

PREA Facility Audit Report: Final

Name of Facility: North Central Regional Jail and Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/28/2025

Auditor Certification

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



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



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



Auditor Full Name as Signed: Darla P. OConnor

Date of Signature: 06/28/2025

AUDITOR INFORMATION

Auditor name: OConnor, Darla

Email: doconnor@strategicjusticesolutions.com

Start Date of On-Site Audit: 03/10/2025

End Date of On-Site Audit: 03/12/2025

FACILITY INFORMATION

Facility name: North Central Regional Jail and Correctional Facility

Facility physical address: 1 Lois Lane, Greenwood, West Virginia - 26415

Facility mailing address:

Primary Contact

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

Warden/Jail Administrator/Sheriff/Director	
Name:	Jason Hutson
Email Address:	Jason.A.Hutson@wv.gov
Telephone Number:	304-873-1384

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

Facility Health Service Administrator On-site	
Name:	Heather Lantz
Email Address:	hlantz@wexfordhealth.com
Telephone Number:	304-517-4067

Facility Characteristics	
Designed facility capacity:	564
Current population of facility:	813
Average daily population for the past 12 months:	799
Has the facility been over capacity at any point in the past 12 months?	Yes
What is the facility's population designation?	Both women/girls and men/boys

In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	18-99
Facility security levels/inmate custody levels:	All
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	111
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	34
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	29

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

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

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

Facility AUDIT FINDINGS	
Summary of Audit Findings	
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met. Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.	
Number of standards exceeded:	
0	
Number of standards met:	
45	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-03-10
2. End date of the onsite portion of the audit:	2025-03-12

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Just Detention International was contacted and confirmed that their database showed no record of contact from the facility or its inmates. CAMC Health System verified that they maintain a dedicated SANE (Sexual Assault Nurse Examiner) area for conducting forensic examinations. The West Virginia Foundation for Rape Information and Services (WVFRIS) confirmed that they have an agreement with the facility to provide SANE personnel and sexual assault advocacy services. They offer emotional support to inmates regardless of when the sexual abuse occurred. The Family Crisis Intervention Center also confirmed that, through their agreement with WVFRIS, they provide rape crisis services, emotional support, advocacy, and access to SANE personnel for the facility.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	584
15. Average daily population for the past 12 months:	830

16. Number of inmate/resident/detainee housing units:	32
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☒ No ☐ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)
Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	848
19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	2
20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	2
21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	2
22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1

23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	2
24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	1
26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	7
28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	The facility maintained accurate records regarding inmates with identified disabilities and those requiring language assistance. However, the facility did not formally track sexual orientation or gender identity unless voluntarily disclosed during intake or subsequent screenings, consistent with standard practice and privacy protections. No concerns or barriers were identified that would have hindered the selection of a diverse sample for interview.

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
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30. Enter the total number of STAFF , including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	111
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31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	29
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32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	34
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33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	As of the first day of the on-site audit, the facility employed a diverse staff population across security, medical, mental health, education, administration, and support services. Staff varied in age, race, ethnicity, gender, and length of service. Volunteers and contractors, while a smaller group compared to facility staff, also reflected diversity in professional roles and backgrounds, including religious services, educational programming, and medical care. The facility maintained detailed records for staff, volunteers, and contractors, allowing for the identification of individuals across key demographics No significant barriers were encountered in accessing or interviewing these groups. The diversity among staff, volunteers, and contractors provided a broad range of perspectives on PREA-related practices and facility culture.
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INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

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

15

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

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

36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?

To ensure geographic diversity among the random inmate interviewees, the Auditor utilized the facility's alphabetical housing unit rosters to randomly select inmates from multiple housing units across the facility. By intentionally selecting individuals from different housing locations—covering various dorms, units, or pods—the Auditor ensured that the sample reflected a broad cross-section of the institution's population. This approach allowed for the inclusion of inmates living in different physical areas of the facility, thus capturing diverse experiences and perspectives related to sexual safety, reporting, and facility operations.

37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?

- ☒ Yes
- ☐ No

38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	To ensure geographic diversity among the random inmate interviewees, the Auditor utilized the facility's alphabetical housing unit rosters to randomly select inmates from multiple housing units across the facility. By intentionally selecting individuals from different housing locations—covering various dorms, units, or pods—the Auditor ensured that the sample reflected a broad cross-section of the institution's population. This approach allowed for the inclusion of inmates living in different physical areas of the facility, thus capturing diverse experiences and perspectives related to sexual safety, reporting, and facility operations. There were no significant barriers encountered in selecting or interviewing random inmates. The facility provided full access to the housing rosters, which allowed for a fair and geographically diverse selection across multiple units. Care was taken to ensure diversity in age, race, ethnicity, and sentence length among those selected. No specific populations were intentionally oversampled; however, efforts were made to ensure representation of inmates from specialized housing units, such as those designated for inmates with disabilities or younger inmates. All selected inmates were willing to participate, and no language barriers, cognitive impairments, or other factors prevented the completion of interviews. Inmates understood the purpose of the interview, and participation was voluntary, with no pressure or coercion applied.
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	17

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	2
41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	2
42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	2
43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1
44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	2

45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
45. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
45. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility does not screen inmates out based on sexual orientation, nor does it attempt to determine or exclude individuals who identify as gay, lesbian, or bisexual. Instead, the facility relies on inmates to voluntarily self-report this information during the intake and screening process and records it accordingly. At the time of the on-site audit, no inmates had self-reported as gay or bisexual. During the interview process, no inmates identified themselves as gay or bisexual; consequently, no inmates in this category were available for interview.
46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1
47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0

47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	A comprehensive review of PREA-related incident reports from the preceding 12 months was conducted. This review confirmed that none of the inmates listed in these reports were present on the facility's inmate roster on the first day of the on-site audit. During the audit's interview process, no inmates reported having filed a PREA allegation or report. Consequently, there were no inmates available for interview who had reported sexual abuse or harassment
48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	7
49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	A comprehensive review of PREA allegations from the past 12 months indicated that no inmates were placed in segregation due to a risk of sexual victimization or as a result of alleging sexual abuse. Additionally, no inmates interviewed reported being placed in segregation for either reason.
50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	All identified and available populations were given an equal opportunity for selection and interview. No inmate declined to be interviewed.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
51. Enter the total number of RANDOM STAFF who were interviewed:	15
52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
53. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No

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

On the first day of the on-site audit, the institutional population was 848. In accordance with the Auditor Handbook, a facility with this population size requires the auditor to interview a minimum of 15 random inmates and 15 targeted inmates. Fifteen random inmates, separate from the targeted group, were interviewed.

The Auditor utilized the alphabetical housing unit rosters to randomly select inmates, ensuring a diverse representation of age groups, ethnicities, races, and sentence lengths. Inmates were chosen randomly with deliberate attention to achieving diversity among the interviewees.

Throughout the on-site tour, the Auditor also engaged in informal conversations with inmates regarding topics such as sexual safety, education, reporting mechanisms, communication, and institutional responses. These informal discussions supplemented the formal information-gathering process.

At the beginning of each formal interview, the Auditor clearly explained her role in the PREA audit, the purpose of the interviews, and emphasized that participation was voluntary. Inmates were informed that their participation, while valuable, was neither mandatory nor required. The Auditor then asked whether the inmate was willing to participate and, upon consent, proceeded with the interview protocol questions.

All randomly selected inmates agreed to participate in the interviews. Responses were recorded manually by the Auditor. No PREA-related concerns or issues were disclosed during these interviews, and no additional interview protocols were initiated. All interviewed inmates indicated they were aware of the facility's zero-tolerance policy regarding sexual abuse and harassment, understood how to report an incident (including the ability to report anonymously), and knew they were protected from retaliation for reporting.

Specialized Staff, Volunteers, and Contractor Interviews

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

55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):

21

56. Were you able to interview the Agency Head?

☒ Yes

☐ No

57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?

☒ Yes

☐ No

58. Were you able to interview the PREA Coordinator?

☒ Yes

☐ No

59. Were you able to interview the PREA Compliance Manager?

☒ Yes

☐ No

☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

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

63. Provide any additional comments regarding selecting or interviewing specialized staff.	Specialized staff were selected based on their roles and responsibilities related to PREA compliance, including investigators, medical and mental health staff, intake staff, and supervisory personnel. No barriers were encountered in selecting or interviewing specialized staff. All required categories were represented, and facility leadership ensured staff availability for interviews. There was no need to oversample any particular group, and staff were cooperative and forthcoming during the interview process.
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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

64. Did you have access to all areas of the facility?	☒ Yes ☐ No
Was the site review an active, inquiring process that included the following:	
65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	☒ Yes ☐ No
66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	☒ Yes ☐ No

67. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	☒ Yes ☐ No
68. Informal conversations with staff during the site review (encouraged, not required)?	☒ Yes ☐ No
69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	The auditor was provided full access to all areas of the facility during the site review, including housing units, intake areas, medical and mental health spaces, and program areas. All observations were conducted without restriction. Critical functions, such as inmate telephones, emergency call systems, were tested and found to be operational. Informal conversations with staff and inmates were conducted throughout the tour, providing additional insight into facility operations and the facility's adherence to PREA standards. Facility staff were cooperative and responsive during the review process.
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	☒ Yes ☐ No

71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	Additional documentation was selected to supplement the initial audit sample, including incident reports, intake screening forms, training records, and investigative files. No barriers were encountered in accessing or reviewing additional documentation. In some cases, records were oversampled to ensure a comprehensive review of screening practices, staff training compliance, and response protocols. Facility staff were cooperative and provided all requested documentation promptly.
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.
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72. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	7	0	7	0
Staff-on-inmate sexual abuse	3	0	3	0
Total	10	0	10	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	24	0	24	0
Staff-on-inmate sexual harassment	6	0	6	0
Total	30	0	30	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	3	4	0
Staff-on-inmate sexual abuse	0	3	0	0
Total	0	6	4	0

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	4	16	4
Staff-on-inmate sexual harassment	0	3	03	0
Total	0	7	19	4

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

10

79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	7
81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	3
84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	4
87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

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

2

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

☐ Yes

☒ No

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

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

☒ Yes

☐ No

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

94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	Over the past 12 months, there were a total of 40 PREA allegations. The auditor reviewed 16 investigatory records — specifically, 10 sexual abuse allegations and the 4 sexual harassment allegations. During the review, the auditor assessed the thoroughness, timeliness, and objectivity of each investigation. This included verifying that interviews were conducted appropriately, evidence was properly collected and preserved, and that investigation findings were supported by documented evidence. The auditor also reviewed whether referrals for administrative or criminal prosecution were made when warranted, and whether final decisions were consistent with PREA standards. The review process evaluated not only compliance with investigative requirements but also the facility's commitment to continuous improvement, as demonstrated by corrective actions taken following investigations and the use of findings to inform policy updates, staff training, and prevention efforts.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
95. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	☐ Yes ☒ No
Non-certified Support Staff	
96. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	☒ Yes ☐ No

96. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:	1
AUDITING ARRANGEMENTS AND COMPENSATION	
97. Who paid you to conduct this audit?	☐ The audited facility or its parent agency ☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) ☒ A third-party auditing entity (e.g., accreditation body, consulting firm) ☐ Other
Identify the name of the third-party auditing entity	Diversified Correctional Systems

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> - Pre-Audit Questionnaire (PAQ) - West Virginia Division of Corrections and Rehabilitation Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 - Facility Organizational Chart - Agency Organizational Chart <u>INTERVIEWS</u> PREA Coordinator (PC) Through the interview process with the agency PREA Coordinator (PC), it was confirmed that the PREA Compliance Manager (PCM) has no responsibilities other than ensuring the institution's compliance with PREA standards. The PCM has the authority to implement any necessary changes to address PREA-related issues.

PREA Compliance Manager (PCM)

The PCM stated during the interview that they have sufficient time to carry out all required PREA responsibilities. It is evident that the PCM is well-informed and fully understands the expectations and duties of the role.

PROVISIONS

Provision (a)

The PAQ confirms the facility maintains a zero-tolerance policy for all forms of sexual abuse and sexual harassment, both within the institution and in any contracts under its control. The PAQ indicates that Policy 430.00 outlines the facility's approach to preventing, detecting, and responding to incidents of sexual abuse and harassment. It includes clear definitions of prohibited conduct and prescribes appropriate sanctions for those behaviors.

Policy 430.00 (p. 4, Section A) reiterates the Division of Corrections and Rehabilitation's (DCR) commitment to zero tolerance for sexual abuse, assault, misconduct, or harassment. It prohibits sexual activity involving staff, volunteers, contractors, and offenders, regardless of consensual status, and outlines administrative and criminal sanctions, including potential dismissal and prosecution under West Virginia Code §61-8B-10.

Each facility within the agency designates one PREA Compliance Manager (PCM), who reports directly to the PREA Coordinator on PREA matters and to the Warden or Superintendent at the facility level.

Provision (b)

According to the PAQ and supporting documentation, the agency employs a full-time, agency-wide PREA Coordinator, who is situated within the Office of Professional Standards (OPS). This was confirmed during the PC interview and is supported by the agency's organizational chart.

The PC position is classified at the executive level and is dedicated exclusively to PREA compliance. The PC reports to the Director of PREA Compliance and is afforded sufficient time and authority to oversee PREA implementation across all agency facilities.

The organizational charts of both the agency and the facility confirm the structure and hierarchy of PREA oversight. Each correctional unit assigns a PCM who reports directly to the agency PC on PREA-related matters and to the facility's Warden or Superintendent in operational contexts.

Policy 430.00 (p. 4, Section B) affirms that the Director of PREA Compliance, along with PREA Coordinators and designated support staff, comprise the Office of PREA

	Compliance. This office is empowered with the time and authority necessary to coordinate and oversee PREA efforts throughout the DCR. Provision (c) Policy 430.00 (p. 4, Section C) stipulates that each Superintendent, in consultation with the Director of PREA Compliance, must designate a Facility PREA Compliance Manager. This individual must have adequate time and authority to develop, implement, coordinate, and monitor the facility’s compliance with PREA standards. <u>CONCLUSION</u> Based on a thorough review and analysis of the PAQ, supporting documentation, applicable policy, organizational charts, and staff interviews, the Auditor concludes that the agency and facility meet the requirements of the standard concerning zero tolerance for sexual abuse and sexual harassment and the designation of a qualified PREA Coordinator.
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> 1. Pre-Audit Questionnaire (PAQ) 2. West Virginia Division of Corrections and Rehabilitation Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 <u>INTERVIEWS</u> Agency Contract Administrator During the interview, the agency Contract Administrator confirmed that all contracts involving the housing of inmates on behalf of the West Virginia Division of Corrections and Rehabilitation (DCR)—without exception—include PREA compliance requirements as part of the agreement. <u>PROVISIONS</u> Provision (a) According to the PAQ, the agency/facility reported that the agency has one contract for the confinement of inmates that were either initiated or renewed with private entities or other government agencies on or after August 20, 2012, or since the

	previous PREA audit, whichever is later. DCR Policy 430.00, PREA Compliance (dated October 7, 2022), Section D, paragraphs 1–3, clearly addresses this provision. The policy states that any new or renewed contract for the confinement of offenders must include provisions requiring the contractor to: 1. Comply with PREA standards; 2. Adhere to DCR policy; and 3. Ensure ongoing compliance by monitoring the contracted facility’s adherence to PREA standards. Provision (b) As reported in the PAQ, both current contracts for the confinement of inmates require the contractors to adopt and comply with the PREA standards. The Contract Administrator confirmed that each contractor's policies and procedures are reviewed to ensure alignment with national PREA standards. Additionally, contractors are required by contract to: • Notify the agency of any PREA allegation; and • Submit copies of the allegation, investigation, and resulting findings to the DCR Director of PREA Compliance for review. <u>CONCLUSION</u> Based on a comprehensive review of documentation and the interview with the agency Contract Administrator, the Auditor concludes that the agency and facility meet all provisions of the standard related to contracting with private entities or other governmental agencies for the confinement of inmates.
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> 1. Pre-Audit Questionnaire (PAQ) 2. West Virginia Division of Corrections and Rehabilitation Policy 430.00, Prison

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

3. Staffing Plan Deviation Logs
4. PREA Compliance Manual Attachment 16
5. Facility Staffing Plan
6. Facility Staffing Plan Review

INTERVIEWS

Facility Head

The Facility Head reported that compliance with the staffing plan and any deviations are routinely discussed during regular staff meetings. The Facility Head is responsible for reviewing staffing levels and assessing their impact on inmate programming, as well as monitoring any modifications to the video surveillance system. Other considerations reviewed include the physical plant configuration, oversight by internal and external bodies, composition of the inmate population, placement and adequacy of supervisory staff, general staffing needs, and the prevalence of both substantiated and unsubstantiated incidents of sexual abuse.

Intermediate- or Higher-Level Staff

Interviewees confirmed that supervisors are required to conduct and document unannounced rounds, as outlined in PREA Compliance Manual Attachment 16. Documentation is submitted monthly to the PREA Compliance Manager (PCM). Supervisors reportedly conduct frequent unit tours on each shift, engage with both staff and inmates, and audit and sign logbooks. While on-site, the Auditor observed supervisory personnel present and engaged throughout the facility.

Random Staff

Randomly selected staff affirmed their understanding of the prohibition against alerting other staff when supervisors are conducting unannounced rounds.

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PROVISIONS

Provision (a)

The PAQ reports that the facility maintains a formal staffing plan that is reviewed annually and addresses each of the thirteen elements required under this provision. The facility's policy mandates that all relieved posts are filled as scheduled. The PAQ confirms an average daily inmate population of 799 over the past 12 months, which was also verified by the Facility Head.

According to Policy 430.00, p. 5, Section A, 1-11, the Division shall ensure each facility develops, documents, and implements a PREA staffing plan that provides for adequate staffing levels and, where applicable, video monitoring to protect offenders from sexual abuse. In determining appropriate staffing and technology use, the policy requires consideration of:

Generally accepted correctional practices

Judicial findings of inadequacy
Federal investigative agency findings
Oversight body findings
Facility physical plant (e.g., blind spots)
Offender population composition
Supervisory staff placement
Facility program schedules
Applicable laws or regulations
Sexual abuse incident data
Any other relevant factors

Provision (b)

The PAQ indicates that common reasons for staffing deviations include call-offs, vacation, and medical leave. The facility mitigates these challenges by utilizing overtime, freezing posts, and calling in additional staff. Importantly, the facility does not fall below minimum staffing levels, and all deviations are formally documented.

