disciplinary sanctions pursuant to an investigation that concluded that the offender engaged in offender-on-offender sexual abuse. Offenders may be charged with a facility rule violation even if they are also being charged within the court system. Sanctions shall be commensurate with the nature and circumstances of the abuse or harassment, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories. The disciplinary process shall consider whether

	an offender's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed. The interview with the Superintendent confirmed that the disciplinary process considers whether the offender's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. 115.78 (d): The PAQ indicated the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. It further states that the facility considers whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits. 430.00, page 22 states when an adult offender is found guilty of misconduct related to sexual abuse and the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offender to participate in such interventions as a condition of access to programming or other benefits. Interviews with medical and mental health staff indicated they if they offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse they offer these services to any perpetrators. Staff advised they do require offenders to participate in services in order to gain access to any other programs or benefits as it would be put on their program plan. 115.78 (e): The PAQ indicated that the agency disciplines offenders for sexual conduct with staff only upon finding that the staff member did not consent to such contact. 430.00, page 22 states the facility may discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact. A review of investigative reports indicated there was no documentation of discipline of any offender related to staff-on-offender allegations. 115.78 (f): The PAQ indicated that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. 430.00, page 22 states a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. A review of documentation indicated one alleged victim was disciplined for filing a false report. 115.78 (g): The PAQ indicated that the agency prohibits all sexual activity between offenders. It further indicated the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. 430.00, page 22 states all

	sexual contact, whether voluntary or forced, between offenders is prohibited and subject to disciplinary action. Any mutual sexual contact between offenders is a rule violation but shall not constitute sexual abuse. Based on a review of the PAQ, 430.00, investigative reports, and information from interviews with the Superintendent and medical and mental health care staff, this standard appears to be compliant.

115.81	**Medical and mental health screenings; history of sexual abuse**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance 3. PREA Risk Screening 4. Medical/Mental Health Documents Interviews: 1. Interview with Staff Responsible for Risk Screening 2. Interviews with Medical and Mental Health Staff 3. Interviews with Offenders who Disclosed Sexual Victimization During the Risk Screening Site Review Observations: 1. Observations of Risk Screening Area 2. Observation of Medical and Classification Files Findings (By Provision):

	115.81 (a): The PAQ indicated that all offenders at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner and the follow-up meeting was offered within fourteen days. The PAQ further indicated that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. The PAQ noted that 100% of those offenders who reported prior victimization were seen within fourteen days by medical or mental health. 430.00, page 14 states if the PREA screening indicates that an offender has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the offender is offered a follow-up meeting with the facility mental health practitioner within fourteen (14) days of the intake screening. The interviews with the staff responsible for the risk screening indicated that offenders who disclose prior sexual victimization during the risk screening are offered a follow-up with medical or mental health care staff and are typically seen within the first week. Interviews with three offenders who disclosed sexual victimization during the risk screening indicated both none were offered a follow-up with medical or mental health care staff within fourteen days. A review of documentation for ten offenders who disclosed prior sexual victimization during the risk screening indicated four had a follow-up documented with mental health. 115.81 (b): The PAQ indicated that all prison offenders who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.41, are offered a follow-up meeting with a mental health practitioner and the follow-up meeting was offered within fourteen days. The PAQ further indicated that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. The PAQ noted that 100% of those offenders who reported prior perpetration were seen within fourteen days by medical or mental health. 430.00, page 14 states if the PREA screening indicates that an offender has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the offender is offered a follow-up meeting with the facility mental health practitioner within fourteen (14) days of the intake screening. The interviews with the staff responsible for the risk screening indicated that offenders identified during the risk screening with prior sexual abusiveness would not be offered a follow-up with medial or mental health. There were zero offenders identified with prior sexual abusiveness during the risk screening. 115.81 (c): The facility is not a jail and as such this provision is not applicable. 115.81 (d): The PAQ indicated that information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners. It further advised that the information shared with

