

PREA Facility Audit Report: Final

Name of Facility: Pruntytown Correctional Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/15/2025

Auditor Certification

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



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



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



Auditor Full Name as Signed: Darla P. OConnor

Date of Signature: 07/15/2025

AUDITOR INFORMATION

Auditor name: OConnor, Darla

Email: doconnor@strategicjusticesolutions.com

Start Date of On-Site Audit: 04/21/2025

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

FACILITY INFORMATION

Facility name: Pruntytown Correctional Center

Facility physical address: 2006 Trap Springs Road , Grafton, West Virginia - 26354

Facility mailing address:

Primary Contact

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

Warden/Jail Administrator/Sheriff/Director	
Name:	Sherri Davis
Email Address:	Sherri.L.Davis@wv.gov
Telephone Number:	304-256-6111

Facility PREA Compliance Manager	
Name:	Mike Reger
Email Address:	Michael.J.Reger@wv.gov
Telephone Number:	304-265-6111

Facility Health Service Administrator On-site	
Name:	Natasha Riffle
Email Address:	nriffle@wexfordhealth.com
Telephone Number:	304-256-8176

Facility Characteristics	
Designed facility capacity:	369
Current population of facility:	333
Average daily population for the past 12 months:	310
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys

In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	20-73
Facility security levels/inmate custody levels:	1-3
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	131
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	30
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	41

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.mcgrew@wv.gov

Facility AUDIT FINDINGS	
Summary of Audit Findings	
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met. Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.	
Number of standards exceeded:	
1	115.33 - Inmate education
Number of standards met:	
44	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-04-21
2. End date of the onsite portion of the audit:	2025-04-23

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. 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.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	369
15. Average daily population for the past 12 months:	310
16. Number of inmate/resident/detainee housing units:	5

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:	342
19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0

23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0

29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	As of the first day of the onsite audit, the facility demonstrated the ability to provide comprehensive, accurate, and up-to-date data regarding the characteristics of its inmate/resident/detainee population. Facility records included essential demographic and risk-related information necessary for PREA compliance, such as age, gender identity, sexual orientation (when voluntarily disclosed), disability status, and any known history of sexual victimization or abusiveness. The facility's classification and tracking systems ensured that all PREA-targeted populations were appropriately identified and monitored. There were no gaps in documentation, and no subpopulations were unaccounted for in the facility's records. Staff interviews confirmed a strong working knowledge of both the general population characteristics and the facility's protocols for identifying, housing, and supporting individuals with heightened vulnerability or risk. Importantly, no barriers or limitations were identified regarding the collection, classification, or use of population data. Screening and classification tools were consistently applied, and staff were proficient in using the information to support informed housing, supervision, and service decisions. Overall, the facility's data collection practices, coupled with staff competence and procedural consistency, contributed to a thorough and equitable application of PREA standards across the institution's population.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	131

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:	41
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:	30

33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:

As of the first day of the on-site audit, the facility reported the presence of a small but consistently active group of volunteers and contractors engaged in various aspects of institutional programming and operations. Documentation reviewed in advance of the audit, as well as corroborating information obtained during leadership interviews, confirmed that all volunteers and contractors who have direct contact with inmates are subject to the same Prison Rape Elimination Act (PREA) compliance requirements as full-time employees. These requirements include criminal background checks prior to facility access, documented completion of PREA training aligned with the scope of their contact with the inmate population, and ongoing supervision while present in secure areas.

The demographic composition and functional roles of these individuals were diverse. Contractors were primarily engaged in facility infrastructure support—such as maintenance, repairs, and technical services—or in providing specialized programming and consulting services. Volunteers, while fewer in number, played an active role in faith-based initiatives, reentry preparation, mentoring, and education-based programming offered in coordination with community organizations. The facility maintains a current, well-documented roster of all approved volunteers and contractors. This roster includes each individual's background screening clearance, training records, and documentation of facility orientation. Staff interviews confirmed that volunteers and contractors are not permitted to enter the facility without proper clearance, and their activities are monitored by facility staff in accordance with PREA-mandated supervision practices.

No PREA-related concerns or incidents involving volunteers or contractors were reported in the 12 months preceding the audit. Observations, interviews, and document reviews indicate that the facility applies its PREA policies and oversight

	procedures consistently and effectively, reinforcing its commitment to maintaining a safe, secure, and compliant environment for all individuals working within or interacting with the incarcerated population.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	26
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?	On the first day of the on-site audit, the facility reported an institutional population of 342 individuals. In accordance with the requirements outlined in the PREA Auditor Handbook, facilities with a population of this size must include a minimum of 26 inmate interviews, consisting of 13 randomly selected individuals and 13 individuals from targeted populations. To meet this requirement, the Auditor conducted interviews with 26 randomly selected inmates, because there were no targeted inmates assigned to the facility. The selection process involved the use of alphabetical housing unit rosters, from which the Auditor randomly selected individuals representing a range of age groups, races, and ethnic backgrounds. Efforts were made to ensure that the random sample reflected diversity across housing units, with selections distributed throughout the facility. This approach helped ensure that the perspectives gathered were representative of the broader facility population and allowed for a comprehensive assessment of PREA-related practices and perceptions.
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):

On the first day of the on-site audit, the facility reported housing a total of 342 incarcerated individuals. In accordance with guidance outlined in the PREA Auditor Handbook, facilities with populations of this size require the completion of at least 13 random inmate interviews and 13 targeted inmate interviews. The facility reported no inmates meeting the criteria for the targeted interview group (e.g., inmates who disclosed prior victimization, self-identified as LGBTI, or were housed in segregated units due to risk of sexual victimization). As a result, the Auditor conducted 26 interviews with randomly selected inmates to fulfill and exceed the required number of random interviews and ensure a representative sampling of the general population.

To support an inclusive and demographically diverse selection process, the Auditor utilized alphabetical housing unit rosters and randomly chose individuals across multiple housing units. Consideration was given to variables such as age, race, ethnicity, gender identity, and length of sentence, in order to achieve a well-rounded and reflective sample of the institution's broader inmate population. Beyond formal interviews, the Auditor also engaged in several spontaneous, informal conversations with incarcerated individuals encountered during the facility tour. These interactions provided valuable supplemental information related to inmates' awareness of PREA standards, understanding of their rights, access to reporting mechanisms, perceptions of staff responsiveness, and general attitudes about sexual safety within the facility. At the outset of each formal interview, the Auditor introduced herself, clarified the purpose of the audit, described her neutral role in the PREA process, and emphasized the voluntary nature of participation. Inmates were clearly informed that their choice to participate—or decline—would not affect their confinement status, privileges, or any other aspect of their incarceration. Upon receiving verbal consent, the interviews proceeded

	using the standardized PREA interview protocol. All 26 randomly selected inmates agreed to be interviewed and willingly participated in the process. Their responses were carefully documented in handwritten notes. None of the interviews revealed concerns or allegations related to sexual abuse or sexual harassment. Furthermore, no follow-up interviews or use of specialized protocols were required. Inmate responses consistently demonstrated a baseline understanding of the facility's zero-tolerance stance toward sexual misconduct. All participants affirmed they knew how to report sexual abuse or harassment, believed they could report anonymously if needed, and understood that retaliation for reporting is prohibited. The overall interview process confirmed that inmates are generally well-informed of their PREA rights and reporting options, and the facility has taken steps to educate and empower the population accordingly.
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Targeted Inmate/Resident/Detainee Interviews

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

40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
40. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The Auditor triangulated data from the PAQ, onsite documentation, interviews with staff and inmates, and housing rosters to verify the existence (or absence) of inmates within PREA-targeted categories. Based on this thorough corroboration process, the Auditor confirmed that while the facility had housed individuals in most targeted categories over the past 12 months, none were present in the facility at the time of the onsite audit. The absence of these individuals was confirmed across all verification sources and did not indicate any noncompliance or data omission.
41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0
41. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

41. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	See above comment
42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
42. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	See above comment
43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

43. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	See above comment
44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
44. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	See above comment
45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
45. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

45. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	See above comment
46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	See above comment
47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	See above comment
48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	0
48. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
48. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	See above comment
49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0

49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	See above comment
50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	As part of the comprehensive PREA audit process, the Auditor formally requested a current roster of individuals who met the criteria for targeted interviews, as defined by the PREA Audit Instrument. In response, facility staff informed the Auditor that, at the time of the on-site audit, there were no inmates or residents housed at the facility who fell within the defined targeted populations. These populations include individuals who identify as lesbian, gay, bisexual, transgender, or intersex (LGBTI); those with a documented history of prior sexual victimization; individuals housed in segregated housing for their own protection; and individuals with disabilities affecting their ability to communicate. This information was corroborated through review of intake and classification records, housing assignments, and interviews with facility leadership and specialized staff. The absence of targeted individuals at the time of the audit did not hinder the Auditor's ability to evaluate the facility's policies, procedures, and capacity to identify, house, and support such individuals in compliance with PREA standards should they be admitted in the future.

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

51. Enter the total number of RANDOM STAFF who were interviewed:

15

52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)

- ☒ Length of tenure in the facility
- ☒ Shift assignment
- ☒ Work assignment
- ☒ Rank (or equivalent)
- ☐ Other (e.g., gender, race, ethnicity, languages spoken)
- ☐ None

53. Were you able to conduct the minimum number of RANDOM STAFF interviews?

- ☒ Yes
- ☐ No

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

During the on-site audit, the Auditor conducted a comprehensive evaluation of staff awareness and institutional practices related to the Prison Rape Elimination Act (PREA) through both structured interviews and informal engagement. Throughout the facility tour, the Auditor engaged in numerous spontaneous, conversational interactions with staff stationed across a variety of operational areas, including custody, medical services, administration, and programming. These informal discussions provided valuable real-time insights into how PREA protocols are implemented on a daily basis and allowed the Auditor to observe the professionalism, communication styles, and level of comfort staff demonstrated when discussing PREA-related responsibilities.