Policy 430.00, p. 5, Section B, requires the PCM or designee to document and justify any noncompliance with the staffing plan. This documentation is submitted to the Superintendent, the appropriate Assistant Commissioner, and the Office of PREA Compliance.

Provision (c)

The PAQ reports that the facility, in collaboration with the Director of PREA Compliance, conducts an annual review of the staffing plan. This review evaluates whether changes are needed to the plan itself, the deployment of monitoring technology, or the allocation of resources to maintain compliance.

Policy requires that this assessment, completed in consultation with the PREA Coordinator and executive staff, includes an audit of all facility areas to determine staffing adequacy and identify necessary modifications. This may involve adjustments to staffing or expansion of video surveillance.

The Auditor verified that mandatory posts were consistently staffed, based on a review of shift rosters.

Relevant policies include:

Policy 430.00, p. 5, Section C, requiring at least annual staffing plan assessments
Policy 430.00, p. 5, Section D, outlining minimum staff-to-offender ratios for juvenile facilities (1:8 during waking hours and 1:16 during sleeping hours), except during documented exigent circumstances

Provision (d)

The PAQ confirms that intermediate- or higher-level staff conduct unannounced rounds on all shifts to deter staff sexual abuse or harassment. These are documented using PREA Compliance Manual Attachment 16. Staff are prohibited from alerting

	others when such rounds occur. While on site, the Auditor observed supervisory staff conducting rounds in various operational areas. Policy 430.00 includes the following relevant provisions: p. 5, Section E: Requires at least four unannounced rounds per month (two during day hours, two between 7:00 p.m. and 7:00 a.m.), with overnight rounds conducted by personnel specifically arriving for that purpose p. 5, Section F: Prohibits staff from alerting others about the rounds; violations are subject to disciplinary action unless justified for operational purposes <u>CONCLUSION</u> Based on the comprehensive review of documentation and interviews, the Auditor has determined that the agency and facility meet all provisions of the PREA standard addressing supervision and monitoring
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115.14 Youthful inmates	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> Pre-Audit Questionnaire (PAQ) and supporting documentation West Virginia Division of Corrections and Rehabilitation Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 Observations conducted during on-site review <u>OBSERVATIONS</u> During the facility tour, the Auditor did not observe any youthful offenders. A review of the inmate roster confirmed that no individuals had a birthdate more recent than 2006. <u>INTERVIEWS</u> Facility Head: The Facility Head affirmed that the facility does not house youthful offenders. PREA Compliance Manager (PCM): The PCM also confirmed that the facility does not house youthful offenders.

	<u>PROVISIONS</u> Provision (a) According to the PAQ, the facility does not house youthful inmates. This was verified through interviews with both the Facility Head and the PCM. Policy 430.00, p. 6, Section G, 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.” Provision (b) Policy 430.00, p. 6, Section G, further states: “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.” Provision (c) Policy 430.00, p. 6, Section G, also states: “The DCR shall make best efforts to avoid placing juvenile offenders in isolation to achieve compliance. Absent exigent circumstances, agencies shall not deny juvenile offenders access to daily large-muscle exercise, legally required special education services, or other programs and work opportunities to the extent possible.” The PAQ confirms that the facility has housed zero youthful offenders in the past 12 months. <u>CONCLUSION</u> Based on the review and analysis of all available evidence, the Auditor has determined that the agency and facility meet all provisions of the standard pertaining to youthful inmates.
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW:</u>

1. Pre-Audit Questionnaire (PAQ) and supporting documentation.
2. West Virginia Division of Correctional and Rehabilitation, Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022.
3. West Virginia Division of Correctional and Rehabilitation, Policy 411.00 – Gender Nonconforming Inmates/Residents, dated February 1, 2020.
4. West Virginia Division of Correctional and Rehabilitation, Policy 111 – Training and Employee Development, dated January 1, 2019.
5. Training records related to cross-gender and transgender search procedures.

OBSERVATIONS:

During the facility tour, the Auditor observed announcements being made by opposite-gender staff when entering inmate housing units and restroom areas. The Auditor, being of the opposite gender, was also appropriately announced by staff when entering male housing and restrooms.

INTERVIEWS:

Random Staff:

Seventeen random staff interviews and informal conversations confirmed:

- All staff receive training on cross-gender search procedures during Day 1 of In-Service Training.
- Cross-gender strip or body cavity searches are not performed at the facility.
- Staff have not participated in cross-gender searches and stated that sufficient same-gender staff are always available to conduct necessary searches.
- Staff are aware that searches are not conducted for the sole purpose of identifying an inmate's genital status.
- Transgender and intersex inmates may shower privately, often using individual stalls or alternative shower times arranged with input from the inmate.

All (100%) interviewed inmates consistently reported:

- They have not experienced cross-gender searches.
- Opposite-gender staff always announce their presence before entering housing or bathroom areas.
- They are able to shower and dress without being viewed by opposite-gender staff.

Non-Medical Staff (Involved in Searches):

Staff confirmed that cross-gender strip or visual body cavity searches do not occur. In exigent circumstances, such searches would require prior approval from the Facility Head, be performed by medical staff, and be documented accordingly.

Transgender Inmates:

All transgender inmates interviewed:

1. Expressed satisfaction with current search and shower practices.
2. Confirmed they have never been searched solely to determine genital status.
3. Reported respectful treatment by staff and privacy accommodations consistent with policy.

PROVISIONS:

Provision (a):

The facility does not conduct cross-gender strip or visual body cavity searches except in exigent circumstances or by medical practitioners. No such searches were conducted in the past 12 months, as confirmed by staff interviews and the PAQ. Policy 430.00 (p. 6, H) addresses the procedures for such rare instances and mandates documentation.

Provision (b):

The facility does not permit cross-gender pat-down searches of female inmates, except in exigent circumstances, and does not restrict access to programming or out-of-cell time due to this policy. This was affirmed in the PAQ and verified by staff.

Provision (c):

If a cross-gender strip or visual body cavity search occurs, it is to be documented. While none occurred in the past year, staff were aware of the documentation requirements. This process is covered in Policy 430.00 and supported by staff interviews.

Provision (d):

Policies and staff practices ensure inmates can shower, change clothes, and perform bodily functions without being viewed by non-medical opposite-gender staff. Opposite-gender announcements were observed and reported as consistently made. Transgender inmates confirmed satisfaction with showering accommodations. Relevant policies:

Policy 430.00 (pp. 6-7, I & J)

Policy 411.00 (p. 3, III, B)

Provision (e):

All staff confirmed they are prohibited from searching transgender or intersex inmates to determine genital status. Staff were trained in respectful and appropriate procedures, with most invasive searches conducted by medical staff. This is supported by:

Policy 430.00 (p. 7, K)

	Policy 411.00 (p. 3, III, D) Provision (f): Training records confirmed that staff receive instruction on proper search techniques, including those involving cross-gender, transgender, and intersex inmates. Training is documented and includes policy review, signatures, and refresher training requirements. Applicable policies: Policy 430.00 (p. 7, L) Policy 111 (pp. 5-6) <u>CONCLUSION:</u> Based on document review, staff and inmate interviews, training verification, and direct observation, the Auditor concludes that the facility meets all provisions of PREA Standard §115.15 – Limits to Cross-Gender Viewing and Searches. The facility demonstrates a consistent, respectful, and policy-compliant approach to inmate privacy and staff training regarding searches.
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> 1. Pre-Audit Questionnaire (PAQ) 2. West Virginia Division of Correctional and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 3. Contract with Homeland Language Services, LLC for Interpreter and Translation Services 4. Homeland Language Services (HLS) Call Guide – WVDCR 5. Homeland Language Services (HLS) Phone Translation Service 6. Homeland Language Services (HLS) Sign Language Interpreter Guide 7. Homeland Language Services (HLS) Video Remote Interpreting Services 8. Homeland Language Services (HLS) Steps to Accessing Phone Interpreting Services 9. Staff Refresher Training for Homeland Language Services 10. PREA Information (English and Spanish)

OBSERVATIONS

During the facility tour, the Auditor observed PREA informational materials posted throughout the facility in both English and Spanish. These materials were visible in housing units, work areas, hallways, visitation areas, and other key locations. The Auditor was also provided with PREA brochures and training materials, which are available to the inmate population in both English and Spanish.

INTERVIEWS**Facility Head**

The Facility Head confirmed that the facility has established procedures to ensure inmates with disabilities or those with Limited English Proficiency (LEP) have meaningful access to PREA-related resources and reporting mechanisms. Available avenues include staff interpreters, written correspondence, and other supportive services.

Random Staff

Staff interviews revealed that when interpretation is required, staff first attempt to locate a bilingual staff member. If one is not available, they utilize contracted interpretation services through Homeland Language Services.

Inmates with Disabilities

Inmates with disabilities reported no concerns about vulnerability related to their disabilities. All indicated they receive PREA information in an understandable format. When asked, "Do you understand your rights related to sexual abuse and how to report sexual abuse or harassment?" all responded affirmatively.

LEP Inmate

The inmate with limited English proficiency confirmed receiving PREA-related information in Spanish.

PROVISIONS**Provision (a):**

According to the PAQ and confirmed during interviews, the agency/facility has established procedures to ensure inmates with disabilities and LEP inmates have equal opportunity to participate in and benefit from all aspects of its sexual abuse prevention, detection, and response efforts.

Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, Section M, states:

"Facilities shall take reasonable steps to ensure all offenders with disabilities and those who are limited English proficient have meaningful access and equal

opportunity to participate in or benefit from all aspects of the 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."

Inmates confirmed during interviews that they can effectively participate in these processes.

Provision (b):

The facility reported procedures are in place to ensure LEP inmates have equal access to PREA-related services and information. Available resources include:

Homeland Language Services, LLC (interpreter and translation services)

PREA written materials in both English and Spanish

PREA informational videos in English and Spanish with closed captions

The Auditor confirmed that all PREA materials available in English are equally available in Spanish. The facility also has access to interpretation in a variety of other languages, including American Sign Language, through Homeland Language Services.

Additional Accessibility Measures:

Hearing Impaired Inmates: Information provided visually through written material and video; access to Video Remote Interpreting in ASL.

Visually Impaired Inmates: Information delivered audibly by staff or through recorded messages/videos; Braille materials also available.

Cognitively Impaired and Limited Literacy Inmates: Information is provided audibly via staff or pre-recorded audio to ensure comprehension.

Policy 430.00, Section N, reinforces this commitment:

"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... Reading the information to the offender or communicating through an interpreter will ensure that he or she understands the PREA-related material. Additionally, the facility shall ensure that key information is continuously and readily available to offenders through posters or other written formats."

Provision (c):

According to the PAQ, there have been zero instances in the past 12 months where inmate interpreters, readers, or assistants were used to facilitate PREA-related communication. This was consistent with staff interviews.

Policy 430.00, Section O, 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.” The facility’s use of professional and contracted interpretation services eliminates the need to rely on inmate assistants for this purpose. <u>CONCLUSION</u> Based on the review and analysis of all documentation, interviews, and facility observations, the Auditor concludes that the agency/facility meets all provisions of the PREA standard concerning inmates with disabilities and those with limited English proficiency.
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW:</u> 1. Pre-Audit Questionnaire (PAQ) 2. West Virginia Division of Correctional and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 3. West Virginia Division of Correctional and Rehabilitation, Policy 132.00, Non-Uniform Promotion Guidelines, dated April 18, 2022 4. West Virginia Division of Correctional and Rehabilitation, Policy 135.00, Pre-Employment Processing, dated March 22, 2021 <u>INTERVIEW</u> Administrative Staff (Human Resources): Through the interview process, administrative staff shared the following: • Potential hires complete personnel documentation that requires disclosure of PREA-related information. • The agency actively enforces PREA standards and maintains a comprehensive tracking system to ensure all required background checks are completed for new hires, promotions, and the mandated four-year review cycle. • The Auditor reviewed the requested personnel files and confirmed that each contained all documentation required by the standard, including criminal history checks and PREA-related disclosures. • The three questions listed under Provision (a) are included in the hiring documents and answered as required. Staff also answer and document these

questions annually.

- Background checks are conducted for all new hires, at the time of promotion, and every four years for current staff.
- Staff are required to report any arrest activity through their chain of command.
- The agency provides information regarding substantiated allegations of sexual abuse or harassment involving former employees upon request.
- A centralized database is used to track background check completion and due dates.

PROVISIONS

Provision (a):

The facility reported on the PAQ that it prohibits the hiring or promotion of individuals who may have contact with inmates, or enlisting the services of contractors who may have contact with inmates, if the individual:

1. Has engaged in sexual abuse in an institutional setting as defined in 42 U.S.C. 1997;
2. Has been convicted of engaging or attempting to engage in sexual activity facilitated by force, threats, coercion, or involving an individual unable to consent or refuse;
3. Has been civilly or administratively adjudicated as having engaged in such conduct.

This was confirmed through HR interviews.

The PAQ reported 111 staff members and 47 new hires in the past twelve months. The facility also listed 34 contractors and 29 volunteers. The Auditor reviewed a random sample of contractor, volunteer and staff records, all of which were found compliant with PREA standards, including documentation of background checks.

Relevant Policies:

Policy 430.00, PREA Compliance (October 7, 2022), pp. 7-8

Policy 132.00, Non-Uniform Promotion Guidelines (April 18, 2022), p. 2, Section E

Provision (b):

The facility considers any incidents of sexual harassment when determining whether to hire or promote individuals or enlist contractors with inmate contact. This was verified through the HR interview. Background checks are completed before hiring, during promotions, and every four years.

Provision (c):

Prior to hiring new staff with potential inmate contact, the facility:

Conducts criminal background checks; and
Makes best efforts to contact all prior institutional employers regarding substantiated allegations of sexual abuse or resignations during an ongoing investigation, in compliance with federal, state, and local law.
This process, covering 47 hires over the past year, was verified in interviews with HR staff.

Relevant Policy:

Policy 430.00, PREA Compliance (October 7, 2022), p. 8, Section S

Provision (d):

Before utilizing any contractor who may have inmate contact, the facility conducts a criminal background check. According to the PAQ, there are two contracts in place where background checks were completed on all covered individuals. Checks are also completed every four years thereafter.

Relevant Policy:

Policy 430.00, PREA Compliance (October 7, 2022), p. 8, Section Q

Provision (e):

The facility conducts criminal background checks at least every four years for all current employees and contractors with inmate contact. This was confirmed during HR interviews.

Relevant Policy:

Policy 430.00, PREA Compliance (October 7, 2022), p. 8, Section R

Provision (f):

Applicants and current employees with inmate contact must answer questions related to prior sexual misconduct in applications, interviews, and self-assessments. There is an ongoing affirmative duty to disclose such misconduct. This practice was confirmed during HR interviews.

Relevant Policy:

Policy 132.00, Non-Uniform Promotion Guidelines (April 18, 2022), p. 2, Section E

Provision (g):

Material omissions or false information related to misconduct are grounds for termination. This was verified by HR personnel.

CONCLUSION:

Based on the review and analysis of all available evidence—including document review, personnel file audit, and staff interviews—the Auditor concludes that the facility meets all provisions of the standard regarding hiring and promotion practices

	in compliance with PREA requirements.
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW:</u> 1. Pre-Audit Questionnaire (PAQ) and supporting documentation 2. West Virginia Division of Correctional and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 <u>OBSERVATIONS</u> Facility Tour: During the facility tour, the auditor observed the presence of cameras and security mirrors throughout the facility, which are integral to monitoring and maintaining security. <u>INTERVIEW:</u> Facility Head During the interview process, the facility head indicated the following: • The facility has extensive camera coverage throughout the premises, supplemented by security mirrors to enhance security measures. • Any construction, renovation, or modification of the facility will be conducted with full consideration of PREA standards, particularly with regard to protecting inmates from sexual abuse. • Meetings are held to discuss any building or construction projects, during which safety measures, camera installations, or other relevant technologies are evaluated. • Executive staff, along with key supervisors and managers, participate in these meetings to address a range of issues, including data reporting, grievances, disciplinary reviews, video summary reviews, use of force incidents, incidents of sexual abuse, and the analysis of critical operational data such as overtime, leave time, and staff morale.

	<u>PROVISIONS</u> Provision (a): On the PAQ, the facility reported that no new facilities have been acquired, nor have substantial expansions or modifications been made to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. Relevant Policy: West Virginia Division of Correctional and Rehabilitation, Policy 430.00, PREA Compliance (October 7, 2022), p. 8, Section T: When designing or acquiring a new facility or planning substantial expansions or modifications, the Division of Correctional and Rehabilitation (DCR) considers how the design or modifications may affect its ability to protect offenders from sexual abuse. The facility's PREA Compliance Manager (PCM) is responsible for consulting with the Office of PREA Compliance when installing or updating video monitoring systems, electronic surveillance, or other technologies to enhance the DCR's ability to protect offenders. Provision (b): On the PAQ, the facility reported that it has not installed or updated its video monitoring systems, electronic surveillance systems, or other monitoring technologies since August 20, 2012, or since the last PREA audit, whichever is later. For more details, see Provision (a). <u>CONCLUSION:</u> Based on the review and analysis of all available evidence, the Auditor concludes that the agency/facility meets all provisions of the standard regarding facility upgrades and the implementation of monitoring technologies
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard Auditor Discussion <u>DOCUMENT REVIEW</u> 1. Pre-Audit Questionnaire (PAQ) 2. West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 3. Contract with West Virginia Foundation for Rape Information and Services (FRIS) for Sexual Assault Advocacy Services

INTERVIEWS

PREA (PC) / Director of PREA Compliance (DPC)

Interviews with the PC or DPC indicated that the agency follows a uniform evidence protocol designed to maximize the potential for obtaining usable physical evidence for administrative proceedings. These protocols include procedures and requirements for conducting forensic medical examinations.

PREA Compliance Manager (PCM)

During the interview process, the PCM confirmed that three forensic examinations were conducted in the past twelve months. The PCM also confirmed that victim advocacy services are provided through a contract with the West Virginia Foundation for Rape Information and Services (FRIS).

SAFE/SANE Staff

According to SANE personnel, if an inmate requests an advocate, arrangements are made for the victim advocate to provide support, information, and accompaniment before, during, and after the forensic examination. Follow-up counseling may be coordinated through the victim advocate in collaboration with mental health services.

Facility Staff

Through interviews, facility staff demonstrated an understanding of evidence preservation for both the victim and the alleged abuser. Staff clearly articulated their responsibilities from the moment an allegation of sexual abuse is reported until the matter is transferred to investigative or medical personnel.