	other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law. 430.00, page 22 states any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical, and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments, or as otherwise required by Federal, State or local law. Medical and mental health records are paper and electronic. Electronic records are maintained in the CORMOR system, which is only accessible to medical and mental health care staff. Paper files are maintained in the offender's main record, which is accessible to medical and mental health care staff. Risk screening information is maintained via paper and is scanned into OIS. During the on-site portion of the audit the auditor observed that all staff have access to OIS and can view the risk screening form. Paper risk screening forms are maintained by the PCM in a locked office. Investigative files are paper and electronic. Only agency investigative staff and upper level agency staff have access to these files. Incident reports related to sexual abuse are confidential and only accessible to specific staff. 15.81 (e): The PAQ indicated that medical and mental health practitioners obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of eighteen. 430.00, page 22 states 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 eighteen (18). Interviews with medical and mental health staff indicated that one would obtain informed consent prior to reporting any sexual abuse that did not occur in an institutional setting and one would not. The medical staff noted that she is a mandated reported. Staff advised they do not house anyone under eighteen. After the on-site portion of the audit the facility completed training with medical and mental health staff related to informed consent. Confirmation of the training was provided. Based on a review of the PAQ, 430.00, PREA Screening, Mental Health Informed Consent, medical and mental health documents, information from interviews with staff who perform the risk screening, medical and mental health care staff and offenders who disclosed victimization during the risk screening. this standard appears to require corrective action. Interviews with three offenders who disclosed sexual victimization during the risk screening indicated both none were offered a follow-up with medical or mental health care staff within fourteen days. A review of documentation for ten offenders who disclosed prior sexual victimization during the risk screening indicated four had a follow-up documented with mental health. The interviews with the staff responsible for the risk screening indicated that offenders identified during the risk screening with prior sexual abusiveness would not be offered

a follow-up with medial or mental health.

Corrective Action

The facility will need to ensure all offenders who disclose prior sexual victimization during the risk screening are offered a follow-up with mental health within fourteen days. The facility will need to provide a list of offenders that arrived during the corrective action period, associated risk screening documents and applicable mental health follow-up documents.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. List of Offenders that Arrived During the Corrective Action Period
2. Offender Risk Assessments
3. Mental Health Documentation
4. Directive from the PREA Coordinator on OIS

The facility provided a list of offenders that arrived during the corrective action period. A systematic sample of risk assessments were provided from the list (ten). Seven of the ten risk assessments had prior sexual victimization, and none had prior sexual abusiveness. All seven offenders were offered a follow-up with mental health within fourteen days.

The PREA Coordinator sent out a directive to all agency facilities to cease uploading risk assessment documents to the OIS. The directive states that risk assessment documents are to be maintained on the PREA drive, which has limited access.

Based on the documentation provided the facility has corrected this standard and as

	such appears to be compliant.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance 3. Medical and Mental Health Documents Interviews: 1. Interviews with Medical and Mental Health Staff 2. Interviews with First Responders 3. Interviews with Offenders who Reported Sexual Abuse Site Review Observations: 1. Observations of Medical and Mental Health Areas Findings (By Provision): 115.82 (a): The PAQ indicated that offender victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and that the nature of scope of services is determined by medical and mental health practitioners according to their professional judgment. The PAQ further indicates that medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. 430.00, page 23 states victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are