Topics discussed during these informal encounters included inmate sexual safety, reporting procedures, mandatory training, staff responsibilities, and the institutional response to sexual abuse or harassment allegations. These conversations supplemented formal data collection by offering an authentic view of staff behavior and institutional culture as it relates to the prevention, detection, and response to sexual misconduct.

In addition to informal interactions, the Auditor conducted 15 formal interviews with randomly selected staff members, ensuring representation across departments, shifts, and job functions. The interview sample included correctional officers, medical and mental health providers, supervisory staff, and administrative personnel—each with varying levels of direct contact with the inmate population. This intentional cross-section enabled the Auditor to gather a balanced and comprehensive understanding of how PREA standards are understood and implemented facility-wide.

Although the required PREA audit notification had been publicly posted in advance of the on-site visit—providing staff and inmates with the opportunity to confidentially contact the

Auditor—no correspondence, inquiries, or concerns were received from staff prior to or during the audit period.

At the beginning of each formal interview, the Auditor introduced herself, explained her role as an independent, Department of Justice-certified PREA Auditor, and clarified the voluntary nature of the interview. Staff were assured that their participation was optional and that declining to participate would result in no adverse consequences. All 15 staff members consented to the interview, and each session followed the standardized PREA staff interview protocol. Responses were hand-recorded by the Auditor to ensure accurate documentation.

All staff interviewed willingly participated and answered all questions. None of the interviews resulted in the need to activate follow-up or supplemental interview protocols, as no concerns or disclosures emerged that required further exploration. Staff consistently demonstrated a solid understanding of the agency's zero-tolerance policy for sexual abuse and sexual harassment. Interviewees were able to clearly articulate the facility's procedures for reporting incidents—whether the victim was a fellow staff member or an inmate—and expressed confidence in their ability to respond appropriately if such a report were made.

Staff also showed a clear understanding of the protections in place to prevent retaliation following a report of sexual misconduct. They described various monitoring mechanisms and supervisory practices designed to detect and respond to potential retaliation. When asked about their own sense of safety, all staff reported feeling safe from sexual abuse and harassment while working within the facility. Their responses reflected a strong sense of trust in the facility's leadership, training practices, and institutional safeguards.

Overall, the interviews confirmed that facility staff are knowledgeable, well-trained, and committed to upholding PREA standards. No

	gaps, inconsistencies, or deficiencies in understanding or implementation were identified during the audit, reinforcing the facility's adherence to best practices in preventing and responding to sexual misconduct.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	18
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 and Mailroom
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
61. Enter the total number of VOLUNTEERS who were interviewed:	1
61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☒ Religious ☐ Other
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
62. Enter the total number of CONTRACTORS who were interviewed:	1
62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☐ Education/programming ☐ Medical/dental ☒ Food service ☐ Maintenance/construction ☐ Other

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

No challenges were encountered in identifying or selecting specialized staff for interviews during the on-site portion of the audit. The Auditor utilized the facility's staff roster to determine appropriate individuals who occupied positions with PREA-specific responsibilities and were present during the audit. Care was taken to ensure the selection of a diverse and representative sample. Specialized staff chosen for interviews were not drawn from the random staff interview pool, thereby avoiding duplication and ensuring a broader range of perspectives. The facility provided a comprehensive list of staff in specialized roles, which included investigators, intake staff, medical and mental health professionals, human resources personnel, and others with designated PREA-related duties. From this list, the Auditor identified a well-balanced sample of individuals whose job functions aligned with the various specialized staff interview protocols. In total, eighteen individuals were interviewed, with twenty-one specialized protocols administered. Some staff held multiple PREA-related responsibilities and were appropriately interviewed under more than one protocol to ensure complete coverage of their roles.

Each interviewee demonstrated a clear understanding of the responsibilities associated with their specialized function. Responses were consistent with facility policy and practice and adhered closely to the standardized interview protocols developed for the PREA audit process. Interviewees provided detailed information regarding their role in the facility's prevention, detection, reporting, and response systems, with many offering relevant examples that underscored their familiarity with PREA standards and institutional procedures.

Interviews with specialized staff confirmed that the facility maintains a high level of operational readiness in implementing PREA standards. Staff articulated an informed, coordinated approach to handling allegations

of sexual abuse and sexual harassment. Collectively, their responses reinforced the conclusion that PREA compliance is a fully integrated part of facility operations and that staff at all levels are committed to upholding the principles of safety, accountability, and zero tolerance for sexual misconduct.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

☒ Yes

☐ No

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

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

The site review was conducted in a thorough and unrestricted manner. The Auditor was granted full access to all areas of the facility necessary to complete the audit, including housing units, intake and release areas, medical and mental health departments, food services, education and program spaces, segregation units, administrative offices, recreational yards, and all designated PREA reporting locations (e.g., grievance boxes, phones, and confidential mail drop locations). There were no limitations placed on the Auditor's movements, and staff were consistently cooperative and transparent throughout the process.

During the tour, the Auditor conducted several informal conversations with both staff and inmates, which provided additional insight into institutional operations and staff-inmate dynamics. These interactions helped assess not only awareness of PREA policies and reporting mechanisms, but also perceptions of sexual safety and institutional responsiveness. Both staff and inmates appeared comfortable engaging with the Auditor and were generally forthcoming in their comments.

The Auditor observed the availability and placement of PREA-related materials, including multilingual posters, brochures, and signage in housing areas, common spaces, and intake locations. PREA information was clearly posted in accessible locations and included directions for internal and external reporting, contact information for the PREA Ombudsman, and notice of zero tolerance for sexual abuse and harassment.

Tests of critical functions were also conducted during the site review. These included verifying the operation of the inmate telephones designated for PREA reporting and ensuring that calls could be placed to the PREA Ombudsman or external oversight entities without staff assistance or monitoring. The Auditor also confirmed that grievance and mailboxes were secured, appropriately labeled, and emptied on a routine basis by

designated staff.

The Auditor noted that housing units were clean, well-maintained, and adequately supervised, with staff present and engaged. Supervision patterns, sightlines, and camera placements were assessed during the walkthrough and appeared to support inmate safety and minimize blind spots.

Overall, the site review affirmed that the physical environment, access to reporting tools, and staff engagement reflect a strong institutional commitment to PREA compliance. Observations, conversations, and functional tests collectively supported the conclusion that facility practices align with policy and demonstrate active efforts to uphold the standards set forth under the Prison Rape Elimination Act.

Documentation Sampling

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

70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

☒ Yes

☐ No

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

During the audit process, the Auditor reviewed all documentation provided in the Pre-Audit Questionnaire (PAQ) submission and determined that additional documentation would be helpful to corroborate and further validate the facility's compliance with specific PREA standards. There were no barriers to accessing or selecting supplementary documentation. Facility leadership and designated staff were cooperative and responsive in providing all requested materials in a timely manner.

The Auditor requested additional documentation to ensure a thorough and representative review. This included:

- Incident reports and investigation files for any alleged sexual abuse or harassment, including supporting documentation such as medical and mental health evaluations, witness statements, and administrative findings.
- PREA risk screening tools and reassessment forms to verify consistency and timeliness in the screening process.
- Training records for both staff and contractors, with a focus on those hired within the last 12 months, to confirm compliance with initial and refresher PREA training requirements.
- Documentation of inmate education, particularly for those with limited English proficiency or cognitive/learning disabilities, to verify accommodations were provided.
- Grievance records and third-party reports to assess the facility's responsiveness to various reporting mechanisms.

All additional documentation reviewed was consistent with policies and procedures and helped to reinforce the facility's self-reported practices. The accessibility of records and the staff's willingness to assist with document retrieval allowed the Auditor to complete a well-rounded, in-depth review without disruption.

Overall, the process of selecting and reviewing additional documentation was effective and supported the comprehensive

evaluation of the facility's adherence to PREA standards.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	1	9	1	0
Staff-on-inmate sexual abuse	1	9	1	0
Total	2	9	2	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	2	0	2	0
Staff-on-inmate sexual harassment	5	0	5	0
Total	7	0	7	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	1	0
Staff-on-inmate sexual abuse	0	0	1	0
Total	0	0	2	0

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

2

79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
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:	7
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:

5

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

☐ Yes

☒ No

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

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

☐ Yes

☒ No

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

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

The Auditor reviewed every PREA allegation file from the previous 12 months.

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>DOCUMENTS REVIEWED</u> The following materials were examined in support of determining compliance with this standard: - Pre-Audit Questionnaire (PAQ) and all accompanying documentation - West Virginia Division of Correction and Rehabilitation (WVDCR) 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) During the interview, the agency's PREA Coordinator confirmed that their role is solely focused on ensuring institutional compliance with all PREA standards. The PC

holds the authority to make necessary policy or procedural changes to address any identified PREA-related concerns or deficiencies. The position is full-time and strategically situated within the agency's upper-level structure to provide oversight and leadership across all facilities.

PREA Compliance Manager (PCM)

The facility's designated PREA Compliance Manager (PCM) reported during the interview that they are afforded adequate time and resources to effectively carry out their PREA responsibilities. The PCM demonstrated a solid understanding of the duties associated with the position and described a proactive approach to compliance monitoring and implementation of PREA-related protocols.

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PROVISIONS

Provision (a)

The Pre-Audit Questionnaire indicates the facility enforces a strict zero-tolerance policy toward all forms of sexual abuse and sexual harassment, both within the institution and in any affiliated contracts or services under its operational control. According to the PAQ and supporting policies, the zero-tolerance policy outlines specific protocols for the prevention, detection, response, and investigation of sexual abuse and harassment. Clear definitions of prohibited conduct are included, as are the disciplinary sanctions that may be imposed for such behaviors.

WVDCR Policy 430.00 (p. 4, A) reaffirms the Division's zero-tolerance stance. The policy prohibits sexual activity or contact between staff and incarcerated individuals, as well as between incarcerated individuals themselves, regardless of consent. Violations are subject to both administrative sanctions and criminal prosecution under West Virginia Code §61-8B-10. The policy applies to all individuals working or housed within DCR-operated facilities, including staff, contractors, and volunteers.