Inmates Who Reported Sexual Abuse

Interviews with inmates who reported sexual abuse revealed the following:

- Facility staff responded promptly to reports of sexual abuse.
- Inmates were referred immediately for forensic examinations.
- Inmates reported being offered a victim advocate.
- Victim advocates were present during the examination, explaining the process and offering support.
- Inmates were not charged for any medical treatment.
- None of the inmates were asked to take a polygraph test.
- Inmates received written notification regarding the outcome of the investigation.

PROVISIONS

Provision (a)

The PAQ indicates that administrative investigations are conducted by the facility, while criminal investigations are handled by the West Virginia State Police. Both follow a uniform evidence protocol, as verified by the PCM.

Relevant policy references:

Policy 430.00, p. 18, VIII, A, 2: Designated staff must inquire into offender-on-offender harassment allegations.

Policy 430.00, p. 20, D: The DCR shall attempt to provide a victim advocate from a rape crisis center.

Provision (b)

The facility reported that it does not house youthful offenders. The inmate roster confirmed no individuals born after 2006. Nonetheless, the PCM affirmed that investigative protocols are developmentally appropriate for youth.

Relevant policy reference:

Policy 430.00, p. 19, F: Investigations must follow best practices for sexual assault and adhere to a uniform evidence protocol based on DOJ guidance or similarly comprehensive standards.

Provision (c)

According to the PAQ, three forensic examinations were completed in the past year. All were conducted on-site by SANE personnel. Victims incur no financial costs for treatment or examinations. If SANE or SAFE personnel are unavailable, ER physicians are used. The PCM verified this information.

Relevant policy references:

Policy 430.00, p. 20, I: Advocates or qualified staff may accompany victims during forensic examinations and investigatory interviews.

Policy 430.00, p. 23, B: Victims shall be offered access to forensic medical exams, preferably conducted by SAFE/SANE professionals.

Provision (d)

A contract with FRIS confirms that victim advocates are available for inmate victims of sexual abuse.

Relevant policy reference:

Policy 430.00, p. 23, D: The DCR shall attempt to make available a victim advocate from a rape crisis center.

Provision (e)

The FRIS contract confirms advocacy services are in place for inmates who experience sexual abuse.

Relevant policy reference:

Policy 430.00, p. 23, D: Upon victim request, advocates or qualified staff will provide support during examinations and investigations.

Provision (f)

	As described in Provision (a), the agency/facility conducts administrative investigations, while the West Virginia State Police handle criminal investigations. Relevant policy reference: Policy 430.00, p. 23, D: If DCR is not the investigating body, it shall request that the responsible agency comply with PREA policy requirements. Provision (g) Auditors are not required to assess this provision. Provision (h) As noted in Provision (d), advocacy services are provided by specially trained FRIS advocates. <u>CONCLUSION</u> Based on a comprehensive review of documents, policies, contracts, and interview data, the Auditor has determined that the agency/facility meets all provisions of the PREA standard related to evidence protocol and forensic medical examinations.
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW:</u> 1. Pre-Audit Questionnaire (PAQ) and supporting documentation 2. West Virginia Division of Corrections and Rehabilitation Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 3. PREA allegation investigative records <u>INTERVIEWS:</u> Facility Head: During the interview, the Facility Head emphasized that all allegations of sexual abuse and sexual harassment are treated with the utmost seriousness. Each allegation—whether administrative or criminal in nature—is investigated promptly and thoroughly. Random Staff: Staff members interviewed demonstrated a clear understanding of their obligation to report any suspicion or knowledge of sexual abuse or harassment. They consistently stated that such reports must be made as soon as possible, and always before the

	end of their shift. Investigative Staff: Investigative personnel confirmed that all allegations are investigated. Allegations with potential criminal implications are referred to the West Virginia State Police, while administrative allegations are handled by facility staff. <u>PROVISIONS:</u> Provision (a): According to the PAQ, the facility received 46 allegations of sexual abuse and sexual harassment in the past 12 months. All 46 allegations were subject to administrative investigation. None were referred for criminal investigation. Provision (b): The PAQ confirms that the agency has a policy and practice in place to ensure that allegations of sexual abuse or harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations—unless the allegations do not involve potentially criminal behavior. This policy is publicly accessible on the agency’s website: https://dcr.wv.gov/resources/Pages/prea.aspx The facility documents all referrals of allegations for criminal investigation. This was corroborated by the Facility Head during the interview. Policy 430.00, PREA Compliance (dated October 7, 2022), Section VIII, Subsection 4 (p. 18), outlines that CID investigators are primarily responsible for referring criminal allegations and providing assistance as needed. Provision (c): As indicated in Provision (a), administrative PREA investigations are conducted by the facility, while criminal investigations are referred to the West Virginia State Police. Provisions (d) and (e): These provisions are not required to be audited. <u>CONCLUSION:</u> Based on a comprehensive review of documentation and interviews with facility personnel, the Auditor concludes that the agency/facility meets all requirements of this standard. Policies and procedures are in place to ensure the appropriate referral and investigation of all allegations of sexual abuse and sexual harassment.
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENT REVIEW

1. Pre-Audit Questionnaire (PAQ)
2. West Virginia Division of Correctional and Rehabilitation, Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022
3. Staff Training Curriculum
4. Staff PREA Training Records

INTERVIEWS

Random Staff

Staff interviews confirmed that employees received initial PREA training upon hire or at the time PREA was implemented. All interviewed staff verified that they receive annual in-service PREA training, as well as additional PREA-related information during shift briefings. Staff further confirmed receipt of PREA training during calendar year 2024.

PROVISIONS

Provision (a)

The PAQ indicated that all employees with potential inmate contact receive comprehensive training on:

- The agency's zero-tolerance policy for sexual abuse and sexual harassment
- Their responsibilities under PREA policies and procedures, including prevention, detection, reporting, and response
- Inmates' right to be free from sexual abuse and harassment
- The right of inmates and staff to be free from retaliation for reporting sexual abuse or harassment
- The dynamics of sexual abuse and harassment in confinement
- Common reactions of victims of sexual abuse and harassment
- Recognizing signs of threatened or actual sexual abuse
- Avoiding inappropriate relationships with inmates
- Communicating effectively and professionally with all inmates, including those who identify as lesbian, gay, bisexual, transgender, intersex, or gender nonconforming
- Compliance with mandatory reporting laws

All randomly selected staff interviewed (100%) acknowledged training on each of these topics.

The Auditor reviewed the PREA curriculum and verified that all ten elements required under this provision were covered in detail. The training materials included numbered elements to support retention, with curriculum tailored to staff roles and levels of inmate contact. Specialized training is provided as appropriate to job classification.

The Auditor also reviewed staff training records from various staff categories. All reviewed files contained documentation confirming completion of the initial PREA training, along with signed acknowledgments of receipt and understanding of PREA training within the last twelve months.

Relevant Policy References:

Policy 430.00, p. 8, Section A: Requires PREA training for all staff, contractors, volunteers, mentors, and interns, within 30 days of hire or start of service

Policy 430.00, p. 8, Section B: Outlines all required training components aligned with Standard §115.31(a)

Provision (b)

The facility reported that staff training is tailored to the gender of the inmate population. Staff reassigned to facilities housing a different gender population receive supplemental training prior to assuming duties.

All interviewed staff (100%) confirmed they had received training relevant to the gender of the inmate population housed at the facility.

The Auditor reviewed training materials which addressed gender-specific issues, including those related to transgender inmates and cross-gender searches. The materials align with the requirements of this provision. Staff reassigned between facilities receive training reflecting the composition of the new facility prior to inmate contact.

Relevant Policy Reference:

Policy 430.00, p. 9, Section D: Requires training content to be appropriate to the gender of the offender population in the facility

Provision (c)

Of the 111 staff currently assigned to the facility, the Auditor reviewed training records for 40. All reviewed files (100%) confirmed that staff received PREA training within the last twelve months. In addition to this annual training, staff receive biannual refresher training, shift-based training, and ongoing education through meetings, materials, and facility postings.

The PAQ noted that the content of refresher training mirrors the training provided at the DCR Basic Academy.

Relevant Policy Reference:

Policy 430.00, p. 9, Section E: Mandates annual refresher training for all employees to ensure continued understanding of PREA policies and procedures

Provision (d)

	PREA standards require documentation of staff attendance and acknowledgment of PREA training. Training is confirmed either through signed receipts or training rosters. The Auditor reviewed staff files and verified the presence of signed PREA training acknowledgments. Files contained dated receipts corresponding to various training sessions throughout the past year. Where a receipt was not required, staff signed training logs confirming their attendance. The Auditor reviewed copies of training logs for all PREA-related training conducted in the past twelve months. Relevant Policy Reference: Policy 430.00, p. 9, Section C: Requires each facility to document staff understanding of PREA training through a Certificate of Understanding; documentation must be retained in staff training files and shared with the Office of PREA Compliance CONCLUSION Based on a comprehensive review of policy, training materials, staff records, and interviews, the Auditor concludes that the agency/facility meets all provisions of PREA Standard §115.31 related to staff training on the prevention, detection, reporting, and response to sexual abuse and sexual harassment.
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> • Pre-Audit Questionnaire (PAQ) • West Virginia Division of Correctional and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 • Volunteer/Contractor PREA Training Curriculum • Volunteer/Contractor Training Documentation <u>INTERVIEWS</u> <u>Contractor</u> During the interview process, a contractor confirmed receiving PREA training, noting that the training was specific to their roles and responsibilities within the facility. When asked about their understanding of PREA, the contractor was able to accurately describe what PREA is and, more importantly, articulate their specific role and responsibilities in the event they encountered an incident involving sexual abuse or

sexual harassment.

Volunteer

Similarly, a volunteer interviewed recalled having received PREA training that was tailored to their role in the facility. The volunteer demonstrated a clear understanding of PREA and was able to articulate their responsibilities in situations involving sexual abuse or sexual harassment.

PROVISIONS

Provision (a)

According to the PAQ, the facility reported that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency’s policies and procedures related to the prevention, detection, and response to sexual abuse and sexual harassment. The facility identified 29 volunteers and contractors with inmate contact who received PREA training. This was confirmed through interviews with both contractors and volunteers.

Additionally, the facility reported that contractors receive the same orientation training as new DCR hires.

Of the 29 individuals with inmate contact, the Auditor reviewed PREA training documentation for 17. The records confirmed that each individual received training aligned with the agency’s policies and procedures on the prevention, detection, and response to sexual abuse and sexual harassment.

Policy 430.00 (Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022), Section E, states that DCR shall provide annual refresher training for employees to ensure ongoing awareness of current sexual harassment policies and procedures. It also mandates that all volunteers and contractors with offender contact must be trained on their responsibilities in relation to the agency’s PREA-related policies. The level and content of training shall be based on the services provided and the level of inmate contact. All volunteers and contractors must be notified of the agency’s zero-tolerance policy and instructed on how to report incidents.

Provision (b)

The PAQ indicated that the level and type of training provided to volunteers and contractors are determined by the nature of the services they provide and their level of contact with inmates. All individuals are notified of the agency’s zero-tolerance policy and receive guidance on how to report incidents of sexual abuse or sexual harassment. These statements were verified through interviews with contractors and volunteers.

At a minimum, all volunteers and contractors receive training on:

The agency’s zero-tolerance policy regarding sexual abuse and sexual harassment
Procedures for reporting incidents

	Provision (c) The PAQ also reported that the agency maintains documentation verifying that volunteers and contractors understand the training they received. As outlined in Provision (b), each volunteer and contractor file includes a signed acknowledgment of PREA training. This meets the requirement to maintain documentation confirming that the training was received and understood. Policy 430.00, Section C, further supports this requirement, stating that facilities must document staff, volunteer, and contractor understanding through a Certificate of Understanding. These certificates are retained in the training file and a copy is forwarded to the Office of PREA Compliance. - <u>CONCLUSION</u> Based on the review and analysis of the available evidence, including documents, interviews, and agency policy, the Auditor has determined that the facility meets all provisions of the standard related to volunteer and contractor training.
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> 1. Pre-Audit Questionnaire (PAQ) 2. West Virginia Division of Corrections and Rehabilitation Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 3. PREA Education Brochures in English and Spanish 4. Inmate PREA Educational Materials <u>OBSERVATIONS</u> During the on-site tour, the Auditor observed PREA informational postings and inmate orientation materials prominently displayed in housing units and other shared areas. The Auditor also reviewed PREA education materials available in both English and Spanish. <u>INTERVIEWS</u> Intake Staff Intake staff confirmed that all inmates are provided an Admission & Orientation (A&O) Handbook upon arrival and that inmates sign an acknowledgment form, which is retained in their institutional files.

Random Inmates

Inmates interviewed consistently reported receiving written PREA materials, the Inmate Handbook, and information regarding the facility's zero-tolerance policy and reporting mechanisms upon arrival.

PROVISIONS**Provision (a)**

According to the PAQ, all inmates receive information during intake explaining the agency's zero-tolerance policy on sexual abuse and sexual harassment, as well as reporting procedures. This initial PREA education is designed to serve as an overview and is supplemented later with comprehensive education. Intake staff confirmed this practice.

The facility reported that 5,752 inmates were admitted in the past 12 months and 100% received PREA information upon intake. This was verified by intake staff and corroborated during interviews with 32 randomly selected inmates—all of whom reported receiving PREA information within 24 hours of arrival.

The Auditor reviewed 40 inmate records and found that all inmates received PREA materials within 24 hours of arrival.

Policy 430.00 (p. 10, Section IV, A) mandates that inmates receive educational information on the DCR's zero-tolerance policy and reporting procedures during intake and annually thereafter, communicated verbally, in writing, and in a manner clearly understood by the inmate.

Provision (b)

The PAQ states that 5,693 inmates with a stay exceeding 30 days received comprehensive PREA education. This includes:

- The agency's zero-tolerance policy (inmate brochure)
- Reporting procedures (brochure and hotline listings)
- The right to be free from sexual abuse and harassment (brochure)
- The right to be free from retaliation for reporting (brochure)
- Overview of response procedures (orientation handbook)

Additionally, intake staff confirmed that inmates are informed of the presence of male and female staff in housing units, retaliation prohibitions, and the investigation process.

Provision (c)

The PAQ confirms that all inmates received comprehensive PREA education within 30 days of arrival. Intake staff reported that PREA materials are provided immediately upon arrival and before housing unit assignments, regardless of whether the inmate is a new arrival or a transfer.

Policy 430.00 (p. 11, Section B) supports this, requiring PREA education upon every facility transfer, including provision of a handbook and training.

Provision (d)

The facility ensures PREA education is accessible to all inmates, including those who are:

Limited English Proficient: Materials available in Spanish and additional languages via LanguageLine services, including ASL

Hearing Impaired: Information provided visually, through written materials, videos, and VRI in ASL

Visually Impaired: Materials delivered audibly by staff or via recordings; Braille available

Cognitively Impaired or with Limited Reading Skills: Materials read aloud by staff or provided in audio format

Policy 430.00 (p. 10, Section IV, A) requires PREA education to be communicated in formats understood by the inmate.

Provision (e)

Documentation of inmate participation in PREA education is maintained by the facility. The PREA Compliance Manager confirmed this.

The Auditor reviewed 40 inmate records and confirmed that all inmates received both the intake and comprehensive PREA education within the required timeframes.

Policy 430.00 (p. 7, Section N) requires materials to be provided in accessible formats for inmates with disabilities or limited literacy and ensures ongoing access to key PREA information via posters or other written materials.

Provision (f)

According to the PAQ and verified during the tour, key PREA information is continuously and visibly available through posters, inmate handbooks, and other written formats throughout the facility.

CONCLUSION

Based on a comprehensive review of documentation, facility observations, and staff and inmate interviews, the Auditor concludes that the agency/facility meets all provisions of the standard regarding inmate education under PREA §115.33.

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW:

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

INTERVIEW:

Investigative Staff

Through the interview process and a thorough review of training documentation, the Auditor confirmed that each investigator has completed the required training and met all applicable training requirements.

PROVISIONS

Provision (a):

The Pre-Audit Questionnaire indicates that, in addition to general PREA training provided to all employees, the agency ensures that any investigators conducting sexual abuse investigations receive specialized training relevant to investigations within confinement settings.

The Auditor reviewed training records, including sign-in sheets and curriculum materials, which confirmed compliance with WVDCR's policy and PREA standards. These documents verified that investigative staff received both the general PREA training required of all WVDCR employees, contractors, and volunteers, as well as specialized training.

WVDCR Policy 430.00 (Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, pp. 9-10, Section F) states:

"In addition to the general training provided to all employees pursuant to §115.31, the Division of Corrections and Rehabilitation shall ensure that, to the extent the agency conducts sexual abuse investigations, its investigators receive specialized training in conducting investigations in confinement settings. Corrections Investigation Division (CID) investigative staff shall receive additional specialized training, which includes 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 • Criteria and evidence required to substantiate a case for administrative action or prosecutorial referral • Documentation of this specialized training is maintained in the employee's training file, with a copy sent to the Office of PREA Compliance." Provision (b): See Provision (a). The PAQ specifies that specialized training includes interviewing sexual abuse victims, use of Miranda and Garrity warnings, evidence collection in confinement settings, and understanding the standards for substantiating a case for administrative or prosecutorial action. Provision (c): See Provision (a). The PAQ confirms the agency maintains documentation verifying that investigators have completed the required specialized training. The Auditor reviewed certifications to confirm this. <i>Provision (d):</i> This provision is not subject to Auditor review. - <u>CONCLUSION:</u> Based on the review and analysis of the documentation and interview evidence, the Auditor has determined that the agency/facility meets all applicable provisions of the standard regarding specialized training for investigators.
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> 1. Pre-Audit Questionnaire (PAQ) 2. West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 3. Medical Training Curriculum 4. Medical Training Certificates <u>INTERVIEWS</u>

Facility Head

During the interview, the Facility Head confirmed that both medical and mental health care practitioners receive general and specialized PREA training, in alignment with agency policy.

Medical Staff

Medical staff affirmed through interviews that they received the general PREA training, as well as the specialized training specifically tailored for medical and mental health practitioners.

Mental Health Staff

Mental health staff also confirmed receiving both the general PREA training and the specialized training relevant to their roles as medical and mental health care providers.

PREA Compliance Manager (PCM)

The PCM verified during the interview that all medical and mental health care practitioners employed by or contracted with the agency/facility have received the employee training required under §115.31.