	determined by medical and mental health practitioners according to their professional judgment. During the tour the auditor observed the health services area. It included a hallway with benches and a small reception area, exam and treatment rooms, an infirmary and observation cells. Exam and treatment rooms provided privacy through doors and a privacy barrier. Interviews with medical and mental health care staff confirmed that offenders receive timely and unimpeded access to emergency medical treatment and crisis intervention service. The staff stated they provide services immediately. Both staff confirmed that services would be based on their professional judgment and DCR policies. Interviews with offenders who reported sexual abuse indicated all four were offered/provided medical and/or mental health services. A review of documentation for ten sexual abuse investigations indicated all ten victims were offered/provided medical and/or mental health services. 115.82 (b): 430.00, page 23 states if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners. The security staff first responder stated that first responder duties include: separating the victim and abuser, notifying the Shift Commander, making sure evidence is not contaminated, securing the scene, taking the victim to medical and completing a confidential report. The non-security first responder advised she would separate the offender, contact the Shift Commander and write a report. A review of documentation for ten sexual abuse investigations indicated all ten victims were offered/provided medical and/or mental health services. One victim was transported to the local hospital for a forensic medical examination. 115.82 (c): The PAQ indicated that offender victims of sexual abuse while incarcerated are 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. 430.00, page 23 states victims of sexual abuse shall be offered information about timely access to emergency contraception, pregnancy tests and sexually transmitted disease testing and treatment, in accordance with professionally accepted standards and policies of care, where medically appropriate. Interviews with medical and mental health care staff confirmed that offenders receive timely information and access to emergency contraception and sexually transmitted infection prophylaxis. Interviews with offenders who reported sexual abuse indicated none involved penetration or touching that would require information and access to sexually transmitted infection prophylaxis. A review of documentation for ten sexual abuse investigations indicated all ten victims were offered/provided medical and/or mental health services. One involved a need for emergency contraception and/or sexually transmitted infection prophylaxis. This was provided at the local hospital.

	115.82 (d): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. 430.00, page 23 states treatment shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Based on a review of the PAQ, 430.00, medical and mental health documents and information from interviews with medical and mental health care staff, first responders and the offenders who reported sexual abuse, this standard appears to be compliant.

115.83	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance 3. Medical and Mental Health Documents Interviews: 1. Interviews with Medical and Mental Health Staff 2. Interviews with Offenders who Reported Sexual Abuse Site Review Observations: 1. Observations of Medical Treatment Areas Findings (By Provision): 115.83 (a): The PAQ indicated the facility offers medical and mental health evaluation

	and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. 430.00, pages 23 states DCR facilities shall offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse within any facility. During the tour, the auditor observed the health services area. It included a hallway with benches and a small reception area, exam and treatment rooms, an infirmary and observation cells. Exam and treatment rooms provided privacy through doors and a privacy barrier. A review of documentation for ten sexual abuse investigations indicated all ten victims were offered/provided medical and/or mental health services. A review of documentation for ten offenders who disclosed prior sexual victimization during the risk screening indicated four had a follow-up documented with mental health. Documentation was not provided for the offender who reported sexual abuse that occurred at another facility (PREA standard 115.63). 115.83 (b): 430.00, pages 2324 state the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to placement to other facilities or release from custody. Interviews with medical and mental health care staff confirmed that they provide follow-up services, ongoing treatment and referrals. Interviews with offenders who reported sexual abuse indicated all four were offered/ provided follow-up medical and/or mental health services. A review of documentation for ten sexual abuse investigations indicated all ten victims were offered/provided medical and/or mental health services. 115.83 (c): 430.00, pages 23 states offenders will be offered follow-up medical and mental health services consistent with the community level care as well as access to outside victim advocates for emotional support services related to sexual abuse. The facility provides access to medical and mental health staff on-site and transports offenders to the local hospital for treatment that is not available at the facility. All medical and mental health care staff are required to have the appropriate licensure and credentials. Interviews with medical and mental health care staff confirmed that the services they provide are consistent with the community level of care. 115.83 (d): The PAQ indicated female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests. 430.00, page 23 states victims of sexual abuse shall be offered information about timely access to emergency contraception, pregnancy tests and sexually transmitted disease testing and treatment, in accordance with professionally accepted standards and policies of care, where medically appropriate. If pregnancy results due to the sexually abusive vaginal penetration while incarcerated such victims shall be receive timely and comprehensive information about access to all lawful pregnancy related medical services. Interviews with offenders who reported sexual abuse indicated none involved an incident that would require pregnancy testing. A review of documentation