Each institution within the DCR system designates a PREA Compliance Manager (PCM) to oversee facility-level implementation. PCMs report directly to the agency-level PREA Coordinator on all PREA-related matters, while administratively reporting to the Warden or Superintendent.

Provision (b)

According to the PAQ and supporting organizational documents, the agency employs a full-time PREA Coordinator who operates out of the Office of Professional Standards (OPS). This structure was confirmed through interviews and a review of the agency's organizational chart, which places the PREA Coordinator at the executive level within the compliance division.

The PREA Coordinator reports directly to the Commissioner of Corrections and has the time, authority, and autonomy necessary to oversee the agency's PREA compliance efforts across all facilities. The position is dedicated exclusively to PREA oversight and coordination. The Auditor verified this organizational structure and chain of command through the agency and facility organizational charts.

	WVDCR Policy 430.00 (p. 4, B) establishes the Office of PREA Compliance, composed of the Director of PREA Compliance, the PREA Coordinator, and designated support staff. This team is tasked with the development, implementation, coordination, and monitoring of agency-wide compliance with the PREA standards. Each correctional facility within the agency employs a PCM who reports directly to the PREA Coordinator in all PREA-related matters. At the facility level, PCMs also report to the respective Warden or Superintendent for day-to-day operations. Provision (c) In accordance with WVDCR Policy 430.00 (p. 4, C), each facility Superintendent, in consultation with the Director of PREA Compliance, must appoint a PREA Compliance Manager. The PCM must be given sufficient time and authority to ensure full implementation of PREA standards within the facility. The PCM is responsible for coordinating compliance efforts, monitoring implementation, and serving as the point of contact for all PREA-related initiatives at the institutional level. <u>CONCLUSION</u> Based on a comprehensive review of documentation, interviews, and organizational charts, the Auditor has determined that the West Virginia Division of Correction and Rehabilitation and this facility are in compliance with the PREA standard related to zero tolerance for sexual abuse and sexual harassment. The agency has appropriately designated and empowered a PREA Coordinator at the executive level, along with a facility-level PREA Compliance Manager who has sufficient authority and time to carry out their responsibilities effectively.
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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> To evaluate the agency's compliance with the PREA standard concerning contracting for the confinement of incarcerated individuals, the following documents were reviewed: • Pre-Audit Questionnaire (PAQ) and all related supporting documentation • West Virginia Division of Correctional and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 These materials provided critical insight into the agency's policies, contract language, and oversight procedures related to housing individuals in facilities not directly operated by the agency. <u>INTERVIEWS</u>

Agency Contract Administrator Interview

As part of the audit process, the Auditor conducted an interview with the agency's Contract Administrator. During the interview, the Contract Administrator confirmed that every contract for the housing of individuals in the custody of the West Virginia Division of Correctional and Rehabilitation—including those with private providers and other governmental agencies—includes explicit PREA compliance requirements. No exceptions were reported. PREA obligations are integrated into the body of each agreement and are treated as essential conditions of the contract.

Provision (a)

According to the PAQ, the agency currently has two contracts in place for the confinement of individuals in custody. These contracts were either newly executed or renewed on or after August 20, 2012, or since the agency's most recent PREA audit, whichever date is later.

This requirement is governed by WVDCR Policy 430.00, dated October 7, 2022. Specifically, Section D, items 1 through 3 (page 4), establishes that:

- Each new or renewed contract must include a provision requiring compliance with the federal PREA standards;
- Contractors must also adhere to all relevant WVDCR policies and procedures; and
- The agency is required to monitor the contracted facility's performance to ensure ongoing PREA compliance.
- This policy framework ensures that any entity housing individuals on behalf of the agency is legally and operationally bound to uphold PREA's protections.

Provision (b)

Further supporting documentation and the PAQ confirm that both existing contracts require full adoption of and compliance with PREA standards by the contracted facilities. This obligation is not only embedded in the contracts but is also actively monitored by the agency.

During the interview, the Contract Administrator emphasized that each contractor's policies and procedures are reviewed to ensure alignment with national PREA standards. Additionally, each contracted facility is contractually obligated to report all PREA allegations directly to the agency. This includes submitting documentation related to the allegation, the investigative process, and the final outcome to the WVDCR Director of PREA Compliance for review.

This reporting process allows the agency to maintain direct oversight of all PREA-related incidents occurring at contracted facilities and ensures consistent application of investigative and corrective measures.

Conclusion

Based on the comprehensive review of documentation, policies, and the interview with the Contract Administrator, the Auditor concludes that the West Virginia Division

	of Correctional and Rehabilitation meets all requirements of the PREA standard regarding the use of contracts for inmate confinement. The agency has demonstrated a structured, enforceable, and transparent approach to ensuring that all contracted facilities uphold the same PREA protections and standards as those operated directly by WVDCR.
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115.13 Supervision and monitoring	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>Document Review</u> The Auditor conducted an in-depth review of documents relevant to the PREA standard addressing supervision and monitoring. These materials provided insight into how the facility manages staffing, supervision, video monitoring, and oversight. The following documents were examined: Pre-Audit Questionnaire (PAQ) and all supporting documentation West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 Facility Unannounced Round Logs Copies of Deviation Logs Facility Blueprint and Layout Facility Staffing Plan This comprehensive review provided the foundational context for evaluating compliance with all provisions of the PREA standard concerning staff supervision and monitoring practices. <u>Interviews</u> Facility Head Interview During the interview, the Facility Head explained that compliance with the staffing plan and any deviations from it are regularly discussed during routine leadership and departmental staff meetings. The Facility Head holds direct responsibility for monitoring staffing levels and assessing their impact on inmate programming, daily operations, and institutional safety. The review also includes evaluation of video surveillance coverage, modifications to the monitoring system, and consideration of other operational concerns. Additionally, the Facility Head monitors a broad range of factors including: • The physical design and layout of the facility • Oversight by internal and external monitoring bodies • Fluctuations in the incarcerated population

- Placement and distribution of supervisory personnel
- Trends in substantiated and unsubstantiated incidents of sexual abuse
- The needs of line staff and programming schedules across all shifts
- This multifaceted review process is critical to maintaining a safe environment and ensuring the staffing plan aligns with facility realities.

Intermediate- or Higher-Level Staff Interview

Intermediate- and higher-level supervisory staff reported that they conduct regular walkthroughs of housing units and operational areas during each shift. These supervisors engage with staff at all levels and routinely speak with individuals in custody. Supervisory personnel also review, audit, and sign logbooks as part of their oversight duties.

While the Auditor was on-site, supervisory and management staff were observed actively engaged in facility operations and visibly present in multiple housing and work areas. Interviews confirmed that supervisory personnel are required to conduct and document unannounced rounds, as outlined in agency policy.

Interviewees explained that these rounds are logged using PREA Compliance Manual Attachment 16, which is completed and submitted to the PREA Compliance Manager (PCM) on a monthly basis. Documentation reviewed by the Auditor confirmed consistent use of this form and adherence to reporting protocols.

Random Staff

Staff selected for random interviews demonstrated clear understanding of PREA supervision protocols. They clearly articulated the policy prohibiting any staff member from alerting others that an unannounced round is being conducted. This reinforces a culture of accountability and compliance with monitoring standards designed to detect and deter sexual abuse and harassment.

PROVISIONS

Provision (a)

According to the PAQ, the facility maintains an established staffing plan, which is formally reviewed at least annually. The current staffing plan is based on a rated population of 310 incarcerated individuals and is adjusted as needed to reflect changes in population or operational requirements.

WVDCR Policy 430.00, Section A (p. 5), mandates that each facility develop, document, and make best efforts to comply with a staffing plan that provides sufficient staffing and, when applicable, video monitoring to protect individuals from sexual abuse. In developing the plan, the following factors must be considered:

1. Generally accepted detention and correctional practices
2. Judicial findings of inadequacy
3. Federal investigative findings

4. Internal and external oversight reports
5. Physical plant layout, including blind spots
6. Composition of the incarcerated population
7. Number and placement of supervisory staff
8. Programming and activities scheduled across shifts
9. Applicable state and local laws and regulations
10. Incidence of sexual abuse (substantiated and unsubstantiated)
11. Other relevant operational or environmental factors

Provision (b)

The PAQ indicated that deviations from the staffing plan are typically due to staff call-ins, sick leave, or scheduled annual leave. All such deviations are formally documented in deviation logs.

Policy 430.00, Section B (p. 5), requires that whenever the staffing plan is not followed, the facility PREA Compliance Manager or designee must document the deviation in writing and provide justification. This documentation must be submitted to the Superintendent, the applicable Assistant Commissioner, and the Office of PREA Compliance.

Provision (c)

WVDCR Policy 430.00, Section C (p. 5) requires that staffing plans and related monitoring systems be evaluated no less than once annually, and more frequently if necessary. This review is conducted by the facility's PCM in consultation with the Office of PREA Compliance and includes an assessment of:

- The PREA staffing plan itself
- Prevailing staffing patterns
- The deployment of video monitoring and related technologies
- Available resources necessary to support implementation of the staffing plan

This process ensures that institutional staffing and monitoring remain responsive to emerging concerns and facility-specific needs.

Provision (d)

Policy 430.00, Section E (p. 5) establishes clear expectations for unannounced supervisory rounds. Each facility is required to conduct a minimum of four unannounced rounds per month, with two occurring during overnight hours (7:00 p.m. to 7:00 a.m.) and two during daylight hours (7:00 a.m. to 7:00 p.m.). The overnight rounds must be conducted by a supervisor who enters the facility solely for the purpose of conducting an unannounced round. Documentation of these rounds is maintained using PREA Compliance Manual Attachment 16 and submitted monthly to the facility's PCM.