PROVISIONS**Provision (a)**

The facility reported in the PAQ that the agency maintains a policy addressing the specialized training of medical and mental health practitioners who regularly work in its facilities. The training is provided as outlined in WVDCCR Policy 430.00, dated October 7, 2022. Section G on page 10 states that, in addition to general orientation training, all full- and part-time medical and mental health staff must receive additional, specialized training related to sexual abuse and harassment. This training is delivered by a qualified source and must be completed during orientation, but no later than one month from the hire date.

The specialized training includes:

- How to preserve physical evidence of sexual abuse;
- How to respond effectively and professionally to victims of sexual abuse and sexual harassment;
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

This was confirmed through the review of training materials and interviews with staff and the PCM.

Provision (b)

Not Applicable – The facility prohibits its medical staff from conducting forensic examinations on sexual abuse victims, as outlined in procedure. Medical staff affirmed this prohibition during interviews.

	Provision (c) The PAQ indicates that the agency maintains documentation verifying that medical and mental health staff have completed the required training. Interviews confirmed that all staff have participated in and completed the necessary training, and documentation of this training is retained in individual personnel files. The Auditor reviewed this documentation, which aligns with agency requirements. Provision (d) According to the PAQ, all medical and mental health care practitioners employed by the agency receive the general PREA training mandated for employees, contractors, and volunteers. This was confirmed by interviews with medical and mental health staff, as well as a review of sign-in sheets and training materials. The documentation supports that both contract and direct-hire staff received this training in accordance with PREA standards and agency policy. <u>CONCLUSION</u> Based on a comprehensive review of documentation, staff interviews, and training materials, the Auditor concludes that the agency/facility is in full compliance with the standard regarding specialized training for medical and mental health care practitioners
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> • Pre-Audit Questionnaire (PAQ) • West Virginia Division of Corrections and Rehabilitation (WVDCR), Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022. • West Virginia Division of Corrections and Rehabilitation (WVDCR), Policy 401.13, Special Attention & Special Needs Alerts, dated August 29, 2022. • Risk Screening Instrument • 30-Day Risk Reassessment Instrument <u>OBSERVATIONS</u> During the on-site audit, the Auditor engaged in informal discussions with staff regarding the intake process.

INTERVIEWS

PREA Coordinator (PC) / Director of PREA Compliance (DPC)

Through interviews, the DPC confirmed that medical staff, mental health staff, classification staff, and the PREA Compliance Manager (PCM) have access to screening information collected during intake. Access is limited to a "need-to-know" basis and is used solely for treatment, security, management decisions (e.g., housing, work, education, and programming assignments).

The DPC also verified that the WVDCR does not detain inmates solely for civil immigration purposes.

Risk Screening Staff

Risk screening staff reported that the initial risk screening is completed within 24-72 hours of an inmate's arrival. This assessment considers prior acts of sexual abuse, convictions for violent offenses, and history of institutional violence or sexual abuse. A second risk screening is conducted within 30 days, with additional screenings following a PREA allegation, a return to the facility, or receipt of new safety information.

Transgender inmates are assessed within 24-72 hours of arrival, again within the first 30 days, and every six months thereafter.

Staff emphasized that inmates are not disciplined for refusing to answer questions during risk assessments. Instead, staff attempt to re-engage the inmate by explaining the purpose of the questions, but refusal does not result in any disciplinary action.

PREA Compliance Manager (PCM)

The PCM stated that the purpose of the risk screening assessment is to promote inmate safety. Screening results are used to identify inmates at higher-than-average risk for sexual victimization or abusiveness, facilitating safer housing and program placement.

The PCM confirmed that medical, mental health, and classification staff can access screening information on a "need-to-know" basis, specifically for treatment, security, and management decisions.

Random Inmates

Inmates interviewed recalled being asked about concerns for sexual safety, history of sexual victimization, suicidal thoughts, sexual orientation, gender identity, and whether this was their first incarceration.

They reported completing an initial risk assessment within 72 hours of arrival and a 30-day reassessment within a few weeks.

Transgender Inmate

The transgender inmate interviewed confirmed that an initial risk assessment was completed within 72 hours, followed by a reassessment the next month. Subsequent reassessments occur every May and November.

PROVISIONS

Provision (a)

The PAQ reports, and interviews confirmed, that facility policy requires risk screening upon admission or transfer.

All random inmates interviewed (100%) confirmed undergoing initial risk screening within 24 hours of arrival and reassessment within several weeks.

Policies Addressed:

WVDCR Policy 430.00 (PREA Compliance), pp. 11–12, Section V.A

WVDCR Policy 401.13 (Special Attention & Special Needs Alerts), p. 2

Provision (b)

The PAQ states inmates are screened within 72 hours of arrival.

Auditor review: 100% of 5,693 inmates in the past 12 months were screened within 72 hours.

Policy Addressed:

WVDCR Policy 430.00, p. 12, Section B.1

Provision (c)

The risk assessment uses an objective screening instrument.

Auditor verified the use of the PREA Compliance Manual Attachment 3 DCR Screening Form.

Provision (d)

The screening instrument addresses:

- Mental, physical, or developmental disability
- Age
- Physical build
- Prior incarceration
- Nonviolent criminal history
- Prior convictions for sex offenses
- Perceived or actual LGBTI/GNC status
- Prior sexual victimization
- Perception of vulnerability

Provision (e)

The risk assessment considers:

- Prior acts of sexual abuse
- Prior convictions for violent offenses
- History of institutional violence or sexual abuse

	Screening staff confirmed ongoing monitoring and reassessments based on new information, incidents, or referrals. Provision (f) Reassessments occur within 30 days of arrival and as needed based on additional information. Policy Addressed: WVDCR Policy 430.00, p. 13, Section G Provision (g) Risk reassessment occurs following referrals, requests, incidents of sexual abuse, or receipt of relevant new information. Policies Addressed: WVDCR Policy 430.00, p. 12, Section B.1-4 and p. 13, Section G Provision (h) Inmates are not disciplined for refusing to answer or for incomplete disclosure during assessments. Policy Addressed: WVDCR Policy 430.00, p. 13, Section F PAQ data shows that 100% of eligible inmates (5,693) were reassessed within 30 days of arrival. Policy Addressed: WVDCR Policy 430.00, p. 13, Section F <u>CONCLUSION</u> Based on review and analysis of the evidence, the Auditor has determined that the agency/facility meets every provision of the standard addressing Screening for Risk of Sexual Victimization and Abusiveness.
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> Pre-Audit Questionnaire (PAQ) and supporting documentation

- West Virginia Division of Corrections and Rehabilitation Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022
- Inmate Records
- Inmate Roster
- PREA Coordinator (PC) / Director of PREA Compliance (DPC)

INTERVIEWS

Director of PREA Compliance (DPC):

According to the DPC, as outlined in policy, an inmate's gender identification is initially determined by their legal sex assignment, typically at birth. However, from that point forward, all inmates are individually assessed and classified to ensure both their safety and that of the overall inmate population.

The DPC further reported that the views of transgender or intersex inmates regarding their own safety are given significant weight when making housing or programming decisions. These determinations are revisited through classification reassessments at least every six months or following any sexual incident. Additional interviews are conducted to assess potential threats or conflicts. Placement decisions are based on this comprehensive information.

The DPC confirmed the agency/facility is not under any consent decree, legal settlement, or judgment requiring the designation of a dedicated unit for LGBTI inmates. These individuals are housed in the general population unless specific issues arise. In such cases, appropriate staff engage directly with the inmate to address their concerns.

Risk Screening Staff:

Risk screening staff consistently reported that transgender and intersex inmates' perceptions of their own safety are heavily considered in classification and housing decisions. Inmates are evaluated individually through established assessment tools and in-depth discussions. Regular reassessments are conducted at least semi-annually, or more frequently when incidents of a sexual nature occur.

PREA Compliance Manager (PCM):

The PCM stated that staff assessments directly inform housing and programming decisions. Risk levels and individualized screening outcomes guide efforts to separate inmates at elevated risk of victimization from those at elevated risk of being abusive. The PCM confirmed that the views of transgender or intersex inmates are carefully considered, and reassessments include detailed inquiries into safety concerns and perceived threats.

Transgender Inmate:

The transgender inmate interviewed confirmed satisfaction with shower accommodations and reported being housed in general population. They noted they have never been placed in a unit exclusively for transgender inmates. The inmate roster reviewed by the Auditor verified their housing placement.

PROVISIONS

Provision (a):

The PAQ reports that risk screening information is used to guide housing, work, education, and program assignments, aiming to separate high-risk victimized inmates from those at risk of being abusive. The PCM and Policy 430.00 (p. 14, Section I) support this approach, emphasizing individualized determinations to ensure inmate safety.

Provision (b):

The facility confirmed, via the PAQ and risk screening staff interviews, that individualized safety determinations are a standard practice.

Provision (c):

The PAQ states that housing and programming assignments for transgender/intersex inmates are made on a case-by-case basis to avoid management or security issues. Policy 430.00 (p. 14, Section K) mandates the same, and screening staff verified adherence.

Provision (d):

The PAQ, staff interviews, and the transgender inmate confirmed reassessments occur at least twice per year or when safety concerns arise. Policy 430.00 (p. 14, Section L) echoes this practice.

Provision (e):

Both staff and the transgender inmate verified that the individual's safety views are taken seriously in placement decisions. Policy 430.00 (p. 14, Section L) supports this, incorporating these views into the risk assessment tool.

Provision (f):

Transgender and intersex inmates are afforded the opportunity to shower separately. This was verified by the PCM, risk screening staff, and the transgender inmate. Policy 430.00 (p. 14, Section L) explicitly requires this accommodation, and privacy is provided through separate shower times or stalls.

Provision (g):

The PAQ and the DPC affirmed that LGBTI inmates are not placed in dedicated facilities solely based on their status unless required by a legal mandate. The transgender inmate verified being housed in general population, which was confirmed via roster review. Policy 430.00 (p. 14, Section L) prohibits placement in segregated units solely based on LGBTI identification.

CONCLUSION

Based on a comprehensive review of documentation, interviews, and facility practices, the Auditor finds the agency/facility meets all provisions of the standard regarding the use of screening information under PREA Standard §115.42.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> • Pre-Audit Questionnaire (PAQ) and Supporting Documentation • West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022. <u>INTERVIEWS</u> Facility Head or Designee During the interview process, the Facility Head reported that all placements in segregated housing, regardless of the reason, are documented and reviewed at a minimum of every thirty days. Staff Who Supervise Inmates in Segregated Housing Through formal interviews and informal conversations, staff reported that they had not observed any inmates who were victims of sexual abuse or retaliation being involuntarily placed in segregated housing. Inmates in Segregated Housing At the time of the on-site audit, there were no inmates in segregated housing due to allegations of sexual abuse. All inmates housed in segregation were there either for administrative reasons or as a result of disciplinary action. PREA Compliance Manager (PCM) The PCM stated during the interview that no inmates had been placed in protective custody or involuntary administrative/punitive segregation in the past twelve months due to risk of sexual victimization or as a result of being a victim of sexual abuse. <u>PROVISIONS</u> Provision (a) The facility reported in the PAQ that the agency prohibits the placement of inmates at elevated risk of sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been conducted, and it is determined that no other means of separation from likely abusers is available. According to the PAQ and the PCM, there have been no such placements in the past twelve months. Therefore, no inmates were interviewed under this standard. This was verified by the Facility Head. Relevant policy: Policy 430.00, PREA Compliance, p. 14, Section M:

Offenders at high risk of sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been completed and no other viable option exists. If the assessment cannot be conducted immediately, the facility may place the offender in involuntary segregation for no more than 24 hours while completing the assessment.

Provision (b)

The facility reported in the PAQ that while it is unlikely for an inmate to be placed in segregation for protective reasons, any such inmate would retain access to programs, privileges, education, and work opportunities to the extent possible. This was confirmed by the Facility Head.

Relevant policy:

Policy 430.00, PREA Compliance, p. 15, Section O:

Offenders placed in involuntary segregation for protection shall have access to programs, privileges, and education. Work opportunities will be provided to the extent possible. Any limitation must be documented with reasons and duration. In cases where no alternatives are available, offenders may be temporarily housed in segregation, not to exceed thirty (30) days. Extensions beyond this period require documentation and approval by the Superintendent within 72 hours.

Provision (c)

The PAQ indicated that in the past twelve months, no inmates at risk of sexual victimization were held in involuntary segregation for more than 30 days while awaiting alternative placement. This was confirmed by the PCM.

Refer to Provision (b) for related policy language.

Provision (d)

The PAQ indicated that in the past twelve months, no inmates were placed in involuntary administrative or punitive segregation for more than 30 days while awaiting alternative placement. This was corroborated by staff responsible for supervising segregated housing.

Relevant policy:

Policy 430.00, PREA Compliance, pp. 14–15, Section N, Subsections 1–3:

If an involuntary segregation assignment is made, the PCM must document:

The basis for the staff's concern regarding the offender's safety;

The alternative means of separation that were considered; and

The rationale for why no alternative could be arranged.

Provision (e)

	According to the PAQ and PCM, there were no inmates placed in protective custody under this standard during the past twelve months. As a result, no inmate interviews were conducted regarding this provision. Relevant policy: Policy 430.00, PREA Compliance, p. 15, Section O: Involuntarily segregated offenders must retain access to programs, privileges, and education. Work opportunities should be provided when possible. Limitations must be documented. Such assignments should not exceed 30 days unless necessary, with proper justification and Superintendent approval within 72 hours. All such placements must be reported to the PCM within 24 hours and reviewed every 30 days to assess ongoing need. <u>CONCLUSIONS</u> Based on the review and analysis of all documentation, interviews, and relevant policies, the Auditor concludes that the agency/facility meets all provisions of the PREA standard related to protective custody
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> • The Auditor reviewed the following documents in preparation for and during the audit process: • Pre-Audit Questionnaire (PAQ) and supporting documentation • West Virginia Division of Corrections and Rehabilitation, Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 • Offender Orientation Materials (available in both English and Spanish) • Contract between the agency/facility and the West Virginia Foundation for Rape Information and Services (WV FRIS) to provide emotional support to inmates <u>OBSERVATIONS</u> During the on-site portion of the audit, the Auditor observed PREA informational materials prominently posted throughout the facility, including in housing units, communal areas, hallways, the intake holding area, and the dining room. All postings were accessible in both English and Spanish. The Auditor also tested multiple inmate telephones across various housing units. All

telephones checked were operational and accessible to inmates for outgoing calls, including calls to the PREA hotline.

INTERVIEWS

PREA Compliance Manager (PCM)

The PCM confirmed that inmates may report sexual abuse or harassment through several internal and external avenues. These include contacting the State PREA Director, reporting to the contracted external agency, or through other public or private entities.

Random Staff

Staff consistently reported that they would accept reports of sexual abuse or harassment from inmates and ensure such reports are forwarded to the appropriate supervisory personnel. Staff identified various reporting methods available to inmates, including speaking to staff, using the confidential hotline to WV FRIS, notifying family members, or submitting a written report. Staff also acknowledged multiple avenues to privately report abuse themselves, such as to a supervisor, the facility PCM, the State PREA Director, or WV Fusion Center

Random Inmates

Inmates interviewed were able to describe multiple reporting mechanisms, including using the hotline, speaking with the PCM or a staff member, contacting family members, or writing to addresses posted on PREA informational materials. Many indicated they would first report an incident directly to a staff member. Inmates also demonstrated awareness of the external victim advocacy agency and the services it provides, such as counseling and advocacy.

PROVISIONS

Provision (a)

The PAQ and interviews confirmed that the facility provides multiple internal methods for inmates to report sexual abuse, sexual harassment, retaliation, or staff neglect related to such incidents. These include verbal and written communication with staff, use of grievance procedures, and toll-free calls to WV Fusion Center, #01 from any inmate telephone.

Policy Reference: West Virginia DCR Policy 430.00, p. 15, VI, A, states inmates are provided multiple internal and external avenues to report incidents privately, including retaliation and staff neglect. It also addresses detainees held for civil immigration purposes, detailing how to contact consular and DHS officials.

Provision (b)

The PAQ and PCM confirmed that inmates may report to an external, non-DCR affiliated entity. The agency's contract with WV Fusion Center includes access to a confidential, toll-free hotline monitored and archived by the agency.

Policy Reference: Policy 430.00, p. 15, VI, A, affirms that inmates are afforded the

	ability to report to an external entity capable of receiving and forwarding reports, while preserving anonymity if requested. Provision (c) The facility reported, and staff interviews confirmed, that employees are trained to accept reports via verbal, written, anonymous, and third-party sources. Staff are required to promptly document any verbal reports received. Policy Reference: Policy 430.00, p. 15, VI, B, designates all employees, contractors, volunteers, and interns as mandatory reporters, required to accept and report all allegations from any source. Provision (d) The agency provides a confidential means for staff to report sexual abuse or harassment of inmates. Staff may contact the State PREA Director or WV Fusion Center using the toll-free hotline. Policy Reference: Procedures are in place for staff to make private reports, as verified through the PAQ and PCM interviews. <u>CONCLUSIONS</u> Based on the review of documents, observations, and interviews with staff and inmates, the Auditor concludes that the facility meets all provisions of the standard regarding inmate reporting of sexual abuse and harassment.
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> Reviewed Materials: • Pre-Audit Questionnaire (PAQ) and supporting documentation • West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 <u>INTERVIEWS</u> Random Staff: Through the interview process, staff confirmed that inmates are permitted to submit grievances alleging the risk of imminent sexual abuse or to report an allegation of sexual abuse. Staff were able to clearly articulate the procedures for submitting these

emergency grievances. Staff also confirmed that supervisors are aware of the time-sensitive requirements for responding to emergency grievances that involve the risk of imminent sexual abuse.

Random Inmates:

Through interviews, inmates consistently reported that they are able to file grievances to report allegations of sexual abuse or an imminent risk of sexual abuse. All interviewed inmates demonstrated an awareness of the grievance process, although none had filed a grievance related to a PREA issue. Inmates reported they would notify a staff member immediately, considering it the fastest method of reporting, and noted they would use the hotline for more privacy. Inmates also reported being aware of the option to submit allegations anonymously.

Inmates Who Reported Sexual Abuse:

At the time of the on-site audit, there were no inmates housed at the facility who had reported sexual abuse. Consequently, there were no interviews conducted with inmates in this category.