	for ten sexual abuse investigations indicated all ten victims were offered/provided medical and/or mental health services. None involved the need for pregnancy related materials. 115.83 (e): The PAQ indicated if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. 430.00, page 23 states victims of sexual abuse shall be offered information about timely access to emergency contraception, pregnancy tests and sexually transmitted disease testing and treatment, in accordance with professionally accepted standards and policies of care, where medically appropriate. If pregnancy results due to the sexually abusive vaginal penetration while incarcerated such victims shall be receive timely and comprehensive information about access to all lawful pregnancy related medical services. Interviews with medical and mental health confirmed that female victims of vaginal penetration would be offered information and timely access to all pregnancy related services. The staff noted these services would be provided as soon as the pregnancy was discovered. 115.83 (f): The PAQ indicated that offender victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. 430.00, page 23 states victims of sexual abuse shall be offered information about timely access to emergency contraception, pregnancy tests and sexually transmitted disease testing and treatment, in accordance with professionally accepted standards and policies of care, where medically appropriate. Interviews with the offenders who reported sexual abuse indicated zero incidents involved penetration and as such services under this provision were not applicable. A review of documentation for ten sexual abuse investigations indicated all ten victims were offered/provided medical and/or mental health services. One required a need for testing for sexually transmitted infections and documentation confirmed these were provided at the hospital. 115.83 (g): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. 430.00, page 23 states treatment shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Interviews with offenders who reported sexual abuse indicated they were not required to pay for his medical and mental health services. 115.83 (h): The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of

	such abuse history and offers treatment when deemed appropriate by mental health practitioners. 430.00, page 24 states the facility shall attempt to conduct a mental health evaluation of all known offender- on-offender abusers within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. Interviews with medical and mental health staff indicated they would attempt to conduct a mental health evaluation on known offender-on-offender perpetrators. Staff stated they would start the process within seven to fourteen days. There were two offender-on-offender sexual abuse allegations that were substantiated. Neither were documented with a mental health evaluation or attempted mental health evaluation. Based on a review of the PAQ, 430.00, medical and mental health documents, observations made during the tour and information from interviews with medical and mental health care staff and the offenders who reported sexual abuse, this standard appears to require corrective action. A review of documentation for ten offenders who disclosed prior sexual victimization during the risk screening indicated four had a follow-up documented with mental health. Documentation was not provided for the offender who reported sexual abuse that occurred at another facility (PREA standard 115.63). There were two offender-on-offender sexual abuse allegations that were substantiated. Neither were documented with a mental health evaluation or attempted mental health evaluation. Corrective Action The facility will need to provide the documentation sent to the facility where the incident occurred as well as documentation of when the incident was originally reported to the facility and confirmation that the offender was offered medical and/or mental health services. The facility will need to ensure all offenders who disclose prior sexual victimization during the risk screening are offered a follow-up with mental health within fourteen days. The facility will need to provide a list of offenders that arrived during the corrective action period, associated risk screening documents and applicable mental health follow-up documents. The facility will need to ensure all offender-on-offender abusers (substantiated sexual abuse) are evaluated by mental health within 60 days. The facility will need to provide a list of sexual abuse allegations during the corrective action period and necessary mental health documents. Verification of Corrective Action Since the Interim Audit Report The auditor gathered and analyzed the following additional evidence provided by the

	facility during the corrective action period relevant to the requirements in this standard. Additional Documents: 1. List of Offenders that Arrived During the Corrective Action Period 2. Offender Risk Assessments 3. Mental Health Documentation The facility provided a list of offenders that arrived during the corrective action period. A systematic sample of risk assessments were provided from the list (ten). Seven of the ten risk assessments had prior sexual victimization, and none had prior sexual abusiveness. All seven offenders were offered a follow-up with mental health within fourteen days. Additionally, the facility provided documentation confirming the offender victim under PREA standard 115.63 was afforded access to mental health after the incident was reported. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

115.86	**Sexual abuse incident reviews**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance 3. Sexual Abuse Incident Review Form 4. Investigative Reports

Interviews:

1. Interview with the Superintendent
2. Interview with the PREA Compliance Manager
3. Interview with Incident Review Team