Additionally, Policy Section F explicitly prohibits any staff member from alerting others that a supervisory round is underway. Doing so, unless related to legitimate

	operational needs, is subject to disciplinary action. <u>Conclusion</u> Based on a thorough review of documentation, policy, staffing records, facility practices, and interviews with staff at all levels, the Auditor finds that the West Virginia Division of Corrections and Rehabilitation and the audited facility are in full compliance with all provisions of the PREA standard related to supervision and monitoring. The agency has demonstrated a robust and well-documented approach to ensuring adequate staffing, proactive monitoring, and oversight practices that contribute to the detection and prevention of sexual abuse and harassment.
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> The Auditor conducted a thorough review of the Pre-Audit Questionnaire (PAQ) and all related supporting documentation provided by the facility. Key documents reviewed included: West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, effective October 7, 2022 This policy outlines specific protocols and protections for youthful offenders in accordance with federal PREA standards. The documentation was consistent and clearly articulated the agency’s policy position concerning the housing and treatment of youthful individuals within adult facilities. <u>OBSERVATIONS</u> As part of the site tour, the Auditor examined housing units, common areas, and program spaces throughout the facility. At no point during the tour were any youthful offenders observed. In reviewing the facility’s inmate roster, the Auditor confirmed that no individuals had a date of birth later than the year 2006, indicating that no incarcerated person was under the age of 18 at the time of the audit. This observation was consistent with the information reported in the PAQ and further validated during staff interviews. <u>INTERVIEWS</u> Facility Head The Facility Head clearly affirmed during the interview process that the institution

does not house youthful offenders. The Facility Head also demonstrated an understanding of the PREA requirements related to the separation and supervision of youthful inmates should one ever be admitted.

PREA Compliance Manager (PCM)

The PREA Compliance Manager also confirmed that no youthful offenders were currently or recently housed at the facility. The PCM was familiar with agency policy and expressed confidence that if the housing of a youthful offender were to occur, appropriate measures would be taken to maintain full compliance with the PREA standard, including ensuring sight and sound separation or direct supervision as required.

PROVISIONS

Provision (a)

The PAQ indicates that the facility does not house youthful offenders, which was corroborated through both the PCM and Facility Head interviews.

WVDCR Policy 430.00, page 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 shared dayrooms, common spaces, shower areas, sleeping quarters, or other communal areas.”

This policy aligns with PREA Standard §115.14(a) and ensures that, should a youthful offender ever be admitted, they would be housed in accordance with strict sight and sound separation requirements.

Provision (b)

WVDCR Policy 430.00, page 6, section G, further provides:

“The Division shall either maintain sight and sound separation between juvenile and adult offenders or provide direct staff supervision when juvenile and adult offenders may have any form of contact.”

This ensures that under no circumstances would youthful offenders be left unsupervised in environments where they could be at risk of abuse or inappropriate contact with adult individuals in custody.

Provision (c)

In alignment with federal guidance discouraging punitive isolation of youthful offenders, the policy further states:

“The Division shall make best efforts to avoid placing juvenile offenders in isolation for the purpose of compliance with sight and sound separation requirements. Except under exigent circumstances, youthful offenders must not be denied access to daily

	large-muscle exercise, legally mandated special education services, or other programs and work opportunities to the extent possible.” The facility reported zero youthful offenders over the past 12 months. This was confirmed by both documentation and staff interviews. <u>CONCLUSION</u> Based on a comprehensive review of facility policies, documentation, on-site observations, and interviews with facility leadership and the PREA Compliance Manager, the Auditor concludes that the agency and facility fully meet all provisions of the PREA standard related to the housing and protection of youthful inmates. Although no youthful individuals are currently housed at the facility, the institution has clearly defined policies and demonstrates an operational readiness to uphold the standard in the event that a youthful offender is admitted. The agency’s approach is aligned with PREA’s goals of ensuring safety, protecting vulnerability, and maintaining the dignity of all individuals in custody.
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115.15 Limits to cross-gender viewing and searches	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> The Auditor conducted a comprehensive review of the Pre-Audit Questionnaire (PAQ) alongside all pertinent supporting materials, including: • West Virginia Division of Correctional and Rehabilitation (WVDCR), Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, effective October 7, 2022 • West Virginia Division of Correctional and Rehabilitation, Policy 411.00, Gender Nonconforming Inmates/Residents, effective February 1, 2020 • West Virginia Division of Correctional and Rehabilitation, Policy 111, Training and Employee Development, effective January 1, 2019 • Training records documenting staff education related to cross-gender and transgender search procedures <u>OBSERVATIONS</u> During the facility tour, the Auditor observed staff members of the opposite gender entering inmate housing units. Consistently, announcements of their presence were made prior to entry, in adherence to policy requirements. Similarly, as the Auditor is

of opposite gender, facility staff made appropriate announcements before entering inmate housing and restroom areas, ensuring respect for privacy and transparency throughout the site visit.

INTERVIEWS

Staff

Throughout discussions with staff, the following points were consistently affirmed:

- Completion of training specifically focused on conducting cross-gender searches in accordance with facility policy.
- Cross-gender strip searches and visual body cavity searches are not conducted at this facility under routine circumstances.
- Staffing levels are maintained to ensure that male and female staff are available to conduct searches; staff are reassigned as necessary to uphold this standard.
- Announcements by opposite gender staff prior to entering housing units are mandatory and routinely practiced.
- No searches are ever performed solely to determine an inmate's genital status.

Inmates

Inmate interviews confirmed:

- Opposite gender staff do not conduct cross-gender searches.
- Opposite gender staff announce their presence before entering bathrooms and housing units.
- Inmates have the ability to shower and dress without being viewed by staff of the opposite gender, maintaining their privacy and dignity.

PROVISIONS

Provision (a)

According to the PAQ, no cross-gender strip searches or cross-gender visual body cavity searches have been conducted in the past twelve months.

WVDCR Policy 430.00, page 6, section H, clearly states:

Staff shall not conduct cross-gender pat-down, strip searches, or visual body cavity searches except under exigent circumstances or when medically necessary and performed by qualified medical practitioners. All exigent cross-gender searches must be documented through incident reports.

Furthermore, for facilities with a rated capacity under 50 offenders, cross-gender pat-down searches of female offenders are prohibited absent exigent circumstances. Female offenders' access to programming and out-of-cell activities shall not be restricted to comply with this standard.

A review of staff training records verified that all personnel have received instruction on cross-gender search policies.

Provision (b)

The PAQ and interviews confirm that cross-gender pat-down searches of female inmates are not permitted except in urgent situations consistent with policy.

Provision (c)

Facility policy mandates full documentation of any cross-gender strip or visual body cavity searches.

At the time of the audit, no transgender inmates were housed in the facility; therefore, no transgender inmates were interviewed regarding search practices.

Provision (d)

Policies and procedures are in place that allow inmates to shower, use restroom facilities, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except under exigent circumstances or incidental to routine cell checks. This protection extends to both direct and remote viewing, including video surveillance.

Policy 430.00, pages 6–7, section I, articulates this expectation clearly.

Policy 411.00, page 3, section III.B, requires that transgender and intersex inmates be offered the option to shower separately from others.

Additionally, Policy 430.00, page 7, section J, mandates that staff announce their presence every time they enter an offender housing unit of the opposite gender to provide notice of their presence.

Since no transgender inmates were housed at the time of the audit, no interviews on these topics were conducted with transgender individuals.

Provision (e)

Policy 430.00, page 7, section K, prohibits searching or physically examining transgender or intersex inmates solely for the purpose of determining genital status. Staff are encouraged to ascertain this information through respectful dialogue or by consulting medical records.

Policy 411.00, page 3, section III.D, requires that staff take inmate preferences into account when assigning personnel for strip searches, with cross-gender searches occurring only in exigent circumstances.

Provision (f)

Staff receive training on conducting pat-down searches of transgender and intersex inmates with professionalism, respect, and minimal intrusion consistent with security requirements, as detailed in Policy 430.00, page 7, section L.

Policy 111, pages 5–6, outlines comprehensive training requirements that include:

	• A zero-tolerance stance on sexual abuse and harassment • Staff roles and responsibilities for preventing, detecting, reporting, and responding to sexual misconduct • Rights of inmates and staff regarding freedom from sexual abuse and retaliation • Understanding the dynamics and common reactions to sexual abuse in confinement • Skills for detecting and responding to signs of abuse • Guidelines for maintaining professional boundaries with inmates • Effective communication strategies inclusive of LGBTQ+ individuals • Compliance with mandatory reporting laws • Training is customized to the gender composition of the inmate population and is refreshed at least biennially, with documentation confirming each employee's participation and understanding. <u>CONCLUSION</u> Following a detailed review of documentation, interviews with both staff and inmates, and direct observations during the facility tour, the Auditor concludes the agency and facility fully satisfy all provisions of the PREA standard related to limitations on cross-gender viewing and searches. The facility demonstrates a strong commitment to respecting inmate privacy, ensuring safety, and maintaining dignity through clear policies, well-trained staff, and consistent operational practices.
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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> The Auditor conducted a detailed review of the Pre-Audit Questionnaire (PAQ) and the following supporting materials relevant to services for individuals with disabilities and those with Limited English Proficiency (LEP): 1. West Virginia Division of Correction and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 2. Contract with Homeland Language Services, LLC, for interpreter and translation services 3. Homeland Language Services (HLS) Call Guide for WVDCR 4. HLS Phone Translation Service Instructions 5. HLS Sign Language Interpreter Guidelines

6. HLS Video Remote Interpreting (VRI) Service Overview
7. HLS Step-by-Step Instructions for Accessing Phone Interpreting Services
8. Refresher Training Materials for Staff Use of HLS Interpretation Services
9. PREA Informational Materials in English and Spanish

OBSERVATIONS

During the facility walkthrough, the Auditor observed PREA-related posters prominently displayed in various areas including housing units, workspaces, hallways, visitation areas, and other high-traffic common areas. All posters were provided in both English and Spanish, ensuring visibility and accessibility.

Additionally, the facility supplied PREA brochures and training handouts—again available in both languages—for distribution to the incarcerated population. These materials reinforced the agency’s commitment to equitable access to PREA information and reporting resources for all individuals, regardless of language or ability.