PROVISIONS

Provision (a):

The facility reported in the PAQ that both sexual abuse and sexual harassment are grievable issues. When a grievance form contains a PREA allegation, it is treated as a written report and forwarded immediately for investigation, bypassing the standard grievance process. Staff interviews verified this practice.

Policy Reference: Policy 430.00, p. 16, section D – Specifies that there is no time limit on when an offender may submit a grievance regarding an allegation of sexual abuse and that such grievances are forwarded immediately for action.

Provision (b):

The PAQ and policy confirm that inmates may submit grievances alleging sexual abuse at any time, without being required to go through an informal resolution process.

Policy Reference: Policy 430.00, p. 16, section D – Clearly states the DCR does not require offenders to attempt informal resolution with staff for allegations of sexual abuse.

Provision (c):

According to the PAQ and supporting policy, inmates may submit grievances without routing them through staff members who are the subject of the complaint. Additionally, grievances are not referred to staff members who are the subject of the allegations.

Policy Reference: Policy 430.00, p. 16, section D(1-2) – Details procedural safeguards to prevent conflict of interest in the grievance process.

Provision (d):

The PAQ states that in the past 12 months, there was one grievance filed that alleged sexual abuse.

	Policy Reference: Policy 430.00, p. 16, section E – Requires a final agency decision on any grievance alleging sexual abuse within 90 days. Provision (e): The PAQ reports that there were no grievances filed in the past 12 months by third parties or situations in which an inmate declined third-party assistance. Policy Reference: Policy 430.00, p. 16, section F – Allows third parties to file grievances on behalf of inmates and requires documentation if the inmate declines such assistance. Provision (f): The PAQ indicates that no emergency grievances alleging imminent risk of sexual abuse were filed in the past 12 months. Policy Reference: Policy 430.00, p. 16, section G – Requires immediate action, with an initial response within 48 hours and a final decision within 5 calendar days for emergency grievances. Provision (g): The PAQ confirms that no disciplinary action was taken against any inmate for filing a grievance in bad faith over the past 12 months. Policy Reference: Policy 430.00, p. 16, section H – States that discipline may only occur when bad faith is demonstrably proven. <u>CONCLUSION</u> Based on the review of the Pre-Audit Questionnaire, policy documentation, and interviews with both staff and inmates, the Auditor finds that the agency/facility meets all provisions of PREA Standard §115.52. The facility has appropriate policy and practice in place to ensure inmates have unimpeded access to the grievance process for allegations of sexual abuse and that grievances are managed in a timely, impartial, and protective manner
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> • Pre-Audit Questionnaire (PAQ) • West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 • Contract between the agency/facility and the West Virginia Foundation for

Rape Information and Services (FRIS)

- “Reporting is the First Step” informational material
- Outside Confidential Support Services Agency Information
- Inmate Intake Package

OBSERVATIONS

During the facility tour, the Auditor observed that PREA-related information was prominently posted throughout the facility. The PREA Hotline number was clearly visible and placed near inmate telephones for easy access.

The Auditor tested several inmate telephones and confirmed they were operational. A successful test call was made to an outside support agency. The Auditor was able to speak directly with an advocate, without the need to provide any identifying information. The advocate was responsive and confirmed that no personal details were required for the call to proceed.

INTERVIEWS

Random Inmates:

All inmates interviewed confirmed the availability of an address and toll-free number to contact an external support person in the event of sexual abuse or harassment. Each inmate stated the calls are confidential.

PREA Compliance Manager (PCM):

The PCM confirmed that the facility does not house individuals detained solely for civil immigration purposes. The PCM also confirmed the existence of a contract with the West Virginia Foundation for Rape Information and Services (FRIS) for the provision of victim advocate services. The hotline number, *9088, is accessible from any inmate phone, though the PCM noted that calls are monitored and recorded.

Intermediate or Higher-Level Staff:

During formal and informal conversations, staff members reported that inmate phones are checked daily to ensure proper functionality. This daily check helps guarantee that inmates can access external support services and remain in contact with family members.

PROVISIONS

Provision (a):

The PAQ confirms the facility provides inmates with access to outside victim advocates by:

Giving inmates mailing addresses and telephone numbers (including toll-free options) for state and local advocacy organizations.

Enabling reasonable communication between inmates and those organizations in as

confidential a manner as possible.

Providing access to the FRIS hotline (*9088) and the national hotline through REACH, The Counseling Connection (1-800-656-HOPE), both of which offer emotional support services for past and current sexual victimization.

Inmates verified during interviews that they were aware of and had access to these resources. The "Reporting is the First Step" flyer clarifies that calls are free and can be made anonymously. The FRIS hotline operates 24/7 and provides emotional support services related to sexual victimization.

Relevant Policies:

Policy 430.00, p. 11, §5 – Provides contact info for immigration service agencies and ensures confidential communication.

Policy 430.00, p. 11, §3 – Requires inmates be informed of monitoring and reporting limits prior to accessing outside support.

Provision (b):

The PAQ confirms that inmates are informed in advance about the extent to which their communication with support agencies will be monitored and how reports of abuse will be forwarded under mandatory reporting laws.

Inmates acknowledged the confidentiality limitations during interviews. They understood that disclosures involving child abuse, intent to harm oneself or others, or ongoing criminal activity would be reported to law enforcement by REACH staff.

Relevant Policy:

Policy 430.00, p. 15, VI, A – Requires the agency to provide a method for inmates to report abuse to a public or private entity not affiliated with the DCR, and permits anonymous reports.

Provision (c):

The agency maintains a contract with FRIS to provide victim advocacy services, including emotional support and access to a monitored hotline. A copy of this contract was made available to the Auditor.

Relevant Policies:

Policy 430.00, p. 16, §I – Directs the DCR to maintain or attempt MOUs with community service providers to support inmates confidentially.

Policy 430.00, p. 16, §I – Requires that detainees held for civil immigration purposes receive contact info for consular officials and DHS representatives.

CONCLUSION

Based on the comprehensive review of documentation, facility observations, and interviews with staff and inmates, the Auditor finds that the agency/facility is fully compliant with all provisions of PREA Standard §115.53. The agency provides inmates with meaningful and confidential access to external victim advocacy and emotional

	support services, supported by formal agreements and consistent implementation
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW: The Auditor reviewed the Pre-Audit Questionnaire (PAQ) and relevant supporting documentation, including: • West Virginia Division of Corrections and Rehabilitation Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 • The official agency website: www.dcr.wv.gov • “Reporting is the First Step” informational materials <u>INTERVIEWS:</u> Random Inmate Interviews During the interview process, inmates consistently demonstrated awareness of third-party reporting options. They articulated an understanding of what third-party reporting entails. When asked how they would report an incident through a third party, most inmates indicated they would contact a family member—typically a grandmother or mother. <u>DOCUMENT REVIEW:</u> The Auditor reviewed the Pre-Audit Questionnaire (PAQ) and relevant supporting documentation, including: • West Virginia Division of Corrections and Rehabilitation Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 • The official agency website: www.dcr.wv.gov • “Reporting is the First Step” informational materials <u>INTERVIEWS:</u> Random Inmate Interviews During the interview process, inmates consistently demonstrated awareness of third-party reporting options. They articulated an understanding of what third-party reporting entails. When asked how they would report an incident through a third party, most inmates indicated they would contact a family member—typically a

grandmother or mother.

PROVISIONS:

Provision (a)

According to the PAQ, the facility provides access to third-party reporting via the agency's website, www.dcr.wv.gov.

The website provides the following guidance:

"If you were the victim of sexual misconduct while in custody in West Virginia, or if you know of a person in custody in West Virginia who was a victim, you may report it to the WV Division of Corrections and Rehabilitation by using the following methods:

- If you were, or are, in custody at a WV jail facility, you may call (304) 558-2036 and ask for the PREA Coordinator.
- You may also email dcrprea@wv.gov.
- In the case of email communications, please include the following:
 - The incident that occurred
 - Who was the victim?
 - Who is the suspect?
 - Time and date of the sexual abuse
 - Your anonymity will be protected, if requested."

The website and posted notices provide clear instructions and accessible means for third-party reporters to submit allegations of sexual abuse or harassment.

Inmate interviews confirmed their awareness of these methods. Several inmates accurately described that a family member could report on their behalf using one of the identified avenues.

The "Reporting is the First Step" material supports this by stating that inmates may utilize family members to file third-party reports through the methods outlined above.

Policy Review:

Policy 430.00, page 5, section b, states:

"All employees, contractors, volunteers, and interns are mandatory reporters and shall accept verbal, written, anonymous, and third-party allegations from offenders who observe, are involved in, or have any knowledge, information, or suspicion of sexual abuse, harassment, or an inappropriate relationship. All reports shall be promptly documented and reported to the 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."

CONCLUSION:

Based on the review and analysis of the PAQ, policy documents, website content, supplemental materials, and inmate interviews, the Auditor concludes that the

agency/facility meets all provisions of the standard related to third-party reporting.

Provision (a)

According to the PAQ, the facility provides access to third-party reporting via the agency's website, www.dcr.wv.gov.

The website provides the following guidance:

"If you were the victim of sexual misconduct while in custody in West Virginia, or if you know of a person in custody in West Virginia who was a victim, you may report it to the WV Division of Corrections and Rehabilitation by using the following methods:

- If you were, or are, in custody at a WV jail facility, you may call (304) 558-2036 and ask for the PREA Coordinator.
- You may also email dcraprea@wv.gov.

In the case of email communications, please include the following:

- The incident that occurred
- Who was the victim?
- Who is the suspect?
- Time and date of the sexual abuse
- Your anonymity will be protected, if requested."

The website and posted notices provide clear instructions and accessible means for third-party reporters to submit allegations of sexual abuse or harassment.

Inmate interviews confirmed their awareness of these methods. Several inmates accurately described that a family member could report on their behalf using one of the identified avenues.

The "Reporting is the First Step" material supports this by stating that inmates may utilize family members to file third-party reports through the methods outlined above.

Policy Review:

Policy 430.00, page 5, section b, states:

"All employees, contractors, volunteers, and interns are mandatory reporters and shall accept verbal, written, anonymous, and third-party allegations from offenders who observe, are involved in, or have any knowledge, information, or suspicion of sexual abuse, harassment, or an inappropriate relationship. All reports shall be promptly documented and reported to the 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."

CONCLUSION:

Based on the review and analysis of the PAQ, policy documents, website content, supplemental materials, and inmate interviews, the Auditor concludes that the

	agency/facility meets all provisions of the standard related to third-party reporting.
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115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW • Pre-Audit Questionnaire (PAQ) • West Virginia Division of Corrections and Rehabilitation Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022. INTERVIEWS PREA Coordinator / Director of PREA Compliance (DPC) The DPC confirmed that the facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigator, consistent with policy and PREA standards. Medical and Mental Health Practitioners Medical and mental health staff interviewed demonstrated a clear understanding of their reporting duties. Each practitioner was able to verbalize their responsibility to immediately report allegations of sexual abuse and acknowledged the mandatory reporting laws. They also consistently explained the importance of advising inmates, prior to providing services, about the limitations of confidentiality due to these legal obligations. Facility Head The Facility Head confirmed awareness of the policy requiring immediate reporting of sexual abuse and harassment allegations to the appropriate agency authorities, including the PREA Compliance Manager (PCM) and investigators. The Facility Head emphasized the duty of staff to report any knowledge, suspicion, or information regarding such incidents, including retaliation or staff neglect, in accordance with PREA guidelines. Random Staff Interviews with randomly selected staff revealed a comprehensive understanding of their obligations. Staff uniformly stated they would immediately report allegations to their supervisor or the PCM, consistent with the agency's procedures. They emphasized the confidential nature of such reports and that disclosures are limited strictly to individuals involved in treatment, investigation, or facility management. All interviewed staff (100%) confirmed that PREA-related allegations are forwarded to the

PCM, who in turn, notifies investigative personnel.

PROVISIONS

Provision (a):

The PAQ and interview responses confirm that all staff are required to report immediately any knowledge, suspicion, or information related to incidents of sexual abuse, sexual harassment, or retaliation.

Per Policy 430.00 (p.15, VII, B), all employees, contractors, volunteers, and interns are mandatory reporters and must accept verbal, written, anonymous, and third-party reports. All such reports must be documented and forwarded to the Superintendent and PCM. Failure to comply can result in disciplinary action.

Provision (b):

The facility affirmed, and random staff confirmed, that information related to sexual abuse reports is only disclosed as necessary for treatment, investigation, or security/management purposes, as specified in policy.

Policy 430.00 (p.17, VII, A) affirms this, stating that staff shall not reveal any information except for essential operational needs or investigative processes.

Provision (c):

Medical and mental health practitioners must inform inmates at the start of services about their duty to report and the limitations of confidentiality.

The PAQ and staff interviews confirmed compliance with this provision, in line with mandatory reporting laws and Policy 430.00.

Provision (d):

If the alleged victim is under 18 or a vulnerable adult, the agency is required to report the allegation to appropriate State or local services agencies.

Policy 430.00 (p.22, XI, A) supports this and also requires informed consent before reporting prior non-institutional victimization, unless the inmate is under 18.

Provision (e):

The facility reports all allegations, including those that are third-party or anonymous, to the designated investigator.

The DPC confirmed this practice during the interview process, consistent with agency policy and the PREA standard.

CONCLUSION

Based on a thorough review of the PAQ, policy documentation, and interviews with agency personnel and facility staff, the Auditor concludes that the West Virginia Division of Corrections and Rehabilitation fully meets the requirements of §115.61 – Staff and Agency Reporting Duties

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT</u> • Pre-Audit Questionnaire (PAQ) and supporting documentation • West Virginia Division of Corrections and Rehabilitation Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 <u>INTERVIEWS</u> Agency Head (AH) During the interview, the Agency Head confirmed that when allegations of sexual abuse, sexual harassment, or sexual misconduct are reported, the facility head at the inmate's current location is immediately notified. The AH also stated that the alleged victim may be temporarily transferred to another housing unit or facility to ensure safety during the investigation. If a perpetrator is identified, they would be placed in administrative segregation pending the outcome of the investigation. Facility Head The Facility Head confirmed that when allegations of sexual abuse, sexual harassment, or sexual misconduct arise, immediate steps are taken to protect the alleged victim. These actions may include transferring the inmate to another area within the facility or to another facility entirely. If the alleged perpetrator is known, they are placed in segregated housing. Random Staff Randomly selected staff members consistently reported that if an inmate disclosed an allegation, they would immediately separate the victim and the alleged perpetrator, ensure the victim's safety, notify their supervisor, and take appropriate steps to preserve evidence. <u>PROVISIONS</u> Provision (a) According to the PAQ, in the past 12 months, there were no instances in which the agency/facility determined that an inmate was at substantial risk of imminent sexual abuse. However, the agency/facility affirms that when such risk is identified, immediate action is taken to protect the inmate. <u>Conclusion</u> Based on a comprehensive review and analysis of all available documentation and interview findings, the Auditor concludes that the agency/facility meets all provisions of the standard related to agency protection duties.

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> • Pre-Audit Questionnaire (PAQ) and supporting documentation • West Virginia Division of Corrections and Rehabilitation Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 <u>INTERVIEWS</u> Agency Head (AH) The Agency Head confirmed that all allegations of sexual abuse, sexual harassment, or staff sexual misconduct occurring within any WVDCR facility are thoroughly investigated. Facility Head The Facility Head stated that any allegation of sexual abuse or sexual harassment received from another agency is immediately assigned to a unit investigator to ensure timely and thorough investigation. PREA Coordinator (PC) / Director of PREA Compliance (DPC) The Director of PREA Compliance confirmed that all allegations of sexual abuse or sexual harassment received from another agency are promptly assigned to a unit investigator for investigation. PREA Compliance Manager (PCM) The PREA Compliance Manager affirmed that all allegations related to sexual abuse, sexual harassment, or staff sexual misconduct that occurred within any WVDCR facility are investigated without exception. <u>PROVISIONS</u> Provision (a) According to the PAQ, the facility received zero allegations in the past 12 months that an inmate was sexually abused while confined at another facility. The Facility Head confirmed this. WVDCR Policy 430.00, PREA Compliance, dated October 7, 2022 (p. 15, Section C), outlines that upon receiving such an allegation, the Superintendent of the receiving facility must notify, in writing within 72 hours, the head of the facility or appropriate office where the alleged abuse occurred, and also inform the Office of PREA Compliance. A phone call may be made prior to written notification. Documentation of the notification must be completed using the designated form in the PREA Manual. The facility or agency receiving the notification must ensure the allegation is investigated in accordance with PREA standards.

	Provision (b) The PAQ indicates that when an allegation is received regarding abuse at another facility, the head of the receiving facility notifies the head of the facility or appropriate agency office where the alleged abuse occurred. This was confirmed by the Facility Head. Refer to Provision (a) for policy details. Provision (c) The PAQ states that all notifications to other facilities are completed in writing within 72 hours of becoming aware of the allegation. The Facility Head confirmed this practice. Refer to Provision (a) for policy details. Provision (d) The PAQ reports that in the past 12 months, the facility received zero allegations of sexual abuse from other facilities. The Facility Head confirmed this information. Refer to Provision (a) for policy details. CONCLUSION Based on the review and analysis of the PAQ, relevant policy, and staff interviews, the Auditor concludes that the facility meets all provisions of the standard related to reporting to other confinement agencies.
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> • Pre-Audit Questionnaire (PAQ) • West Virginia Division of Corrections and Rehabilitation Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 • West Virginia Division of Corrections and Rehabilitation Coordinated Response Plan, Attachment 4-DCR, dated August 2019 <u>INTERVIEWS</u> Facility Head The Facility Head confirmed that all first responder staff are trained in the PREA response protocol, with frequent refresher training provided to ensure continued competency and compliance. The Facility Head also noted that first responders are familiar with, and have access to, the Coordinated Response Plan (Attachment 4-DCR,

dated August 2019).

Security Staff - First Responders

Security first responders reported receiving PREA training through annual in-service sessions, on-the-job instruction, staff meetings, and shift briefings. They also affirmed that they have access to the Coordinated Response Plan, Attachment 4-DCR, and understand their responsibilities under the plan.

Non-Security First Responders

Non-security staff explained that if they were the first to respond to a report of sexual abuse, they would immediately notify security staff, separate the victim and alleged perpetrator, instruct both parties not to take any actions that might destroy physical evidence, and secure the area until security personnel arrive. They demonstrated a strong understanding of confidentiality and its importance in responding to these incidents.