Findings (By Provision):

115.86 (a): The PAQ indicated that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The PAQ stated there were eleven criminal and/or administrative investigations of alleged sexual abuse completed at the facility excluding only unfounded incidents. 430.00, page 24 states the Office of PREA Compliance, in collaboration with the facility PCM shall conduct a Sexual Abuse Incident Review within thirty (30) days of the conclusion of every sexual abuse investigation where the allegation was substantiated, or unsubstantiated. The review team shall include upper-level facility staff, with input from line supervisors, investigators, and medical or mental health practitioners. No review shall be conducted if the allegation has been determined to be unfounded. A review of documentation for ten sexual abuse investigations indicated seven required a sexual abuse incident review. Six of the seven had a sexual abuse incident review completed within 30 days of the conclusion of the investigation. The one missing was not provided to the auditor. It was determined this was originally coded as sexual harassment and a such a review was not completed.

115.86 (b): The PAQ indicated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The PAQ further stated that in the past twelve months there were six sexual abuse incident reviews completed within 30 days. 430.00, page 24 states the Office of PREA Compliance, in collaboration with the facility PCM shall conduct a Sexual Abuse Incident Review within thirty (30) days of the conclusion of every sexual abuse investigation where the allegation was substantiated, or unsubstantiated. The review team shall include upper-level facility staff, with input from line supervisors, investigators, and medical or mental health practitioners. No review shall be conducted if the allegation has been determined to be unfounded. A review of documentation for ten sexual abuse investigations indicated seven required a sexual abuse incident review. Six of the seven had a sexual abuse incident review completed within 30 days of the conclusion of the investigation. The one missing was not provided to the auditor. It was determined this was originally coded as sexual harassment and a such a review was not completed.

	115.86 (c): The PAQ indicated that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. 430.00, page 24 states the review team shall include upper-level facility staff, with input from line supervisors, investigators, and medical or mental health practitioners. A review of the Sexual Abuse Incident Review form notes that it advises that the minimum staff that must be involved are the first responder, the shift supervisor, medical team member, mental health team member, investigator, PCM and Superintendent or Designee. The interview with the Superintendent confirmed that the facility has a sexual abuse incident review team and the team includes medical, mental health, the PCM, CID and himself. A review of documentation for ten sexual abuse investigations indicated seven required a sexual abuse incident review. Six of the seven had a sexual abuse incident review completed within 30 days of the conclusion of the investigation. All had a sexual abuse incident review completed by staff required under this provision. 115.86 (d): The PAQ indicated that the facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement and submits such report to the facility head and PREA Compliance Manager. 430.00, page 24 states the review committee shall: Consider whether the allegation or investigation indicates need to change policy or practice to better detect, or respond to sexual abuse; Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; Assess the adequacy of staffing levels in that area during different shifts; and Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. A review of the Sexual Abuse Incident Review form notes it includes Part I, which has information on the individuals involved, the location of the incident, incident date, who reported the incident, a synopsis of the investigation and the investigative finding. The form then includes Part II, which is an analysis of the incident, including the elements outlined under this provision. The Superintendent stated that information from the sexual abuse incident review is utilized to prevent the incident from occurring again. The interview with the PCM confirmed he is part of the sexual abuse incident revie team and that he has not noticed any trends. He advised once the report is completed, they send it to the PC and follow-up on recommendations. The sexual abuse incident review team member advised they complete the review within 30 days. She stated they go through the incident and discuss any physical barriers and motivating factors. She noted they discuss ways they can prevent the incident from occurring again. A review of documentation for ten sexual abuse investigations indicated seven required a sexual abuse incident review. Six of the seven had a sexual abuse incident review completed within 30 days of the conclusion of the investigation. All were completed via the Sexual Abuse Incident Review Form.