INTERVIEWS

Facility Head

The Facility Head confirmed that comprehensive procedures are in place to ensure meaningful access to PREA-related information and services for individuals with disabilities or those who are LEP. Options include bilingual staff, written correspondence, and contracted language interpretation services—ensuring that all individuals can report incidents and access supportive services.

Random Staff

Staff consistently reported that when language interpretation is needed, they first attempt to locate a bilingual staff member. If no one is available, they immediately utilize Homeland Language Services, the agency’s contracted provider, to ensure timely and effective communication.

Inmates with Disabilities

Incarcerated individuals who self-identified as having disabilities reported feeling safe and well-informed. All stated they understood their rights related to sexual abuse and harassment and were confident in their ability to report incidents. Each affirmed that PREA-related information was delivered in an understandable manner appropriate to their needs.

LEP Inmate

An interviewed LEP individual confirmed receiving PREA-related information in Spanish and expressed understanding of how to report abuse or harassment, further validating the facility’s efforts to ensure linguistic inclusivity.

PROVISIONS

Provision (a): Equal Opportunity for Access

The facility confirmed via the PAQ—and the Facility Head reinforced during interviews—that the agency has established procedures to ensure that individuals with disabilities and those with limited English proficiency are afforded equal opportunity to participate in and benefit from the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

According to Policy 430.00, Section M, facilities are required to:

“Take reasonable steps to ensure that 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.”

These efforts were confirmed during interviews and documentation review.

Provision (b): Language Access and Disability Accommodations

The facility has multiple resources and systems in place to ensure that LEP individuals and those with disabilities can fully understand and engage with PREA-related education and services, including:

- Professional interpretation services through Homeland Language Services, LLC
- PREA written materials available in both English and Spanish
- PREA educational videos in English and Spanish, equipped with closed captioning
- Access to VRI (Video Remote Interpreting) for ASL users

Additional Accessibility Features:

Hearing Impaired: Information provided visually through text and captioned video; ASL interpretation available via VRI

Visually Impaired: Information delivered audibly through staff narration or recorded materials; Braille formats available

Cognitively Impaired or Limited Literacy: Staff provide verbal explanations or audio-based resources tailored to individual comprehension levels

Policy 430.00, Section N, emphasizes the importance of inclusive communication:

“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.”

The Auditor’s review confirmed that all PREA materials provided in English were also

	available in Spanish, and that the facility had systems to meet a wide range of communication needs. Provision (c): Prohibition of Inmate Interpreters According to the PAQ and corroborated by staff interviews, there have been zero instances in the past 12 months where inmate interpreters, readers, or assistants were used to facilitate PREA-related communication. Policy 430.00, Section O, strictly prohibits such practices: “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.” Given the availability of robust contracted interpretation services, there has been no necessity to deviate from this policy. <u>CONCLUSION</u> Following a comprehensive review of documentation, in-depth staff and inmate interviews, and direct observations throughout the facility, the Auditor concludes that the West Virginia Division of Correction and Rehabilitation fully meets all provisions of the PREA standard pertaining to access for incarcerated individuals with disabilities and those with limited English proficiency. The facility has demonstrated a strong commitment to equitable access through the use of professional interpretation services, accessible materials, and inclusive procedures—ensuring that all individuals are informed, supported, and able to report incidents without barriers.
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> The following documents were reviewed in support of the compliance assessment for this PREA standard: • Pre-Audit Questionnaire (PAQ) and supporting documentation • West Virginia Division of Correctional and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, effective October 7, 2022

- WVDCR Policy 132.00, Non-Uniform Promotion Guidelines, dated April 18, 2022
- WVDCR Policy 135.00, Pre-Employment Processing, dated March 22, 2021

INTERVIEW

Administrative (Human Resources) Staff

During the interview with administrative personnel responsible for human resources, the following key practices and procedures were confirmed:

- All prospective hires are required to complete personnel documentation that includes explicit questions regarding prior sexual misconduct, in alignment with PREA standards.
- The agency maintains an ongoing, proactive approach to ensuring compliance with the hiring and promotion provisions of the PREA standards. This includes the implementation of a robust, centralized tracking system for criminal background checks related to new hires, promotions, and required four-year rechecks for existing staff.
- The Auditor conducted a detailed review of a random sample of personnel files, each of which included all required documentation. This included evidence of completed background investigations, disclosures of past misconduct (as applicable), and the three mandated PREA screening questions under Provision (a), which are also answered annually by staff.
- Criminal background checks are performed prior to hiring, at the time of promotion, and every four years for current employees, contractors, and volunteers who have contact with individuals in custody.
- All employees are required to promptly report any arrest or criminal activity through their designated supervisory chain.
- When requested, the agency provides information about substantiated allegations of sexual abuse or sexual harassment involving former employees.
- The agency's centralized system monitors due dates and ensures timely completion of all required background investigations, further supporting the agency's commitment to PREA compliance.

PROVISIONS

Provision (a)

According to the PAQ, the agency prohibits the hiring or promotion of individuals, and the use of contractors, who may have contact with individuals in custody and who:

Have engaged in sexual abuse in any confinement setting (e.g., prison, jail, lockup, juvenile or community confinement facility);

Have been convicted of engaging or attempting to engage in sexual activity through force, threats, coercion, or where the victim could not consent or refuse;

Have been civilly or administratively adjudicated as having committed such acts. This was corroborated during interviews with HR staff and verified through personnel file reviews.

The PAQ reports 131 total staff members, with 32 new hires over the past 12 months, as well as 30 contractors and 41 volunteers. A random sample of 49 personnel files was reviewed, all of which contained complete documentation, including verification of criminal background checks and responses to required PREA questions.

Relevant policies include:

WVDCR Policy 430.00, pp. 7-8, Section P

WVDCR Policy 132.00, p. 2, Section E, 1-3

These policies reinforce the agency's zero-tolerance stance, clearly outlining prohibitions and mandatory disclosure expectations, and requiring action when false information is provided or misconduct is omitted.

Provision (b)

The PAQ indicates the agency considers any known incidents of sexual harassment when determining whether to hire or promote an individual, or contract for services involving contact with incarcerated persons. This practice was confirmed during HR interviews and is in full alignment with PREA standards.

Provision (c)

As reported in the PAQ and validated by HR, the agency conducts criminal background checks before hiring any new employee who will have contact with incarcerated individuals. In addition, the agency makes every reasonable effort to contact prior institutional employers to gather information about substantiated allegations of sexual abuse or any resignation occurring during an active investigation into such an allegation.

This policy is supported by WVDCR Policy 430.00, p. 8, Section S.

Provision (d)

Prior to contracting with any service provider whose employees may have contact with individuals in custody, the agency ensures that criminal background record checks are completed. As reported in the PAQ, one contract involving direct inmate contact was active, and background checks were performed on all applicable contractor staff. These checks are also repeated every four years.

Relevant guidance: WVDCR Policy 430.00, p. 8, Section Q

Provision (e)

The facility confirmed that criminal background checks are conducted at least once every four years for all current employees and contractors who have contact with

	individuals in custody. This exceeds the federal PREA standard, which requires such checks at least every five years. Compliance was verified through interviews and personnel documentation. Relevant policy: WVDCR Policy 430.00, p. 8, Section R Provision (f) The PAQ states that all applicants and current employees who may have contact with incarcerated individuals are required to disclose prior sexual misconduct in application materials, interviews, and annual self-assessments. Additionally, staff have a continuing affirmative duty to disclose any such misconduct throughout their employment. This practice was confirmed during the HR interview and supported by documentation. Policy reference: WVDCR Policy 132.00, p. 2, Section E Provision (g) The agency enforces strict accountability for truthfulness in the hiring process. The PAQ affirms—and HR personnel verified—that material omissions or false information regarding prior sexual misconduct serve as grounds for immediate termination. <u>CONCLUSION</u> Following a thorough review of the PAQ, applicable policies, personnel documentation, and administrative interviews, the Auditor finds that the West Virginia Division of Correctional and Rehabilitation exceeds the requirements of the PREA standard regarding hiring and promotion practices. This determination is based, in part, on the agency’s practice of conducting criminal background checks every four years, which is more rigorous than the five-year minimum required by the federal PREA standards. The agency’s comprehensive system of disclosure, screening, and re-checks reflects a robust and proactive commitment to ensuring that no staff member or contractor with a history of sexual abuse or misconduct is placed in a position of trust or authority over individuals in custody.
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> The following materials were reviewed to assess the agency and facility’s compliance

with PREA standards related to institutional planning, design, and the use of monitoring technology:

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

These documents were instrumental in understanding how the agency incorporates PREA considerations into the design, renovation, and technological infrastructure of its facilities.

OBSERVATIONS

During the facility tour, the Auditor conducted a visual inspection of key areas throughout the institution. The tour confirmed that cameras were installed in strategic locations, providing broad surveillance coverage. Additionally, security mirrors were in place, enhancing visibility in areas that might otherwise present blind spots. These tools collectively support a safer environment and assist in the detection and deterrence of inappropriate behavior.

Facility Head Interview

The Facility Head provided valuable insight into the integration of safety and PREA compliance within the physical and technological infrastructure of the facility. Key points from the interview included:

- The Facility Head confirmed that camera coverage is extensive and well-distributed, and that security mirrors are used to supplement areas where visibility might be limited.
- Any construction, renovation, or facility modification is approached with full consideration of PREA standards, particularly with regard to protecting individuals in custody from the risk of sexual abuse.
- When planning such projects, executive leadership convenes meetings with supervisory and management staff to discuss facility needs, ensuring that decisions about design or modification include the integration of appropriate security technologies such as cameras and surveillance systems.

These meetings also address a variety of operational and safety-related topics, including:

- Data collection and reporting practices
- Grievance trends
- Disciplinary review outcomes
- Video monitoring and summary reviews

- Use of force incidents
- Reports and investigations of sexual abuse
- Staffing concerns such as overtime usage, leave trends, and staff morale

This collaborative approach reinforces the agency's commitment to safety and transparency, and ensures that modifications to the physical plant or monitoring systems align with PREA requirements.