Random Staff

Randomly interviewed staff were consistently able to describe the appropriate steps to take during a PREA incident. Their responses included separating the parties involved, securing and preserving evidence and the scene, contacting medical staff as needed, and reporting the incident through the appropriate channels.

PROVISIONS

Provision (a)

The PAQ confirms the facility has an established policy designating responsibilities for both security and non-security staff as first responders in the event of a sexual abuse allegation. Interviews with staff further confirmed the policy's implementation.

The PAQ reported 10 allegations of sexual abuse in the past 12 months. In each situation, as appropriate, security staff separated the alleged victim and abuser. The first responder is responsible for the collection of physical evidence, when notification is made in time to allow for the collection of physical evidence.

Relevant policies include:

Policy 430.00, PREA Compliance (p. 17, Section VII, D): This policy requires that upon learning of an allegation, the first responding staff member must separate the alleged victim and abuser, preserve the scene for evidence collection, and instruct the involved individuals not to take actions that may compromise physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, etc.).

Coordinated Response Plan, Attachment 4-DCR (dated August 2019): This plan directs first responders to separate the victim and abuser and maintain that separation until the investigation is complete.

Provision (b)

According to the PAQ, none of the sexual abuse allegations reported in the past 12 months involved a non-security staff member as the first responder. However, the facility has protocols in place should a non-security staff member be the first to

	respond. In such cases, the responder is required to instruct the victim to avoid actions that could destroy evidence and immediately notify security staff. The Auditor reviewed the PREA training curriculum, which outlines that anyone—staff, volunteer, or contractor—who receives the initial report is considered the first responder. Training prepares these individuals to isolate and contain the situation, preserve the scene, separate the alleged victim and abuser, remove uninvolved parties, and notify supervisory staff or the PREA Compliance Manager. See Provision (a) for supporting policy references. <u>CONCLUSION</u> Based on a thorough review of documentation, policy, training materials, and staff interviews, the Auditor concludes that the agency/facility meets all provisions of the standard related to staff first responder duties.
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT</u> • Pre-Audit Questionnaire (PAQ) and supporting documentation • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 • WVDCR Coordinated Response Plan, Attachment 4-DCR, dated August 2019 <u>INTERVIEWS</u> Facility Head The Facility Head confirmed that the Coordinated Response Plan clearly outlines the specific responsibilities of staff by position in response to a sexual abuse allegation. Training on the plan is provided through annual in-service sessions, monthly staff meetings, and on-the-job instruction. First responders have ongoing access to the Coordinated Response Plan for reference. First Responders All interviewed first responders were able to articulate their required actions following an allegation of sexual abuse. They demonstrated a clear understanding of the proper steps to take, indicated they had received adequate training, and confirmed access to the Coordinated Response Plan for review when needed.

	<u>PROVISIONS</u> Provision (a) The PAQ states that the facility has developed a written institutional plan to coordinate the response among first responders, medical and mental health practitioners, investigators, and facility leadership following a report of sexual abuse. This was confirmed by the Facility Head during the interview process. The Auditor reviewed the institution’s Coordinated Response Plan and verified that it provides comprehensive guidance to staff responding to PREA allegations. Specifically, Attachment 4-DCR: First Responder, dated August 2019, outlines the following responsibilities for first responders: • Separate the alleged victim and abuser, and maintain separation until the investigation is complete • Secure and protect the crime scene until appropriate personnel arrive to collect evidence • Notify the Shift Supervisor • Request that the alleged victim refrain from actions that could destroy physical evidence (e.g., washing, eating, drinking, brushing teeth, etc.) • Ensure the alleged abuser does not destroy physical evidence by placing them under observation <u>CONCLUSION</u> Based on the review of documentation, policy, and interviews, the Auditor concludes that the agency/facility meets all provisions of the standard related to coordinated response
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> • Pre-Audit Questionnaire (PAQ) • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022

	<u>INTERVIEWS</u> Agency Head or Designee During the interview, the Agency Head Designee confirmed that the State of West Virginia does not engage in collective bargaining with employees. Administrative Staff (HR) Interview In the interview with HR staff, it was acknowledged that management has the authority to separate an inmate from a staff member who is the subject of an investigation. This separation may involve temporarily reassigning the employee or redirecting their duties to another area. <u>PROVISIONS</u> Provision (a) According to the PAQ, WVDCR does not participate in collective bargaining agreements with staff. Employees are subject to the rules of conduct and WVDCR policies, which mandate a zero-tolerance approach to all forms of sexual abuse and sexual harassment. The Agency Head Designee verified this information. The relevant policy addressing this provision is the West Virginia Division of Corrections and Rehabilitation Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 15, Section E. This section clearly states that WVDCR does not have the authority to enter into collective bargaining agreements as per West Virginia State Code. Provision (b) This provision is not applicable for audit purposes. <u>CONCLUSION</u> Based on a thorough review of the available documentation and interviews, the Auditor concludes that the agency/facility meets all provisions of the standard regarding the preservation of the ability to protect inmates from contact with abusers.
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT</u> • Pre-Audit Questionnaire (PAQ) • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022

INTERVIEWS

Agency Head or Designee

The Agency Head Designee confirmed that retaliation monitoring lasts for a period of 90 days following an allegation. Monitoring begins the day of the allegation and continues for 90 days unless the allegation is deemed unfounded, at which point monitoring ceases. Anyone involved in the allegation who expresses fear of retaliation is subject to monitoring.

Facility Head Interview

During the interview, the Facility Head indicated that retaliation is strictly prohibited for both staff and inmates. Both staff and inmates are encouraged to report any form of retaliation. If retaliation occurs, swift action will be taken against those responsible.

Retaliation Monitor Interview

The Retaliation Monitor confirmed that multiple measures are used to protect both inmates and staff from retaliation. These measures include, but are not limited to, monitoring changes in housing assignments, work assignments, and disciplinary actions. Staff members are also monitored for any negative performance reviews or work reassignments. Additionally, any instance of retaliation is investigated, and if substantiated, appropriate disciplinary actions are taken. Retaliation monitoring lasts for 90 days from the date of the allegation, with monthly status checks conducted. Extensions to this monitoring period may be made if necessary.

PROVISIONS

Provision (a)

According to the PAQ, WVDCR has a policy in place to protect inmates and staff who report sexual abuse or sexual harassment, or who cooperate with investigations, from retaliation. The agency has designated specific staff members to monitor retaliation, and this monitoring lasts for 90 days, unless an extension is warranted. The Retaliation Monitor confirmed this.

The policy addressing this provision is the West Virginia Division of Corrections and Rehabilitation Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 18, Section VII, G. This policy requires monitoring of the conduct and treatment of both victims and those who report sexual abuse for at least 90 days, with periodic status checks. If retaliation is detected, corrective actions are taken promptly. This obligation to monitor may extend beyond 90 days if necessary, and such efforts are documented using the appropriate attachment within the PREA Manual. Retaliation monitoring is discontinued if the allegation is unfounded. If any individual expresses a fear of retaliation, the agency must take immediate steps to protect that individual.

Provision (b)

The PAQ indicated that the agency/facility employs multiple protection measures for both inmates and staff to prevent retaliation. These measures include housing or work reassignment, removal of alleged abusers from contact with victims, and emotional support services. The Facility Head confirmed this.

	This is addressed in West Virginia Division of Corrections and Rehabilitation Policy 430.00, PREA Compliance, p. 17, Section F. The policy outlines protective measures, including changes in housing, work assignments, and the provision of emotional support for individuals who fear retaliation. Provision (c) The PAQ indicated that the agency/facility monitors the conduct of inmates or staff who report sexual abuse or harassment, or who cooperate with investigations, to detect any signs of retaliation. This monitoring lasts for 90 days, with extensions if needed. The PAQ also noted that there were zero reported instances of retaliation in the past 12 months. The Retaliation Monitor verified this. Refer to Provisions (a) and (b) for policy details. Provision (d) The PAQ confirmed that retaliation monitoring for inmates includes periodic status checks. The Retaliation Monitor verified this practice. Refer to Provisions (a) and (b) for policy details. Provision (e) The PAQ confirmed that if any individual who cooperates with an investigation expresses fear of retaliation, the facility will take appropriate measures to protect them. The Retaliation Monitor verified this. Refer to Provisions (a) and (b) for policy details. Provision (f) The PAQ confirmed that if an allegation is deemed unfounded after a thorough investigation, retaliation monitoring will be discontinued. Refer to Provisions (a) and (b) for policy details. <u>CONCLUSION</u> Based on the review and analysis of the available documentation and interviews, the Auditor concludes that the agency/facility meets all provisions of the standard related to agency protection against retaliation.
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> • Pre-Audit Questionnaire (PAQ)

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

INTERVIEWS

Facility Head

During the interview, the Facility Head confirmed that inmates housed in segregation for protection as victims of sexual abuse are allowed to participate in programs, education, and work activities, consistent with the facility's safety and security needs.

Staff Who Supervise Inmates in Segregated Housing

Segregated Housing staff reported that there are various housing options available, and placement in segregation is not automatic for victims of sexual abuse. Alternative housing options are always considered first, with segregation being used only as a last resort.

Inmates in Segregated Housing for Risk of Sexual Abuse

At the time of the on-site audit, the facility reported zero inmates in segregated housing for the purpose of protecting them from the risk of sexual abuse or because they had alleged sexual abuse.

PROVISIONS

Provision (a)

According to the PAQ, the facility has a policy in place prohibiting the involuntary placement of inmates who have alleged sexual abuse in segregated housing, unless an assessment of all available alternatives has been conducted and it has been determined that no other separation options are viable. Over the past 12 months, no inmates were held involuntarily for 1-24 hours while awaiting assessment, and no inmates were held involuntarily for more than 30 days awaiting an alternative placement. Segregated Housing staff verified this.

The facility also reported that if an involuntary segregated housing assignment is made, the inmate is afforded a review every 30 days to assess the continued need for separation from the general population. The Facility Head confirmed this process is followed.

CONCLUSION

Based on the review and analysis of all available evidence, the Auditor concludes that the agency/facility meets every provision of the standard regarding post-allegation protective custody

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

Auditor Discussion

DOCUMENT REVIEW

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

INTERVIEWS

Investigative Staff

During the interview, investigative staff confirmed:

- Investigations are initiated immediately after notification of an incident.
 - The same protocols are applied for incidents reported through various means, including in-person, telephonically, third-party reports, by mail, or anonymously.
 - Investigative staff receive both generalized and specialized training sessions, and the Auditor verified this through the training records of the investigators.
 - When the quality of evidence supports a criminal prosecution, compelled interviews are conducted only after consulting with prosecutors to ensure that such interviews will not hinder future prosecution.
 - Miranda warnings are provided when the case is criminal.
 - The credibility of all individuals involved in the investigation is assessed as part of the investigative process.
 - A polygraph is not used in the investigation of PREA cases.
 - In administrative investigations, the evidence guides the investigation, including determining if staff actions or failures to act contributed to the allegation.
 - All findings are summarized in an investigative report.
 - If the investigation uncovers evidence of a crime, all investigative materials are turned over to the West Virginia State Police for criminal investigation.
 - If the West Virginia State Police determine that a crime has occurred, the case is presented to a grand jury for indictment.
 - The facility maintains a file of documentation related to actions taken, including responder check-offs (supervisory, medical, mental health), 30-day reviews, retaliation monitoring, and sign-off forms for inmate housing choices.
 - If an involved individual (victim or abuser) is released or terminated from the agency, the investigation proceeds unaffected.
- The facility cooperates fully with the West Virginia State Police and other judicial authorities to ensure they remain informed on the progress of investigations.

PREA Coordinator (PC) or Director of PREA Compliance (DPC)

During the interview, the DPC confirmed that the agency retains all written reports related to the administrative or criminal investigation of alleged sexual abuse or

sexual harassment for as long as the alleged abuser is incarcerated or employed, plus an additional five years. Most inmate information is stored permanently in the SCRIBE database.

PREA Compliance Manager (PCM)

The PCM confirmed that the agency ensures the departure of an alleged abuser or victim from employment or control of the agency does not lead to the termination of an investigation.

Facility Head

The Facility Head reported that, in the past 12 months, there were no substantiated allegations of criminal conduct that were referred for prosecution.

Inmates Who Reported Abuse

At the time of the on-site audit, no inmates had reported sexual abuse in the past 12 months, and therefore, no such inmates were interviewed for this standard.

PROVISIONS

Provision (a)

The PAQ indicates that the agency conducts its investigations of allegations of sexual abuse and harassment promptly, thoroughly, and objectively, and this was verified by investigative staff.

The policy addressing this provision is West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 19, A, 6. The policy mandates that any staff who have knowledge of or suspect sexual misconduct must cooperate with the investigation, and failure to do so will result in disciplinary action.

Provision (b)

The PAQ confirms that investigators involved in sexual abuse investigations have received specialized training in handling such cases. This was verified by investigative staff.

The policy addressing this provision is West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, pp. 9-10, F. The policy ensures investigators are trained in conducting sexual abuse investigations within confinement settings.

Provision (c)

According to the PAQ, investigators gather and preserve all direct and circumstantial evidence, including physical, DNA, and electronic monitoring data, as well as interviewing victims, perpetrators, and witnesses. Investigative staff confirmed this.

The policy addressing this provision is West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 20, H. The policy requires that investigations use a preponderance of the evidence standard to determine the outcome.

Provision (d)

The PAQ states that when the evidence quality supports criminal prosecution, compelled interviews are conducted only after consulting with prosecutors to avoid any negative impact on criminal proceedings. Investigative staff verified this.

The policy addressing this provision is West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 20, J. The policy specifies that interviews are conducted with the necessary precautions to ensure they do not interfere with the criminal process.

Provision (e)

The PAQ reports that investigators assess the credibility of victims, suspects, and witnesses on an individual basis, without bias towards their status as inmates or staff. Polygraphs are not required for victims to proceed with an investigation. This was verified by investigative staff.

Provision (f)

The PAQ indicates that administrative investigations also explore whether staff actions or failures to act contributed to the abuse. Investigative staff confirmed that written reports document physical and testimonial evidence, reasoning behind credibility assessments, and the facts found during the investigation.

The policy addressing this provision is West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 19, B.

Provision (g)

The PAQ reports that criminal investigations are documented thoroughly, including all physical, testimonial, and documentary evidence. Investigative staff verified this.

The policy addressing this provision is West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 19, C.

Provision (h)

The PAQ reports that in the past 12 months, there was one substantiated criminal allegation that was referred for prosecution. The Facility Head confirmed this.

The policy addressing this provision is found on pp. 19-20, G, and H, of the PREA Compliance policy, which outlines the process for referring substantiated allegations for criminal prosecution.

Provision (i)

The PAQ confirms that the agency retains all reports related to the investigation of sexual abuse or harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The DPC verified this.

The policy addressing this provision is West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 19, D.

	Provision (j) The PAQ confirms that the agency ensures that the departure of an alleged abuser or victim does not lead to the termination of an investigation. This was verified by the DPC. Provision (k) Auditors are not required to audit this provision. Provision (l) The PAQ confirms that when outside agencies conduct investigations, the facility cooperates with these investigators and strives to stay informed on the progress of the investigation. The agency conducts all administrative investigations, while the West Virginia State Police conduct criminal investigations. This was verified by investigative staff. The policy addressing this provision is West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 19, E. CONCLUSION Based on the review and analysis of all available evidence, the Auditor concludes that the agency/facility meets every provision of the standard regarding criminal and administrative investigations.
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> Pre-Audit Questionnaire (PAQ) West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 INTERVIEWS Investigative Staff Through the interview process, investigative staff reported that during an investigation, all available evidence is collected, including evidence from the victim, perpetrator, the scene, interviews, etc. Additionally, no standard higher than a preponderance of the evidence is used in determining whether allegations of sexual abuse or sexual harassment are substantiated. <u>PROVISIONS</u>

	Provision (a) The PAQ indicates 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. Investigative staff verified this. The policy addressing this provision is West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 20, VIII, H. The policy specifies that the DCR shall not impose a standard higher than a preponderance of the evidence when determining whether allegations of sexual abuse or sexual harassment are substantiated. <u>CONCLUSION</u> Based on the review and analysis of all available evidence, the Auditor concludes that the agency/facility meets every provision of the standard regarding the evidentiary standard for administrative investigations.
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> • Pre-Audit Questionnaire (PAQ) • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 • Random Sample of PREA Investigation Records • PREA Chart <u>INTERVIEWS</u> Investigative Staff During the interview process, investigative staff indicated that the final step in the investigation process occurs after all findings are determined. At the conclusion of any PREA investigation, the investigator drafts a report detailing the decision-making process regarding the outcome. This report is then provided to the facility. The facility is responsible for notifying the inmate of the investigation's outcome. If the investigation is criminal, the Criminal OPS Division is responsible for notifying both the inmate and the Facility Head. Facility Head The Facility Head acknowledged that when an inmate alleges sexual abuse by a staff member, and if the allegation is substantiated, the inmate is notified under the following conditions:

- The staff member is no longer assigned to the inmate's housing unit.
- The staff member is no longer employed at the facility.
- The Department learns that the staff member has been arrested on charges related to sexual abuse within the facility.
- The Department learns that the staff member has been convicted on charges related to sexual abuse within the facility.
- The Facility Head also confirmed that all allegations against staff in the past 12 months have been unfounded.
- For substantiated inmate-on-inmate allegations, the victim is notified when the abuser has been indicted, charged, or convicted of sexual abuse.

Inmates Who Reported Sexual Abuse

At the time of the on-site audit, no inmates had reported sexual abuse in the past 12 months, and consequently, no interviews were conducted with individuals from this category.

PROVISIONS

Provision (a)

The PAQ indicates that the agency has a policy requiring that any inmate who alleges sexual abuse is informed, verbally or in writing, about whether the allegation has been substantiated, unsubstantiated, or unfounded following an investigation. The Facility Head verified this.

The PAQ also reports that ten criminal and/or administrative investigations into alleged inmate sexual abuse were completed in the past 12 months. Six allegations were unfounded; 4 allegations were unsubstantiated, and no allegations were substantiated. Inmates still housed at the facility at the time of the investigation's conclusion were notified of the findings. Inmates released before the investigation's conclusion were not notified.

The policy addressing this provision is West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 20, VIII, L. It states that after an investigation into an inmate's allegation of sexual abuse, the facility PCM shall inform the inmate about whether the allegation was substantiated, unsubstantiated, or unfounded. If the facility did not conduct the investigation, the relevant agency will provide the information to the inmate, and this notification must be documented.