	The one missing was not provided to the auditor. It was determined this was originally coded as sexual harassment and a such a review was not completed. 115.86 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. 430.00, page 24 states the facility shall document the recommendations for improvement or reasons for not doing at the conclusion of the Sexual Abuse Incident Review. A review of the Sexual Abuse Incident Review form notes that Part III outlines a conclusion and any recommended changes. A review of documentation for ten sexual abuse investigations indicated seven required a sexual abuse incident review. Six of the seven had a sexual abuse incident review completed within 30 days of the conclusion of the investigation. Numerous reviews had recommendations for cameras and additional staffing. Based on a review of the PAQ, 430.00, Sexual Abuse Incident Review Form, investigative report, sexual abuse incident reviews, and information from interviews with the Superintendent, the PCM and a member of the sexual abuse incident review team, this standard appears to be compliant.

115.87	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance 3. Investigative Reports 4. Annual PREA Report 5. Survey of Sexual Victimization Findings (By Provision): 115.87 (a): The PAQ indicated that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a

	standardized instrument and set of definitions. 430.00, page 24 states the facility PCM shall be responsible for ensuring that accurate information is collected for every allegation of offender-on-offender sexual abuse and staff-on-offender sexual misconduct that occurs within his/her facility. Incident-based data reports shall be generated each month. The data collected shall include at a minimum: The total number of allegations; Investigation number and the disposition. The DCR shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. A review of investigative reports and the Annual PREA Report confirmed that information/data related to each sexual abuse and sexual harassment allegation is reported and documented. 115.87 (b): The PAQ indicated that the agency aggregates the incident-based sexual abuse data at least annually. 430.00, page 24 states the facility PCM shall be responsible for ensuring that accurate information is collected for every allegation of offender-on-offender sexual abuse and staff-on-offender sexual misconduct that occurs within his/her facility. Incident-based data reports shall be generated each month. A review of the Annual PREA Report indicates that it includes the following sections: Overview and Mission, Audit Status and Progress, Aggregated Data, Staff and Contractor Accountability, Offender-on-Offender/Resident-on-Resident Safety, Victim Support and Protection from Retaliation and Conclusion and Future Goals for Prisons and Jails. The report compares data from 2023 through the current year. 115.87 (c): The PAQ indicated that the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. 430.00, page 24 states the incident-based data collected shall include, at a minimum, the data necessary to complete the Survey of Sexual Violence conducted by the Department of Justice. A review of the Annual PREA Report and the Survey of Sexual Victimization submission confirmed that the agency collects appropriate information using a standardized instrument and reports the appropriate information via the SSV. 115.87 (d): The PAQ indicated the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. 430.00, page 24 states the facility PCM shall be responsible for ensuring that accurate information is collected for every allegation of offender-on-offender sexual abuse and staff-on-offender sexual misconduct that occurs within his/her facility. Incident-based data reports shall be generated each month. The data collected shall include at a minimum: The total number of allegations; Investigation number and the disposition. The DCR shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. A review of the Annual PREA Report indicates that it includes the following sections: Overview and Mission,

	Audit Status and Progress, Aggregated Data, Staff and Contractor Accountability, Offender-on-Offender/Resident-on-Resident Safety, Victim Support and Protection from Retaliation and Conclusion and Future Goals for Prisons and Jails. The report compares data from 2023 through the current year. 115.87 (e): The PAQ indicated that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of offenders and that data from private facilities complies with SSV reporting regarding content. 430.00, page 24 states the DCR also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its offenders. A review of the Annual PREA Report indicates that it includes the following sections: Overview and Mission, Audit Status and Progress, Aggregated Data, Staff and Contractor Accountability, Offender-on-Offender/Resident-on-Resident Safety, Victim Support and Protection from Retaliation and Conclusion and Future Goals for Prisons and Jails. The report compares data from 2023 through the current year. The data includes information from the one contracted juvenile facility. 115.87 (f): The PAQ indicated this provision is not applicable, however further communication with the PC indicated that the agency provided the Department of Justice with data from the previous calendar year upon request. 430.00, page 24 states the incident-based data collected shall include, at a minimum, the data necessary to complete the Survey of Sexual Violence conducted by the Department of Justice. A review of documentation confirmed the agency submitted information for the 2024 Survey of Sexual Victimization, which is the most recent submission. Based on a review of the PAQ, 430.00, Investigative Reports, Annual PREA Report, and the Survey of Sexual Victimization, this standard appears to be compliant.