PROVISIONS

Provision (a)

The PAQ indicated that the agency has not acquired new facilities or completed any substantial expansions or modifications to existing facilities since August 20, 2012, or since the last PREA audit—whichever is more recent.

According to WVDCR Policy 430.00 (p. 8, Section T), when designing or acquiring a new facility or undertaking a major expansion or renovation, the Division of Corrections and Rehabilitation must consider the impact of those changes on the agency's ability to protect individuals in custody from sexual abuse. The policy also requires that the facility's PREA Compliance Manager (PCM) consult with the Office of PREA Compliance when updates to video surveillance or monitoring technology are planned. The policy emphasizes that such technologies must be evaluated for their potential to enhance safety and support PREA compliance.

Provision (b)

The Pre-Audit Questionnaire (PAQ) indicated that the agency has not installed or made updates to its video monitoring system, electronic surveillance infrastructure, or other monitoring technologies since August 20, 2012, or since the most recent PREA audit, whichever occurred later.

Although no changes to monitoring systems have been implemented during this timeframe, the agency continues to demonstrate an understanding of the importance of such technologies in supporting a safe and secure environment. The existing video surveillance and monitoring systems remain functional and integral to daily operations.

As reinforced in WVDCR Policy 430.00, Section T (p. 8), the agency is committed to ensuring that any future decisions related to the installation or enhancement of monitoring technologies will be conducted in consultation with the Office of PREA Compliance. This ensures that such changes will be carefully planned to improve the agency's ability to protect individuals in custody from sexual abuse and other forms of misconduct, while remaining consistent with PREA standards and best practices

CONCLUSION

Based on a thorough review of the PAQ, agency policy, facility observations, and staff interviews, the Auditor concludes that the West Virginia Division of Corrections and Rehabilitation and the audited facility are in full compliance with all provisions of the

	PREA standard related to facility design, construction, and monitoring technology. The agency has demonstrated proactive planning and effective coordination in ensuring that physical spaces and surveillance systems contribute to the prevention, detection, and response to sexual abuse in custody settings.
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENTATION REVIEW</u> To assess compliance with PREA Standard §115.21, which addresses evidence protocol and victim advocacy, the following core documents were carefully reviewed: • Pre-Audit Questionnaire (PAQ), including all supplemental documentation submitted by the facility. • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, titled Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022. This policy outlines investigative procedures, evidence collection guidelines, access to forensic medical care, and the provision of victim advocacy services. • A formal Memorandum of Understanding (MOU) between WVDCR and the West Virginia Foundation for Rape Information and Services (FRIS). This agreement ensures that incarcerated individuals have access to professional sexual assault advocacy services both during and after forensic medical procedures. • A formal Memorandum of Understanding (MOU) between WVDCR and the Sexual Abuse Response team (S.A.R.T.). This agreement ensures that incarcerated individuals have access to a victim advocate before, during and after a forensic medical procedures. <u>INTERVIEWS</u> PREA Director/Coordinator The Director of PREA Compliance (DPC) confirmed the agency’s implementation of a structured, evidence-based collection protocol that aligns with national best practices. The protocol is intended to safeguard the integrity of physical evidence and ensure that all investigative efforts, whether administrative or criminal, follow trauma-informed and legally defensible methods. The DPC also highlighted procedures for coordinating forensic medical examinations consistent with national standards. PREA Compliance Manager (PCM)

The PREA Compliance Manager shared the following insights:

- No forensic medical examinations were conducted during the prior 12-month reporting period.
- A signed agreement with FRIS ensures that incarcerated survivors of sexual abuse are provided access to trained victim advocates who can support them throughout investigatory and medical processes.

SAFE/SANE Personnel

Interviews with Sexual Assault Forensic Examiners (SAFE) and Sexual Assault Nurse Examiners (SANE) revealed the following:

- Victim advocacy services are immediately available upon request. Advocates provide emotional support, offer information, and accompany survivors through the forensic exam process.
- All forensic medical examinations are conducted at Grafton City Hospital, located at 1 Hospital Plaza, Grafton, WV 26354. The hospital's contact number is (304) 265-0400.
- In the rare instance that SAFE/SANE professionals are unavailable, a qualified emergency room physician may conduct the examination in their place.
- Post-exam services, including mental health counseling, are coordinated between FRIS advocates and the facility's internal mental health team to ensure continuity of care and support.
- MOU between WVDCR and Sexual Abuse Response Team (S.A.R.T.) for forensic examinations
- The MOU with WVDCR and FRIS for advocate services.

Facility Staff

Interviews with correctional staff confirmed a thorough understanding of evidence preservation procedures. Staff could articulate the steps to prevent evidence contamination and described their responsibilities in securing and responding to allegations of sexual abuse. They clearly understood their roles from the moment of initial disclosure to the transfer of responsibility to medical or investigative personnel.

Inmates Who Reported Sexual Abuse

At the time of the onsite audit, there were no individuals currently housed at the facility who had reported sexual abuse in the past year. Those who had previously filed allegations had been released prior to the audit; therefore, no interviews were conducted in this category.

PROVISIONS

Provision (a) - Evidence Protocol and Investigative Roles

Internal administrative investigations are conducted by WVDCR, while criminal

investigations are managed by the West Virginia State Police.
Both agencies follow a standardized, PREA-compliant evidence collection protocol.

Policy References:

Policy 430.00, p. 18, Section VIII.A.2: Assigns designated staff to investigate allegations of inmate-on-inmate sexual harassment.

Policy 430.00, p. 20, Section D: Directs facilities to provide access to a rape crisis advocate during investigations.

Provision (b) - Youthful Inmates

The facility does not currently house individuals under the age of 18, as verified by the inmate population roster.

Nevertheless, investigative procedures are designed to be adaptable and developmentally appropriate should youthful inmates be housed in the future.

Policy Reference:

Policy 430.00, p. 19, Section F: Mandates that all investigations follow best practices derived from the U.S. Department of Justice's National Protocol for Sexual Assault Medical Forensic Examinations (Adults/Adolescents).

Provision (c) - Forensic Medical Examinations

No forensic medical exams were conducted in the past year; however, the facility maintains a clear process for ensuring access to exams at no cost to victims.

The MOU with SART confirms that incarcerated survivors have access to professional SANE/SAFE personnel to conduct forensic examinations

When SAFE/SANE personnel are unavailable, qualified emergency physicians may perform exams.

Policy References:

Policy 430.00, p. 20, Section I: Requires that either a victim advocate or trained staff accompany victims during the exam and related interviews.

Policy 430.00, p. 23, Section B: Affirms the right of victims to receive forensic medical exams by qualified professionals at external medical facilities.

Provision (d) - Victim Advocate Access

The MOU with FRIS confirms that incarcerated survivors have access to professional advocacy services.

Policy Reference:

Policy 430.00, p. 23, Section D: Requires rape crisis center advocates to be made available during all exams and investigative interviews.

Provision (e) - Scope of Advocacy Services

The FRIS agreement ensures emotional support, crisis intervention, accompaniment, and resource referrals are available throughout the process.

Policy Reference:

	Policy 430.00, p. 23, Section D: Mandates that advocates or appropriate facility staff provide comprehensive support during forensic and investigatory activities. Provision (f) - Investigative Agency Compliance Administrative investigations are handled internally by WVDCR, and criminal cases are forwarded to the West Virginia State Police. Policy Reference: Policy 430.00, p. 23, Section D: Instructs the facility to ensure that any outside investigative agency adheres to PREA standards during its investigative procedures. Provision (g) - Not Applicable This provision was not applicable to the current audit scope as defined by the PREA Auditor Handbook. Provision (h) - Ongoing Advocacy Partnership The longstanding agreement with FRIS remains active and operational, ensuring a consistent and professional standard of advocacy services for incarcerated individuals who experience sexual abuse. <u>CONCLUSION</u> Based on the comprehensive review of policies, documentation, and interviews with facility staff, agency officials, medical professionals, and contracted advocates, the Auditor finds that the facility is in full compliance with PREA Standard §115.21. The agency has demonstrated a clear commitment to the preservation of evidence, coordination with external investigative agencies, and the provision of trauma-informed, survivor-centered advocacy services for those impacted by sexual abuse within the correctional setting. • DOCUMENTATION REVIEW To assess compliance with PREA Standard §115.21, which addresses evidence protocol and victim advocacy, the following core documents were carefully reviewed: Pre-Audit Questionnaire (PAQ), including all supplemental documentation submitted by the facility. West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, titled Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022. This policy outlines investigative procedures, evidence collection guidelines, access to forensic medical care, and the provision of victim advocacy services. A formal Memorandum of Understanding (MOU) between WVDCR and the
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West Virginia Foundation for Rape Information and Services (FRIS). This agreement ensures that incarcerated individuals have access to professional sexual assault advocacy services both during and after forensic medical procedures.

INTERVIEWS

PREA Director/Coordinator

The Director of PREA Compliance (DPC) confirmed the agency's implementation of a structured, evidence-based collection protocol that aligns with national best practices. The protocol is intended to safeguard the integrity of physical evidence and ensure that all investigative efforts, whether administrative or criminal, follow trauma-informed and legally defensible methods. The DPC also highlighted procedures for coordinating forensic medical examinations consistent with national standards.

PREA Compliance Manager (PCM)

The PREA Compliance Manager shared the following insights:

No forensic medical examinations were conducted during the prior 12-month reporting period.

A signed agreement with FRIS ensures that incarcerated survivors of sexual abuse are provided access to trained victim advocates who can support them throughout investigatory and medical processes.

SAFE/SANE Personnel

Interviews with Sexual Assault Forensic Examiners (SAFE) and Sexual Assault Nurse Examiners (SANE) revealed the following:

Victim advocacy services are immediately available upon request. Advocates provide emotional support, offer information, and accompany survivors through the forensic exam process.

All forensic medical examinations are conducted at Grafton City Hospital, located at 1 Hospital Plaza, Grafton, WV 26354. The hospital's contact number is (304) 265-0400.

In the rare instance that SAFE/SANE professionals are unavailable, a qualified emergency room physician may conduct the examination in their place.