Provision (b)

The PAQ reports that no investigations of alleged inmate sexual abuse were completed by an outside agency in the past 12 months. Investigative staff confirmed this.

The policy addressing this provision is West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated

October 7, 2022, p. 20, VIII, K, stating that upon investigation's conclusion, the investigator prepares a report detailing the evidence, credibility assessments, and findings, indicating whether the allegation is substantiated, unfounded, or unsubstantiated. Substantiated cases of criminal conduct will be referred for prosecution.

Provision (c)

The facility reported that following an inmate's allegation of sexual abuse by a staff member, the inmate is notified whenever:

- The staff member is no longer assigned to the inmate's housing unit.
- The staff member is no longer employed at the facility.
- The Department learns that the staff member has been arrested or convicted of charges related to sexual abuse within the facility.

The Facility Head verified these practices and reported that there were three unfounded allegations of sexual abuse by staff in the past 12 months.

The policies addressing this provision are found in West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 20, VIII, M, 1-2, which mandate informing inmates when:

The staff member is no longer assigned to the offender's unit.
The staff member is no longer employed at the facility.

Provision (d)

For inmate-on-inmate allegations, victims will be notified when:

The alleged assailant has been indicted or convicted on a charge related to sexual abuse within the facility.

The Facility Head Designee confirmed this.

The policy addressing this provision is West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 21, VIII, M, 3-4.

Provision (e)

The facility reported inmates were notified, in writing, of the outcome of inmate-on-inmate sexual abuse investigations within the past twelve months. All relevant inmates had been released prior to the investigation's completion, and all investigations were deemed unsubstantiated. The Facility Head verified this.

The policy addressing this provision is West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated

	October 7, 2022, p. 21, VIII, O, which requires documentation of notifications or attempts at notifications. If an inmate is released, the notification obligation terminates. Provision (f) The Auditor is not required to audit this provision. <u>CONCLUSION</u> Based on the review and analysis of all available evidence, the Auditor has determined that the agency/facility meets every provision of the standard regarding reporting to inmates.
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> • Pre-Audit Questionnaire (PAQ) • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 <u>INTERVIEWS</u> Facility Head During the interview process, the Facility Head indicated: • All staff are subject to disciplinary sanctions, up to and including termination, for violating the agency's policies on sexual abuse, sexual harassment, or sexual misconduct. • In the past twelve months, there have been no staff violations of these policies. • In the last twelve months, no staff members have been terminated or resigned due to violations of these policies. • The presumptive disciplinary sanction for staff who engage in sexual abuse is termination. <u>PROVISIONS</u> Provision (a)

The PAQ indicates that facility staff are subject to disciplinary sanctions, up to and including termination, for violating the agency's policies on sexual abuse or sexual harassment. The Facility Head verified this.

The relevant policy is West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 21, IX, A. It states that staff members will face disciplinary sanctions up to and including termination for violating the agency's sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary action for staff engaged in sexual abuse. Disciplinary sanctions for violations of policies related to sexual abuse or sexual harassment (other than engaging in sexual abuse) will align with the nature of the act, the staff member's history, and comparable sanctions for similar offenses. All terminations, or resignations that would have resulted in termination, will be documented and reported to law enforcement, unless the act was clearly non-criminal, and to any relevant licensing bodies. The termination of employment by the alleged abuser or victim does not terminate the investigation.

Provision (b)

The PAQ indicates that in the past twelve months, no staff members have violated the agency's policies on sexual abuse or sexual harassment. Additionally, no staff members have been terminated or resigned prior to termination due to violations of these policies. The Facility Head verified this.

See Provision (a) for policy details.

Provision (c)

The PAQ reports that disciplinary sanctions for violations of policies related to sexual abuse or sexual harassment (other than engaging in sexual abuse) are commensurate with the nature of the acts committed, the staff member's disciplinary history, and the sanctions imposed for similar offenses by other staff. Over the past twelve months, no staff members have been disciplined, short of termination, for violations of these policies. The Facility Head verified this.

See Provision (a) for policy details.

Provision (d)

The PAQ reports that all terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff members who would have been terminated, are reported to law enforcement agencies (unless the conduct was clearly non-criminal) and to any relevant licensing bodies. In the past twelve months, no staff members were reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating the agency's sexual abuse or sexual harassment policies. The Facility Head verified this.

See Provision (a) for policy details.

CONCLUSION

Based on the review and analysis of all available evidence, the Auditor has

	determined that the agency/facility meets every provision of the standard regarding disciplinary sanctions for staff.
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115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> • Pre-Audit Questionnaire (PAQ) • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 <u>INTERVIEW</u> Facility Head During the interview process, the Facility Head disclosed that whenever an issue is brought to light, the matter is immediately referred for investigation and follow-up. During this period, the contractor or volunteer is not allowed access to the facility pending the investigation and review of the matter. <u>PROVISIONS</u> Provision (a) The PAQ indicates that agency policy requires any contractor or volunteer who engages in sexual abuse to be reported to law enforcement agencies (unless the activity is clearly not criminal) and to relevant licensing bodies. Additionally, any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates. Over the past twelve months, no contractors or volunteers have been reported to law enforcement agencies or relevant licensing bodies for engaging in sexual abuse of inmates. The Facility Head verified this. The relevant policy is West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 2, IX, B. This policy states that any contractor, volunteer, intern, or individual conducting business with or using 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 actions against individuals who report or engage in a sexual abuse or harassment investigation are prohibited. Contractors, volunteers, or others who engage in sexual abuse shall be prohibited from contact with offenders and reported to law enforcement and relevant licensing bodies.

	Provision (b) The PAQ indicates that the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in cases of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The Facility Head verified this. According to the PAQ, the facility has had no cases in the past twelve months where remedial measures were taken against a contractor or volunteer to prohibit further contact with inmates due to a violation of the agency's sexual abuse or sexual harassment policies. The Facility Head verified this. See Provision (a) for policy details. <u>CONCLUSION</u> Based on the review and analysis of all available evidence, the Auditor has determined that the agency/facility meets every provision of the standard regarding corrective action for contractors and volunteers
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> • Pre-Audit Questionnaire (PAQ) • West Virginia Division of Corrections and Rehabilitation (WVDCR), Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 <u>INTERVIEWS</u> Facility Head During the interview, the Facility Head explained that inmate discipline is determined based on the severity of the violation. Penalties are imposed in a manner consistent with the sanctions applied to other inmates for similar offenses. Possible penalties include changes in housing assignments, loss of good time credit, and prosecution, when appropriate. The Facility Head also indicated that if an inmate has a mental health history, mental health staff are involved in determining appropriate sanctions. The Facility Head confirmed that, in the past twelve months, no disciplinary action

had been taken against any inmate(s) for reporting sexual abuse in good faith.

Medical Staff

During the interview, medical staff confirmed that they can make recommendations for therapy, counseling, or other interventions aimed at addressing underlying issues related to abuse. These issues are typically addressed during regular or group counseling sessions. Participation in these interventions is not a condition for access to other programming or benefits.

PROVISIONS

Provision (a)

The PAQ indicates that inmates are subject to disciplinary sanctions only after a formal disciplinary process following either an administrative finding or a criminal finding of guilt for inmate-on-inmate sexual abuse.

In the past twelve months, there have been zero administrative findings of inmate-on-inmate sexual abuse and zero criminal findings of guilt for such incidents at the facility. The Facility Head verified this.

The relevant policy is WVDCR, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 22, IX, C, which states that all sexual contact between offenders, whether voluntary or forced, is prohibited and subject to disciplinary action. While mutual sexual contact is considered a rule violation, it does not constitute sexual abuse unless an investigation determines that the behavior was coerced.

Provision (b)

The PAQ states that when there is an administrative finding or criminal finding of guilt for inmate-on-inmate sexual abuse, inmates are subject to disciplinary sanctions that are proportionate to the nature and circumstances of the abuse, the inmate's disciplinary history, and the sanctions imposed for similar offenses. The Facility Head verified this.

The relevant policy is WVDCR, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 22, IX, C, which specifies that sanctions must be consistent with the nature and circumstances of the abuse, the offender's disciplinary history, and the sanctions applied to other offenders with similar histories.

Provision (c)

The PAQ states that the disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to their behavior when determining sanctions. The Facility Head verified this.

The relevant policy is WVDCR, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 22, IX, C, which affirms that the disciplinary

process will take mental health factors into account when deciding what sanctions, if any, should be imposed.

Provision (d)

The PAQ reports that the facility offers therapy, counseling, or other interventions to address the underlying causes of abuse. The facility may require inmates to participate in these interventions as a condition for access to programming or other benefits. Medical staff confirmed this.

The relevant policy is WVDCR, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 22, X, A, which states that the facility must consider requiring participation in therapeutic interventions as a condition of access to other programming or benefits for inmates found guilty of misconduct related to sexual abuse.

Provision (e)

The PAQ confirms that inmates are disciplined for sexual contact with staff only if it is determined that the staff member did not consent to the contact. The Facility Head verified this.

The relevant policy is WVDCR, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 22, IX, C, which specifies that disciplinary action can only occur if it is found that the staff member did not consent to the sexual contact.

Provision (f)

The PAQ indicates that the agency prohibits disciplinary action for a report of sexual abuse made in good faith, even if an investigation does not provide sufficient evidence to substantiate the claim. The Facility Head verified this.

The relevant policy is WVDCR, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 22, X, C, which affirms that reports of sexual abuse made in good faith, based on a reasonable belief that the alleged conduct occurred, are not to be considered false reports, even if the investigation does not find enough evidence to substantiate the claim.

Provision (g)

The PAQ indicates that the agency prohibits all sexual activity between inmates and deems it to constitute sexual abuse only if the activity is determined to be coerced. The Facility Head verified this.

The relevant policy is WVDCR, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 22, IX, C, which states that all sexual contact between offenders, whether voluntary or forced, is prohibited and subject to disciplinary action. Mutual sexual contact is considered a rule violation but does not constitute sexual abuse unless determined to be coerced.

	<u>CONCLUSIONS</u> Based on the review and analysis of all available evidence, the Auditor has determined that the agency/facility meets every provision of the standard regarding disciplinary sanctions for inmates.
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> • Pre-Audit Questionnaire (PAQ) • West Virginia Division of Corrections and Rehabilitation (WVDCR), Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 <u>INTERVIEWS</u> Medical and Mental Health Staff During the interview, medical and mental health staff explained that if the risk screening identifies an inmate as being at an elevated risk for victimization, aggressiveness, or if they have a history of victimization, a follow-up meeting with a mental health professional is scheduled within 14 days of intake. Risk Screening Staff Risk screening staff confirmed that all medical and mental health records are securely stored in a separate database, which is only accessible to authorized medical and mental health staff. Information from this database is shared on a need-to-know basis with classification and high-level staff. Inmates Who Disclosed Prior Victimization At the time of the on-site audit, there were no inmates in the facility who had disclosed prior sexual victimization. As a result, no interviews were conducted for this category in relation to this standard. <u>PROVISIONS</u> Provision (a) The PAQ indicates that in the past 12 months, 26 inmates disclosed prior victimization during screening. This was confirmed by the risk screening staff. The relevant policy is WVDCR, Policy 430.00, Prison Rape Elimination Act (PREA)

Compliance, dated October 7, 2022, p. 13, V, J, which states that if the PREA screening indicates that an offender has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether in an institutional or community setting, staff must offer the offender a follow-up meeting with a mental health professional within 14 days of the risk screening.

Provision (b)

The PAQ states that in the past 12 months, no inmates disclosed previously perpetrated sexual abuse. The risk screening staff verified this.

Refer to Provision (a) for policy details.

Provision (c)

The PAQ confirms that in the past 12 months, no inmates disclosed prior victimization during screening. Those that reported did so to medical or mental health staff. This was verified by the risk screening staff.

Refer to Provision (a) for policy details.

Provision (d)

The PAQ indicates that information about sexual victimization or abusiveness that occurred in an institutional setting is restricted to medical and mental health practitioners. This was verified by both the risk screening staff and the medical and mental health staff.

The relevant policy is WVDCCR, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 22, XI, A, which states that any information related to sexual victimization or abusiveness occurring in an institutional setting is strictly limited to medical and mental health practitioners, and other staff when necessary for treatment, security, or management decisions (such as housing, work assignments, or program eligibility), or as required by law. These practitioners are also required to inform offenders about the limitations of confidentiality when they begin services.

Provision (e)

The PAQ indicates that medical and mental health practitioners obtain informed consent from inmates before disclosing information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. This was verified by the medical and mental health staff.

The relevant policy is WVDCCR, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 22, XI, A, which specifies that medical and mental health practitioners must obtain informed consent from offenders before disclosing information about prior victimization that occurred outside of an institutional setting, unless the offender is under 18 years old.

CONCLUSION

	Based on the review and analysis of all available evidence, the Auditor has determined that the agency/facility complies with all provisions of the standard related to medical and mental health screenings and the history of sexual abuse
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> Pre-Audit Questionnaire (PAQ) West Virginia Division of Corrections and Rehabilitation (WVDCR), Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 INTERVIEWS Medical Staff During the interview, medical staff reported that upon an inmate's arrival at medical after a report of sexual assault, a cursory examination is conducted by the physician to assess the need for SART or determine if the inmate should be immediately transported to a hospital due to the severity of the injuries. If the SART is utilized, the nurse will provide 'recommendations' for treatment and care before the inmate leaves the facility. The physician completes the medical orders. As part of this process, the inmate receives information about sexually transmitted infection prophylaxis and other necessary care details. Mental Health Staff Mental health staff reported that treatment is provided immediately following a report of sexual abuse, based on professional judgment. Medical and mental health staff collaborate to ensure the inmate receives appropriate care. Information about and access to emergency contraception and sexually transmitted disease prophylaxis is offered in accordance with professionally accepted standards of care and where medically appropriate. <u>First Responders (Security and Non-Security)</u> Security first responders indicated their primary responsibility is to protect the victim, notify the appropriate medical and mental health practitioners, and preserve evidence. Non-security first responders stated their primary responsibility is to protect the victim, notify security first responders, and stay with the victim until security arrives.

Inmates Who Reported Abuse

At the time of the on-site audit, there were zero inmates in the facility who had reported abuse in the past 12 months. As a result, no interviews were conducted for this category in relation to this standard.

PROVISIONS

Provision (a)

The PAQ indicates that 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. Medical and mental health staff verified this.

The policy that addresses this provision is WVDCR, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 23, XI, B. This policy specifies that 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. All victims of sexual abuse are offered access to forensic medical examinations at an outside facility. If available, the examinations are performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE). If a SAFE/SANE is unavailable, other qualified medical practitioners may perform the examination.

Provision (b)

The PAQ indicates that if no qualified medical or mental health practitioners are on duty at the time of a report of recent sexual abuse, security staff first responders take preliminary steps to protect the victim. Then, security staff immediately notify the appropriate medical and mental health practitioners. Security staff first responders verified this.

Provision (c)

The PAQ indicates that inmate victims of sexual abuse are offered timely information about and access to emergency contraception and sexually transmitted infection prophylaxis in accordance with professionally accepted standards of care, where medically appropriate. Medical staff verified this.

The relevant policies addressing this provision are:

WVDCR, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 23, XI, C. This policy states that the facility uses a list of local hospitals with SANE providers to determine the appropriate medical provider for transport. Any refusal by the offender to undergo a forensic exam must be documented. If no qualified medical or mental health practitioners are on duty, first responders take steps to protect the victim and notify the appropriate medical and mental health practitioners.

	WVDCR, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 23, XI, E. This policy indicates that victims of sexual abuse shall be offered information on timely access to emergency contraception, pregnancy tests, and sexually transmitted disease testing and treatment in accordance with professionally accepted care standards. If a victim becomes pregnant due to sexual abuse involving vaginal penetration, they will receive comprehensive information about access to all lawful pregnancy-related medical services. Provision (d) The PAQ indicates that treatment services are provided to victims without financial cost and regardless of whether the victim names the abuser or cooperates with the investigation arising from the incident. Medical staff verified this. The policy addressing this provision is WVDCR, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 23, XI, B, which states that treatment shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with the investigation. The facility must maintain a SAFE/SANE log documenting when these services are attempted or utilized. <u>CONCLUSION</u> Based on the review and analysis of all available evidence, the Auditor has determined that the agency/facility meets every provision of the standard regarding access to emergency medical and mental health services.
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENTS</u> • Pre-Audit Questionnaire (PAQ) • West Virginia Division of Corrections and Rehabilitation (WVDCR), Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 <u>INTERVIEWS</u> Medical and Mental Health Staff

During the on-site audit, the Auditor interviewed medical and mental health personnel, who confirmed the following key practices:

- Immediate Treatment: Inmates who report sexual abuse are provided timely access to medical and mental health care, ensuring prompt attention to their needs.
- Professional Judgment: Evaluation and treatment decisions are guided solely by the clinical discretion of licensed professionals, independent of external influence.
- No Cost to Victims: All treatment services—including emergency medical care, follow-up, and crisis intervention—are provided at no financial cost to the victim, regardless of cooperation with the investigation or identification of the perpetrator.
- Community-Level Care: Services provided are consistent with community standards of care, ensuring equity in medical and mental health treatment.
- Confidentiality: Staff take all necessary precautions to protect the victim's identity and maintain confidentiality, sharing information only on a need-to-know basis or with the inmate's consent.
- Emergency Contraception and STD Prophylaxis: Victims are informed about, and offered, emergency contraception and prophylactic treatment for sexually transmitted infections in accordance with professionally accepted standards.
- Follow-up and Referral Services: Follow-up care, individualized treatment planning, and appropriate referrals for continued care are standard, especially in cases involving transfers or release from custody.
- Mental Health Evaluation of Abusers: Within 60 days of identifying an inmate as a known abuser in an inmate-on-inmate sexual abuse case, a mental health evaluation is attempted, with further treatment offered if clinically indicated.
- Medical Testing for Victims: Victims of sexual abuse are offered tests for sexually transmitted infections (STIs), including as part of a comprehensive sexual assault response protocol.
- These interviews confirmed that medical and mental health services in the facility are aligned with PREA standards and prioritize victim care.

PREA Compliance Manager (PCM)

The PCM affirmed that victims of sexual abuse are never charged for medical or mental health services related to the abuse. Services are provided regardless of the inmate's willingness to identify their abuser or cooperate in an investigation. The PCM also confirmed that mental health evaluations for known inmate-on-inmate abusers are conducted in accordance with policy timelines.