115.88	**Data review for corrective action**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance 3. Annual PREA Report

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the PREA Coordinator
3. Interview with the PREA Compliance Manager

Findings (By Provision):

115.88 (a): The PAQ indicated that the agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. 430.00, page 25 states the DCR shall use the data to: Identify areas of concern; Determine corrective action on an ongoing basis; Assess and improve the effectiveness of the agencies sexual abuse prevention, detection, and response policies, practices, and training; and Create an annual report of findings and corrective actions for each facility and DCR. 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 interview with the Agency Head Designee indicated that all programs provide an end of the year report on data, including PREA. He stated that he sits down with the PC and CID Director to see where spikes are and what they are doing with training. He noted they review what the numbers tell them and figure out any issues based on the data. The PC confirmed that the agency reviews data that is collected in order to assess and improve the effectiveness of the sexual abuse prevention, detection and response policies. She stated they take corrective action on an on-going basis. The interview with the PCM noted that facility data is used to identify problem areas to assist the agency with addressing issues. A review of the Annual PREA Report indicates that it includes the following sections: Overview and Mission, Audit Status and Progress, Aggregated Data, Staff and Contractor Accountability, Offender-on-Offender/Resident-on-Resident Safety, Victim Support and Protection from Retaliation and Conclusion and Future Goals for Prisons and Jails. The report compares data from 2023 through the current year.

115.88 (b): The PAQ indicated that the annual report includes a comparison of the current year's data and corrective actions with those from prior years and that the annual report provides an assessment of the agency’s progress in addressing sexual abuse. 430.00, page 25 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. A review of the Annual PREA Report indicates that it includes the following sections: Overview and Mission, Audit Status and Progress, Aggregated Data, Staff and Contractor Accountability, Offender-on-Offender/Resident-on-Resident Safety, Victim Support and Protection from Retaliation and Conclusion and Future Goals for Prisons and Jails. The report compares data from 2023 through the current year. 115.88 (c): The PAQ indicated that the agency makes its annual report readily available to the public at least annually through its website and that the annual reports are approved by the Agency Head. 430.00, page 25 states the Director of PREA Compliance shall submit an annual report of the incident-based sexual abuse data, to include facility recommendations and corrective actions to the DCR Commissioner. The annual report shall include comparisons of the current year's data and corrective actions with those from prior years and will include an assessment of the DCR's progress in addressing sexual abuse. The annual report shall be approved by the DCR Commissioner and made readily available to the public annually through the DCR website. The interview with the Agency Head Designee confirmed that a report is generated by the PC and it is sent to the Deputy Commissioners and then the Commissioner and then to the Cabinet Secretary to review and approve. A review of the agency website confirmed that the current annual report is available for review. 115.88 (d): The PAQ indicated that when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility and that the agency indicates the nature of material redacted. 430.00, page 25 states 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. The interview with the PC indicated that they do not have to redact any information as the report does not include any names or identify information. A review of the Annual PREA Report indicates that it includes the following sections: Overview and Mission, Audit Status and Progress, Aggregated Data, Staff and Contractor Accountability, Offender-on-Offender/Resident-on-Resident Safety, Victim Support and Protection from Retaliation and Conclusion and Future Goals for Prisons and Jails. The report compares data from 2023 through the current year. Based on a review of the PAQ, 430.00, Annual PREA Report, the agency website and information obtained from interviews with the Agency Head Designee, PC and PCM,

	this standard appears to be compliant.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance 3. Annual PREA Report Interviews: 1. Interview with the PREA Coordinator Findings (By Provision): 115.89 (a): The PAQ indicated that the agency ensures that incident-based and aggregate data are securely retained. 430.00, page 25 states all sexual abuse data shall be securely retained for at least ten (10) years after the date of the initial collection. The interview with the PREA Coordinator indicated that all PREA data is securely retained and only CID and the PREA Compliance office have access to the data. 115.89 (b): The PAQ indicated that agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. 430.00, page 25 states the annual report shall be approved by the DCR Commissioner and made readily available to the public annually through the DCR website. A review of the website confirmed that the current annual report, which includes aggregated data, is available for review. 115.89 (c): The PAQ indicated that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. 430.00, page 25 states