Post-exam services, including mental health counseling, are coordinated between FRIS advocates and the facility's internal mental health team to ensure continuity of care and support.

MOU between WVDCR and Sexual Abuse Response Team (S.A.R.T.) for forensic examinations

The MOU with WVDCR and FRIS for advocate services.

Facility Staff

Interviews with correctional staff confirmed a thorough understanding of

evidence preservation procedures. Staff could articulate the steps to prevent evidence contamination and described their responsibilities in securing and responding to allegations of sexual abuse. They clearly understood their roles from the moment of initial disclosure to the transfer of responsibility to medical or investigative personnel.

Inmates Who Reported Sexual Abuse

At the time of the onsite audit, there were no individuals currently housed at the facility who had reported sexual abuse in the past year. Those who had previously filed allegations had been released prior to the audit; therefore, no interviews were conducted in this category.

PROVISIONS

Provision (a) – Evidence Protocol and Investigative Roles

Internal administrative investigations are conducted by WVDCR, while criminal investigations are managed by the West Virginia State Police.

Both agencies follow a standardized, PREA-compliant evidence collection protocol.

Policy References:

Policy 430.00, p. 18, Section VIII.A.2: Assigns designated staff to investigate allegations of inmate-on-inmate sexual harassment.

Policy 430.00, p. 20, Section D: Directs facilities to provide access to a rape crisis advocate during investigations.

Provision (b) – Youthful Inmates

The facility does not currently house individuals under the age of 18, as verified by the inmate population roster.

Nevertheless, investigative procedures are designed to be adaptable and developmentally appropriate should youthful inmates be housed in the future.

Policy Reference:

Policy 430.00, p. 19, Section F: Mandates that all investigations follow best practices derived from the U.S. Department of Justice's National Protocol for Sexual Assault Medical Forensic Examinations (Adults/Adolescents).

Provision (c) – Forensic Medical Examinations

No forensic medical exams were conducted in the past year; however, the facility maintains a clear process for ensuring access to exams at no cost to victims.

The MOU with SART confirms that incarcerated survivors have access to professional SANE/SAFE personnel to conduct forensic examinations

When SAFE/SANE personnel are unavailable, qualified emergency physicians may perform exams.

Policy References:

Policy 430.00, p. 20, Section I: Requires that either a victim advocate or trained staff accompany victims during the exam and related interviews.
Policy 430.00, p. 23, Section B: Affirms the right of victims to receive forensic medical exams by qualified professionals at external medical facilities.
Provision (d) – Victim Advocate Access

The MOU with FRIS confirms that incarcerated survivors have access to professional advocacy services.

Policy Reference:

Policy 430.00, p. 23, Section D: Requires rape crisis center advocates to be made available during all exams and investigative interviews.

Provision (e) – Scope of Advocacy Services

The FRIS agreement ensures emotional support, crisis intervention, accompaniment, and resource referrals are available throughout the process.

Policy Reference:

Policy 430.00, p. 23, Section D: Mandates that advocates or appropriate facility staff provide comprehensive support during forensic and investigatory activities.

Provision (f) – Investigative Agency Compliance

Administrative investigations are handled internally by WVDCR, and criminal cases are forwarded to the West Virginia State Police.

Policy Reference:

Policy 430.00, p. 23, Section D: Instructs the facility to ensure that any outside investigative agency adheres to PREA standards during its investigative procedures.

Provision (g) – Not Applicable

This provision was not applicable to the current audit scope as defined by the PREA Auditor Handbook.

Provision (h) – Ongoing Advocacy Partnership

The longstanding agreement with FRIS remains active and operational, ensuring a consistent and professional standard of advocacy services for incarcerated individuals who experience sexual abuse.

CONCLUSION

Based on the comprehensive review of policies, documentation, and interviews with facility staff, agency officials, medical professionals, and contracted advocates, the Auditor finds that the facility is in full compliance with PREA Standard §115.21. The agency has demonstrated a clear commitment to the preservation of evidence, coordination with external investigative agencies, and the provision of trauma-informed, survivor-centered advocacy services for those impacted by sexual abuse within the correctional setting.

INTERVIEWS

PREA Director/Coordinator

The Director of PREA Compliance (DPC) confirmed the agency's implementation of a structured, evidence-based collection protocol that aligns with national best practices. The protocol is intended to safeguard the integrity of physical evidence and ensure that all investigative efforts, whether administrative or criminal, follow trauma-informed and legally defensible methods. The DPC also highlighted procedures for coordinating forensic medical examinations consistent with national standards.

PREA Compliance Manager (PCM)

The PREA Compliance Manager shared the following insights:

No forensic medical examinations were conducted during the prior 12-month reporting period.

A signed agreement with FRIS ensures that incarcerated survivors of sexual abuse are provided access to trained victim advocates who can support them throughout investigatory and medical processes.

SAFE/SANE Personnel

Interviews with Sexual Assault Forensic Examiners (SAFE) and Sexual Assault Nurse Examiners (SANE) revealed the following:

Victim advocacy services are immediately available upon request. Advocates provide emotional support, offer information, and accompany survivors through the forensic exam process.

All forensic medical examinations are conducted at Grafton City Hospital, located at 1 Hospital Plaza, Grafton, WV 26354. The hospital's contact number is (304) 265-0400.

In the rare instance that SAFE/SANE professionals are unavailable, a qualified emergency room physician may conduct the examination in their place.

Post-exam services, including mental health counseling, are coordinated between FRIS advocates and the facility's internal mental health team to ensure continuity of care and support.

MOU between WVDCR and Sexual Abuse Response Team (S.A.R.T.) for forensic examinations

The MOU with WVDCR and FRIS for advocate services.

Facility Staff

Interviews with correctional staff confirmed a thorough understanding of evidence preservation procedures. Staff could articulate the steps to prevent evidence contamination and described their responsibilities in securing and responding to allegations of sexual abuse. They clearly understood their roles from the moment of initial disclosure to the transfer of responsibility to medical or investigative personnel.

Inmates Who Reported Sexual Abuse

At the time of the onsite audit, there were no individuals currently housed at the facility who had reported sexual abuse in the past year. Those who had previously filed allegations had been released prior to the audit; therefore, no interviews were conducted in this category.

PROVISIONS

Provision (a) - Evidence Protocol and Investigative Roles

Internal administrative investigations are conducted by WVDCR, while criminal investigations are managed by the West Virginia State Police. Both agencies follow a standardized, PREA-compliant evidence collection protocol.

Policy References:

Policy 430.00, p. 18, Section VIII.A.2: Assigns designated staff to investigate allegations of inmate-on-inmate sexual harassment.

Policy 430.00, p. 20, Section D: Directs facilities to provide access to a rape crisis advocate during investigations.

Provision (b) - Youthful Inmates

The facility does not currently house individuals under the age of 18, as verified by the inmate population roster.

Nevertheless, investigative procedures are designed to be adaptable and developmentally appropriate should youthful inmates be housed in the future.

Policy Reference:

Policy 430.00, p. 19, Section F: Mandates that all investigations follow best practices derived from the U.S. Department of Justice's National Protocol for Sexual Assault Medical Forensic Examinations (Adults/Adolescents).

Provision (c) - Forensic Medical Examinations

No forensic medical exams were conducted in the past year; however, the facility maintains a clear process for ensuring access to exams at no cost to victims.

The MOU with SART confirms that incarcerated survivors have access to professional SANE/SAFE personnel to conduct forensic examinations

When SAFE/SANE personnel are unavailable, qualified emergency physicians may perform exams.

Policy References:

Policy 430.00, p. 20, Section I: Requires that either a victim advocate or trained staff accompany victims during the exam and related interviews.

Policy 430.00, p. 23, Section B: Affirms the right of victims to receive forensic medical exams by qualified professionals at external medical facilities.

Provision (d) - Victim Advocate Access

The MOU with FRIS confirms that incarcerated survivors have access to professional

	advocacy services. Policy Reference: Policy 430.00, p. 23, Section D: Requires rape crisis center advocates to be made available during all exams and investigative interviews. Provision (e) - Scope of Advocacy Services The FRIS agreement ensures emotional support, crisis intervention, accompaniment, and resource referrals are available throughout the process. Policy Reference: Policy 430.00, p. 23, Section D: Mandates that advocates or appropriate facility staff provide comprehensive support during forensic and investigatory activities. Provision (f) - Investigative Agency Compliance Administrative investigations are handled internally by WVDCR, and criminal cases are forwarded to the West Virginia State Police. Policy Reference: Policy 430.00, p. 23, Section D: Instructs the facility to ensure that any outside investigative agency adheres to PREA standards during its investigative procedures. Provision (g) - Not Applicable This provision was not applicable to the current audit scope as defined by the PREA Auditor Handbook. Provision (h) - Ongoing Advocacy Partnership The longstanding agreement with FRIS remains active and operational, ensuring a consistent and professional standard of advocacy services for incarcerated individuals who experience sexual abuse. <u>CONCLUSION</u> Based on the comprehensive review of policies, documentation, and interviews with facility staff, agency officials, medical professionals, and contracted advocates, the Auditor finds that the facility is in full compliance with PREA Standard §115.21. The agency has demonstrated a clear commitment to the preservation of evidence, coordination with external investigative agencies, and the provision of trauma-informed, survivor-centered advocacy services for those impacted by sexual abuse within the correctional setting.
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW:

To assess compliance with the PREA standard related to the referral of allegations for investigation, the Auditor reviewed the following documentation:

- Pre-Audit Questionnaire (PAQ) and all supporting materials submitted by the facility.
- West Virginia Division of Correctional and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, effective October 7, 2022. This policy outlines the agency's comprehensive approach to the investigation of sexual abuse and sexual harassment allegations.
- PREA Allegation Investigative Records, which include case files, supporting documentation, and final dispositions of cases within the past 12 months.
- Investigative Staff Training Curriculum, which details the training content provided to personnel responsible for conducting investigations.
- Investigative Staff Training Records, which confirm completion of specialized training by those conducting PREA-related investigations.