Inmates Who Reported Abuse

At the time of the on-site audit, there were no inmates housed at the facility who had reported sexual abuse within the prior 12 months. Therefore, no interviews were conducted with victims of recent abuse for this standard.

PROVISIONS

Provision (a):

The PAQ and interviews confirm that all inmates who report having been sexually abused—regardless of where the abuse occurred—are offered medical and mental health evaluations and, when appropriate, treatment.

Policy Reference: Policy 430.00, pp. 23–24, XI, F.

Provision (b):

Medical and mental health staff confirmed that evaluations include individualized treatment plans, follow-up services, and referrals for ongoing care if the inmate is transferred or released.

Policy Reference: Policy 430.00, pp. 23–24, XI, F.

Provision (c):

Services provided to inmate victims are consistent with care standards available in the community. This includes access to external victim advocacy and emotional support.

Policy Reference: Policy 430.00, pp. 23–24, XI, F.

Provision (d):

Victims of vaginal penetration are offered timely pregnancy testing. Medical staff confirmed adherence to this requirement.

Policy Reference: Policy 430.00, p. 23, XI, E.

Provision (e):

In cases where sexual abuse results in pregnancy, inmates are offered timely and comprehensive information and access to all lawful pregnancy-related medical services.

Policy Reference: Policy 430.00, p. 23, XI, E.

Provision (f):

Inmates who report sexual abuse are offered STI testing, including for HIV and other common infections, as medically indicated.

Policy Reference: Policy 430.00, p. 23, XI, E.

Provision (g):

Medical and mental health treatment services are provided free of charge to the victim, regardless of the level of cooperation with the investigation. This includes emergency treatment, forensic medical exams, and follow-up services.

Policy Reference: Policy 430.00, p. 23, XI, B.

Provision (h):

	Mental health evaluations are attempted for all known inmate-on-inmate abusers within 60 days of identification. Where appropriate, treatment is provided. Policy References: Policy 430.00, p. 24, XI Policy 430.00, p. 15, V, J <u>CONCLUSION</u> Based on comprehensive review of documentation, interviews with key staff, and policy verification, the Auditor has determined that the agency/facility meets all provisions of PREA Standard §115.83. The institution demonstrates a strong commitment to ensuring that sexual abuse victims receive ongoing, confidential, and community-level medical and mental health care, and that known abusers are appropriately evaluated and offered treatment.
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> • Pre-Audit Questionnaire (PAQ) • West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022. <u>INTERVIEWS</u> Facility Head During the interview process, the Facility Head confirmed that the composition of the review team consists of upper-level management officials. The Facility Head also stated that input is solicited from line supervisors, investigators, and medical or mental health practitioners, and that the facility is committed to considering and incorporating recommendations from team members. PREA Compliance Manager (PCM) During the interview process, the PCM indicated that the report from the Sexual Abuse Incident Review Team is submitted to both the PCM and the Facility Head. Incident Review Team (IRT) During the interview process, an Incident Review Team Member confirmed that the team is comprised of upper-level management officials, with professional input from line supervisors, investigators, and medical or mental health practitioners. The team

reviews all required criteria in accordance with PREA policy. Additionally, the report from the Sexual Abuse Incident Review Team is submitted to both the Facility Head and the PCM.

PROVISIONS

Provision (a)

The PAQ indicates that the facility conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, including those where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The Facility Head verified this.

The facility reported in the PAQ that, during the past 12 months, 10 criminal and/or administrative investigations of alleged sexual abuse were completed, excluding cases determined to be unfounded. Seven allegations involved inmate-on-inmate conduct, were investigated administratively. Three were determined to be unfounded and four were determined to be unsubstantiated. The three additional allegations were staff-on-inmate allegations, which were investigated administratively and determined to be unfounded.

The policy that addresses this provision is West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 24, XII, A, which states that the Office of PREA Compliance, in collaboration with the facility PCM, shall conduct a Sexual Abuse Incident Review within 30 days of the conclusion of every sexual abuse investigation, whether substantiated or unsubstantiated. The review team includes upper-level facility staff, with input from line supervisors, investigators, and medical or mental health practitioners. No review is required if the allegation is unfounded.

Provision (b)

The PAQ indicates that a sexual abuse incident review is typically conducted within 30 days of the conclusion of the investigation. The Facility Head verified this.

The facility confirmed that in the past 12 months, four criminal and/or administrative investigations of alleged sexual abuse were followed by a sexual abuse incident review within 30 days, excluding "unfounded" incidents. All four cases were administratively investigated and determined to be unsubstantiated. No cases were referred for criminal investigation.

The policy that addresses this provision is West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 24, XII, A, which states that the Office of PREA Compliance, in collaboration with the facility PCM, shall conduct a Sexual Abuse Incident Review within 30 days of the conclusion of every sexual abuse investigation, whether substantiated or unsubstantiated.

Provision (c)

The PAQ indicates that the review team includes upper-level management officials,

with input from line supervisors, investigators, and medical or mental health practitioners. The Facility Head verified this.

The policy that addresses this provision is West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 24, XII, A, which states that the review team shall include upper-level facility staff, with input from line supervisors, investigators, and medical or mental health practitioners.

Provision (d)

The PAQ indicates that the Sexual Abuse Incident Review team considers:

- Whether the allegation or investigation indicates a need to change policies or practices to better prevent, detect, or respond to sexual abuse.
- Whether the incident or allegation was motivated by factors such as race, ethnicity, gender identity, sexual orientation, gang affiliation, or other group dynamics at the facility.
- The area where the incident allegedly occurred to assess whether physical barriers may have facilitated abuse.
- The adequacy of staffing levels during different shifts in that area.
- Whether monitoring technology should be deployed or enhanced to supplement staff supervision.

The Facility Head verified this.

The PAQ also indicates that the review team prepares a report of findings and any recommendations for improvement, which is submitted to both the Facility Head and the PREA Compliance Manager. The Facility Head verified this.

The policy that addresses this provision is West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 24, XII, B, which specifies that the review committee must:

- Consider whether the allegation or investigation indicates a need to revise policies or practices to improve prevention, detection, or response to sexual abuse.
- Assess whether the incident or allegation was influenced by group dynamics, such as race, ethnicity, gender identity, sexual orientation, or gang affiliation.
- Examine the area where the incident occurred to determine if physical barriers facilitated abuse.
- Evaluate staffing adequacy during different shifts.
- Review the potential need for enhanced monitoring technology to support staff supervision.

Provision (e)

The PAQ indicates that the facility implements recommendations for improvement or documents the reasons for not doing so. The Facility Head verified this.

	The policy that addresses this provision is West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 24, XII, C, which requires the facility to document recommendations for improvement or provide reasons for not implementing them following a Sexual Abuse Incident Review. <u>CONCLUSION</u> Based on the review and analysis of all available evidence, the Auditor has determined that the agency/facility fully complies with all provisions of the standard regarding sexual abuse incident reviews.
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115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENTS</u> • Pre-Audit Questionnaire (PAQ) • West Virginia Division of Corrections and Rehabilitation, Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 • 2024 Agency Annual PREA Report, available at https://dcr.wv.gov/resources/Pages/prea.aspx❖❖ <u>INTERVIEWS</u> Facility Head: The Facility Head affirmed that the agency/facility aggregates incident-based sexual abuse data at least annually, in accordance with agency policy. The Facility Head also confirmed that all required data is collected, reviewed, and maintained for each allegation of sexual abuse and that incident-based and aggregated data is obtained from contracted private facilities as well. PREA Compliance Manager (PCM): The PCM stated that they are responsible for ensuring the collection of accurate and uniform data for all allegations of sexual abuse—both offender-on-offender and staff-on-offender—within the facility on a monthly basis. This includes compiling data from incident reports, investigation outcomes, and sexual abuse incident reviews. <u>PROVISIONS</u> Provision (a):

The PAQ and interviews confirm that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control. This is done using a standardized set of definitions and a consistent instrument. The 2024 Annual PREA Report, reviewed by the Auditor, reflects compliance with this provision. As stated in Policy 430.00, pp. 24-25, Section E, the facility PCM is responsible for monthly reporting and ensures all relevant data is collected accurately.

Provision (b):

The PAQ and Facility Head confirm that incident-based sexual abuse data is aggregated at least annually.

Policy 430.00, p. 25, Section H, mandates that the Director of PREA Compliance prepare and submit an annual report to the DCR Commissioner. This report includes data comparisons with prior years, recommendations for corrective action, and an assessment of agency progress. It is published on the DCR website. The policy also allows for redaction of material when necessary for safety, with the nature of the redactions disclosed. Upon request, data is made available to the Department of Justice.

Provision (c):

The PAQ confirms—and the Facility Head verified—that incident-based data includes, at minimum, the information required to complete the Department of Justice’s most recent Survey of Sexual Violence (SSV).

According to Policy 430.00, pp. 24-25, Section E (Items 1-5), monthly reports must include:

Total number of allegations

Investigation outcomes

Data from incident reports, investigations, and reviews

Data from contracted private facilities

All data needed to complete the SSV

Provision (d):

The PAQ and Facility Head confirm that the agency collects data from all available documents related to each incident, including reports, investigation files, and sexual abuse incident reviews.

Provision (e):

The PAQ and Facility Head confirm that the agency collects incident-based and aggregated data from all private facilities with which it contracts for offender confinement.

This is outlined in Policy 430.00, p. 25, Section E, Item 4.

Provision (f):

The PAQ and Facility Head confirm that the agency provides data from the previous calendar year to the U.S. Department of Justice upon request, as outlined in Policy

	430.00, p. 25, Section H (see Provision b). <u>CONCLUSION</u> Based on review of documentation, interviews, and the most recent annual report, the Auditor finds that the facility fully complies with Standard §115.87 – Data Collection. The facility has a clear, consistent system for collecting, aggregating, and reporting data as required by PREA.
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> Pre-Audit Questionnaire (PAQ) West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 West Virginia Division of Corrections and Rehabilitation website: https://dcr.wv.gov/resources/Pages/prea.aspx - <u>INTERVIEWS</u> Facility Head The Facility Head indicated that if incident-based sexual abuse data reveals any patterns—such as a disproportionate targeting of LGBTI inmates or a high number of assaults occurring in specific areas of the facility—the institution will consider modifying its policies, procedures, or training protocols accordingly. The Facility Head also confirmed that all PREA Annual Reports undergo a thorough review before being published on the agency’s website. Furthermore, the Facility Head acknowledged that the facility regularly reviews collected data to evaluate and improve its sexual abuse prevention, detection, and response strategies. This process involves identifying problematic areas, implementing corrective actions as needed, and preparing annual reports to document the findings and any corrective actions taken. PREA Compliance Manager (PCM) The PCM confirmed that the agency and facility consistently review data to assess the effectiveness of sexual abuse prevention, detection, and response policies, practices, and training. The agency prepares an annual report summarizing these assessments and makes the report publicly available by posting it on the agency’s website. <u>PROVISIONS</u>

Provision (a)

The PAQ indicates that the agency reviews both collected and aggregated data to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. This process includes:

Identifying problem areas

Taking corrective action on an ongoing basis

Preparing an annual report documenting findings and corrective actions for each facility, as well as for the agency as a whole.

The policy addressing this provision is West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 25, XII, G, which states that all sexual abuse data shall be securely retained for at least ten (10) years from the date of the initial collection.

Provision (b)

The PAQ indicates that the agency's annual report includes a comparison of the current year's data and corrective actions with those from prior years, providing an assessment of the agency's progress in addressing sexual abuse.

The policy addressing this provision is West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 25, XII, H. The policy specifies that the annual report should include comparisons of the current year's data with previous years and an assessment of DCR's progress in addressing sexual abuse.

The Auditor reviewed the most recent annual report and confirmed that it adheres to the PREA standards, including a comparison with prior findings to assess progress in addressing sexual abuse.

Provision (c)

The PAQ indicates that the agency's annual report is approved by the agency head and made readily available to the public through the agency's website.

The policy addressing this provision is West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 25, XII, H, which states that the annual report must be approved by the DCR Commissioner and made publicly available annually through the DCR website.

As required by the standard, the facility posts all annual reports on its website. The facility's PREA webpage, <https://dcr.wv.gov/resources/Pages/prea.aspx>, provides access to the most recent annual report.

Provision (d)

The PAQ indicates that the agency redacts specific material from reports when publication would present a clear and specific threat to the safety and security of a facility, and that the nature of the redacted material is identified.

The policy addressing this provision is West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 25, XII, H, which specifies that the DCR may redact personal identifiers or other material if publication would pose a threat to facility safety and

	security, and the nature of the redacted material must be disclosed. Additionally, upon request, the DCR shall provide all such data from the previous calendar year to the Department of Justice. <u>CONCLUSION</u> Based on the review and analysis of all available evidence, the Auditor has determined that the facility meets every provision of the standard regarding data review for corrective action
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENTS</u> • Pre-Audit Questionnaire (PAQ) • West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 • West Virginia Division of Corrections and Rehabilitation website: https://dc-r.wv.gov/resources/Pages/prea.aspx <u>INTERVIEWS</u> Facility Head During the interview, the Facility Head confirmed that data is securely stored within a local system, with access limited to staff on a need-to-know basis. Additional data is retained at the agency level as required for the completion of the Survey of Sexual Violence (SSV-2) and is made publicly available on the agency's website. PREA Coordinator (PC) In the interview, the PC confirmed that data is securely stored, with local Risk Management Systems restricting access to authorized staff. Data is also retained at the agency level for the completion of the SSV-2 and posted on the WVDCR website for public access. The agency regularly reviews data collected under §115.87, ensuring that only personal identifying information is redacted in the agency reports. <u>PROVISIONS</u> Provision (a) The PAQ confirms that the agency securely retains both incident-based and aggregate

sexual abuse data, which was verified by the PC.

Agency policy mandates that aggregated sexual abuse data from both facilities under its direct control and private facilities contracted by the agency be made publicly available at least annually through its website <https://dcr.wv.gov/resources/Pages/-prea.aspx>.

The policy addressing this provision is West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 25, XII, G. This policy ensures that all sexual abuse data is securely retained for at least ten (10) years from the date of the initial collection.

Provision (b)

The PAQ indicates that the agency makes aggregated sexual abuse data from both its own facilities and contracted private facilities available to the public annually through its website. This was verified by the PC.

The policy addressing this provision is West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 25, XII, H. The policy mandates that the Director of PREA Compliance submit an annual report of incident-based sexual abuse data, including facility recommendations and corrective actions, to the DCR Commissioner. This report includes a comparison of current data with previous years, along with an assessment of DCR's progress in addressing sexual abuse. The report is approved by the DCR Commissioner and made available to the public annually through the DCR website. Personal identifiers may be redacted when publication could threaten facility safety and security, and the nature of any redacted material is disclosed. Upon request, the DCR will provide the previous year's data to the Department of Justice.

Provision (c)

The PAQ indicates that the agency removes all personal identifiers before making aggregated sexual abuse data publicly available. This was verified by the PC.

The policy addressing this provision is West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 25, XII, H. The policy allows the DCR to redact personal identifiers or other sensitive information if publication would present a clear and specific threat to facility safety and security, while specifying the nature of any redacted material.

Provision (d)

The PAQ confirms that the agency maintains sexual abuse data collected under §115.87 for at least 10 years from the date of initial collection, unless other laws require a different retention period. This practice was verified by the PC.

The policy addressing this provision is West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 25, XII, G. The policy stipulates that all sexual abuse data must be securely retained for a minimum of ten (10) years.

CONCLUSION

	Based on the review and analysis of all available evidence, the Auditor has determined that the facility complies with all provisions of the standard related to data storage, publication, and destruction.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> • Pre-Audit Questionnaire (PAQ) • West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 • West Virginia Division of Corrections and Rehabilitation website: https://dc-r.wv.gov/resources/Pages/prea.aspx <u>INTERVIEWS</u> Agency Head (AH) During the interview, the Agency Head (AH) confirmed that each facility within the West Virginia Division of Corrections and Rehabilitation (WVDCR) had been audited within the previous three-year audit cycle. The AH also noted that all audit reports are publicly available on the WVDCR website. The WVDCR PREA webpage provides various reports related to sexual abuse data from the different facilities in accordance with PREA standards. These reports can be accessed at: https://dcr.wv.gov/resources/Pages/prea.aspx. <u>PROVISIONS</u> Provision (a) The PAQ confirms that during the prior three-year audit period, the agency ensured each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once. The policy addressing this provision is West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 26, XIII, A. This policy states that upon request for information, the Director of PREA Compliance is responsible for responding to all external surveys, scheduling audits required by the Department of Justice's National PREA Standards, and ensuring that at least one-third of each facility type under DCR's control is audited during each year of the three-year audit cycle. Provision (b)

See Provision (a) for policy details.

Provision (c)

N/A

Provision (d)

N/A

Provision (e)

N/A

Provision (f)

N/A

Provision (g)

N/A

Provision (h)

During the on-site portion of the audit, the Auditor had complete, unimpeded access to all areas of the facility. Agency and facility personnel were available to provide any necessary assistance to facilitate the audit.

Provision (i)

Throughout the audit process, agency and facility staff provided the Auditor with requested information in a timely and complete manner.

Provision (j)

N/A

Provision (k)

N/A

Provision (l)

N/A

Provision (m)

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

Provision (n)

Through interviews, inmates reported that they were given the opportunity to send confidential mail or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.

Provision (o)

N/A

CONCLUSION

Based on the review and analysis of all available evidence, the Auditor has determined that the agency/facility meets all provisions of the standard regarding

	the frequency and scope of audits.
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> • Pre-Audit Questionnaire (PAQ) • West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 • West Virginia Division of Corrections and Rehabilitation website: https://dc-r.wv.gov/resources/Pages/prea.aspx <u>PROVISIONS</u> Provision (f) The agency’s website provides the most recent annual report related to sexual abuse data from various facilities in accordance with PREA standards. This data is available for public access at: https://dcr.wv.gov/resources/Pages/prea.aspx. <u>CONCLUSION</u> Based on the review and analysis of all available evidence, the Auditor has determined that the agency/facility meets the standard regarding the contents and findings of audits.

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

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	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)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

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

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

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	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 agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	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
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

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

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

	Garrrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

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

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

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

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

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

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

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

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

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	

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

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

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

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

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

	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	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	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	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 § 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.)	yes
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.)	na

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403	Audit contents and findings	

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