	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. A review of the Annual PREA Report confirmed there were no personal identifying information included nor any security related information. The report did not contain any redacted information. 115.89 (d): The PAQ indicated that the agency maintains sexual abuse data collected pursuant to Standard 115.87 for at least ten years after the date of initial collection, unless federal, state or local law requires otherwise. 430.00, page 25 states all sexual abuse data shall be securely retained for at least ten (10) years after the date of the initial collection. Based on a review of the PAQ, 430.00, Annual PREA Report, the agency website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.

115.401	**Frequency and scope of audits**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Findings (By Provision): 115.401 (a): The facility is part of the West Virginia Department of Corrections. All facilities were audited in the previous three-year audit cycle and audit report are found on the agency's website. 115.401 (b): The facility is part of the West Virginia Department of Corrections. The Department has a schedule for all their facilities to be audited within the three-year cycle, with one third being audited in each cycle. The facility is being audited in the first year of the three-year cycle. 115.401 (h) – (m): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents and was permitted to conduct private interviews.

	115.401 (n): The facility was provided photos confirming the facility posted the audit announcement around the facility at least six weeks prior to the on-site portion of the audit. During the tour the auditor observed the audit announcement posted on bright colored letter size paper in English and Spanish. The audit announcement was observed in housing units and in all work, program and common areas. The auditor noted the audit announcement was posted every few feet within the facility and was very apparent. The audit announcement advised the offenders that correspondence with the auditor would remain confidential unless the offender reported information such as sexual abuse, harm to self or harm to others.

115.403	**Audit contents and findings**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Findings (By Provision): 115.403 (f): The agency has audit reports published to their website for all audits completed during the previous audit cycles.

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.)	na
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).)	na
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).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
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).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
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)?	yes
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**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.15 (f)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
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 with inmates with disabilities including inmates who: Have intellectual disabilities?	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: 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 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
	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	yes

	consent or refuse?	
	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?	no
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?	no
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?	no
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	yes

	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?	
	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.)	na
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.)	na
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	yes

	agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	
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.)	na
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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with	yes

	inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	
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 Garrity warnings? (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 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 suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (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.)	na
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	yes

	health care practitioners who work regularly in its facilities.)	
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 screening instrument?	yes
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	yes

	criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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) Whether the inmate is detained solely for civil immigration purposes?	yes
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 information is not exploited to the inmate’s detriment by staff or other inmates?	no
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	yes

	being sexually abusive, to inform: Education Assignments?	
	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**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (d)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (e)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (f)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (g)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
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	yes

	are at high risk of sexual victimization have access to: Programs to the extent possible?	
	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	yes

	can be arranged?	
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 anonymous upon request?	yes
	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.	no
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 this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (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,	yes

	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.)	
	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?	yes

	(N/A if agency is exempt from this standard.)	
	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, 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.)	na
	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	yes

	understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	
	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 abuse or sexual harassment or retaliation?	yes
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	yes

	confidentiality, at the initiation of services?	
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	yes

	required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	
	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 response to an incident of sexual abuse?	yes
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	yes

	with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	
	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 sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any 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 of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	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	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (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?	no
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	yes

	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?	
	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 abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
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	yes

	have engaged in sexual abuse?	
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 evidence sufficient to substantiate the allegation?	yes
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).	na
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 sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
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.)	yes
115.83 (e)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	If pregnancy results from the conduct described in paragraph §	yes

	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.)	
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.)	no
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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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,	yes

	investigation files, and sexual abuse incident reviews?	
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 to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
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	yes

	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?	
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.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by	na

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