INTERVIEWS

Facility Head

The Facility Head affirmed that all allegations of sexual abuse and sexual harassment—regardless of perceived credibility or source—are taken seriously and responded to immediately. They confirmed that both administrative and criminal allegations are fully investigated in accordance with established policy. The Facility Head emphasized the agency's zero-tolerance approach and the facility's commitment to ensuring a safe environment for all individuals in custody.

Random Staff

Staff members interviewed during the audit clearly understood their obligation to report any knowledge, suspicion, or disclosure of sexual abuse or sexual harassment. All reported that they are required to submit such reports as soon as possible—without delay—and no later than the end of their shift. Staff demonstrated awareness of the reporting structure, including their ability to report confidentially, anonymously, or externally, in addition to the standard internal channels.

Investigative Staff

Investigative personnel interviewed confirmed that all allegations are assigned for investigation. Criminal allegations are referred directly to the West Virginia State Police. Administrative investigations—those not involving potential criminal behavior—are handled internally by trained facility investigators. Interviewees explained their roles in the investigative process, their use of the PREA evidence protocol, and the documentation practices used to track findings and referrals.

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PROVISIONS

Provision (a)

According to the Pre-Audit Questionnaire (PAQ), the facility reported a total of nine allegations of sexual abuse and sexual harassment within the past twelve months.

Sexual Abuse Allegations:

The facility received two allegations of sexual abuse during the reporting period:

Inmate-on-Inmate Sexual Abuse:

This allegation was investigated administratively by the facility. Upon completion of the investigation, the claim was determined to be unsubstantiated, meaning there was insufficient evidence to confirm that the incident occurred as alleged.

- The alleged victim was offered both medical and mental health services in accordance with agency protocol.
- Retaliation monitoring was initiated and maintained until the allegation was deemed unfounded, the individual was released or transferred, or the mandatory 90-day monitoring period concluded.
- The inmate was promptly notified in writing of the outcome of the investigation.
- In alignment with PREA standards, a Sexual Abuse Incident Review Team (SAIRT) meeting was held within 30 days of the investigation's conclusion to evaluate the circumstances and determine if any corrective or preventive measures were warranted.

Staff-on-Inmate Sexual Abuse:

This allegation was also handled through the administrative investigation process. After a full inquiry, the allegation was determined to be unsubstantiated.

- The alleged victim was provided access to medical and mental health care services following the report.
- Retaliation monitoring was conducted, consistent with agency policy, for the appropriate duration.
- The individual was formally notified in writing of the investigation's outcome.
- A Sexual Abuse Incident Review was conducted within 30 days of case closure.

No forensic medical examinations were conducted during the review period, as there were no substantiated allegations or circumstances necessitating such exams.

Sexual Harassment Allegations:

The facility also reported seven allegations of sexual harassment within the same twelve-month period:

- Two allegations involved inmate-on-inmate harassment and were investigated through the facility's administrative process. Following the investigations, both cases were determined to be unsubstantiated.

- Five allegations involved staff-on-inmate harassment. These were also investigated administratively:
 - Three allegations were determined to be unsubstantiated, meaning the evidence was inconclusive.
 - Two allegations were found to be unfounded, indicating the investigations concluded that the alleged incidents did not occur.
 - In each instance, individuals who made allegations were promptly informed in writing of the results of the investigations, as required under PREA standards and agency policy.

This comprehensive investigative response demonstrates the facility's commitment to thoroughly reviewing and resolving all allegations of sexual abuse and harassment, regardless of the source. The facility has also shown consistent adherence to victim support procedures, timely notification requirements, and ongoing monitoring practices that prioritize safety and accountability.

Provision (b)

The PAQ and interviews confirm that the agency has both policy and practice in place to ensure that all allegations of sexual abuse or sexual harassment are referred to an agency with legal authority to conduct criminal investigations—unless the allegation clearly does not involve potentially criminal behavior.

The referral process is documented and tracked by the facility. The Facility Head confirmed this practice, noting that all allegations are reviewed for potential criminal conduct and referred as appropriate.

The agency's PREA policy is publicly available and posted online at: <https://dcr.wv.gov/resources/Pages/prea.aspx>

Policy Reference:

Policy 430.00, p. 18, Section VIII.4 states that the Criminal Investigations Division (CID) is primarily responsible for coordinating with law enforcement and referring all allegations with criminal implications for investigation. CID also provides support as needed during these investigations.

Provision (c)

As documented in Provision (a), the facility manages all administrative investigations internally through trained personnel, while any allegations involving criminal conduct are referred to the West Virginia State Police.

Provision (d)

This provision is not required to be audited under current PREA audit standards.

Provision (e)

This provision is not required to be audited under current PREA audit standards.

CONCLUSION

Following a comprehensive review of agency policy, investigative records, staff

	training documentation, and interviews with facility leadership, line staff, and investigative personnel, the Auditor concludes that the agency and facility are in full compliance with PREA Standard §115.22. The West Virginia Division of Corrections and Rehabilitation has demonstrated consistent implementation of procedures to ensure that all allegations of sexual abuse and sexual harassment are appropriately referred and investigated in a timely and professional manner.
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To evaluate compliance with PREA Standard §115.31 – Employee Training, the following core documents and materials were reviewed in detail: • The Pre-Audit Questionnaire (PAQ) along with all supporting documentation submitted by the facility. • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, effective October 7, 2022. • The facility’s PREA Training Curriculum, which includes both general foundational instruction and specialized content tailored to various staff roles. • A representative sample of Staff Training Records, encompassing documentation of initial PREA orientation, annual refresher sessions, and ongoing in-service and shift-level training. <u>INTERVIEWS</u> Random Staff Interviews were conducted with randomly selected staff across multiple classifications, including custody, program, administrative, and support services. Interviewed staff consistently confirmed they had received PREA training during their initial onboarding or orientation process. All individuals interviewed also affirmed their participation in annual PREA refresher training and acknowledged the receipt of ongoing education through shift briefings, staff meetings, policy updates, and visual materials such as posters and brochures displayed throughout the facility. Staff demonstrated a clear understanding of their responsibilities under the agency’s zero-tolerance policy and articulated procedures for reporting, responding to, and preventing incidents of sexual abuse and sexual harassment. – <u>PROVISIONS</u>

Provision (a): Initial PREA Training

WVDCR Policy 430.00 (p. 8, Section A) mandates that all staff—including full-time and part-time employees, contractors, volunteers, mentors, and interns—receive comprehensive training on the Division’s zero-tolerance policy concerning sexual abuse and sexual harassment. This training must occur as part of orientation and no later than thirty (30) days following the commencement of service.

Section B outlines the mandatory training content as aligned with PREA Standard §115.31(a), which includes the following 13 key elements:

1. Prohibition of sexual contact between staff and individuals in custody.
2. The right of individuals in custody to report sexual abuse or harassment.
3. The agency’s zero-tolerance policy toward sexual misconduct.
4. Staff responsibilities related to prevention, detection, reporting, and response.
5. The right of all individuals in custody to be free from sexual abuse and harassment.
6. Protection for staff and incarcerated individuals from retaliation for reporting.
7. Dynamics of sexual abuse and harassment in correctional environments.
8. Typical reactions of victims of sexual abuse and harassment.
9. Identifying and responding to indicators of threatened or actual abuse.
10. Maintaining appropriate boundaries and preventing improper relationships.
11. Professional communication with all incarcerated individuals, including those identifying as LGBTI or gender nonconforming.
12. Adherence to West Virginia’s laws regarding mandatory reporting.
13. Understanding the nature of sexual misconduct in confinement settings.

The Auditor reviewed the training curriculum and associated materials. The content is structured in a clearly organized and easy-to-follow format, with each of the required elements addressed in detail. The training is tailored to the roles and responsibilities of the staff based on job function and incorporates specialized content for employees in medical, mental health, supervisory, and direct care positions. Training records reviewed confirmed that new staff received the required instruction during onboarding, and sign-in sheets and training logs supported that refresher training had been completed within the required timeframes.

Provision (b): Gender-Appropriate Training

WVDCR Policy 430.00 (p. 9, Section D) requires training to be appropriate for the gender composition of the facility population. The training materials reviewed included content addressing professional interaction with individuals of all gender identities, including male, female, transgender, and gender nonconforming individuals.

Specific topics covered include:

- Effective and respectful communication with LGBTI and gender nonconforming individuals.

- Proper procedures for conducting cross-gender searches.
- Awareness of privacy rights and accommodations in gender-diverse environments.
- Staff who are reassigned to facilities with a different inmate gender composition receive supplemental or refresher training specific to that population before beginning their new assignment. Both documentation and staff interviews confirmed that this training is consistently provided and documented.

Provision (c): Ongoing Training for Staff, Contractors, and Volunteers

WVDCR Policy 430.00 (p. 9, Section E) stipulates that employees receive annual refresher training to ensure continued familiarity with the agency's sexual abuse and harassment policies. Additionally, volunteers and contractors who have contact with individuals in custody must receive training that corresponds with the nature of their services and level of contact. At a minimum, these individuals must be informed of the zero-tolerance policy and instructed on how to report incidents.

At the time of the audit, the facility employed 131 individuals. The Auditor reviewed 56 randomly selected training files representing various departments and shifts. In every case, the files demonstrated that staff had completed PREA refresher training within the past twelve months. Records from the 2024 training cycle were complete and well-maintained.

In addition to formal training sessions, the facility fosters an environment of continuous learning and policy reinforcement through:

- Annual in-service training events.
- Daily and weekly shift change briefings.
- Departmental and facility-wide staff meetings.
- Posters, brochures, and other informational tools available throughout the living and working spaces.

These efforts collectively contribute to building a culture of awareness, safety, and accountability regarding sexual abuse prevention and response.

Provision (d): Documentation of Training

According to WVDCR Policy 430.00 (p. 9, Section C), each facility must maintain documentation confirming that employees, contractors, and volunteers have received and understood their training. This requirement is satisfied through signed Certificates of Understanding and/or Acknowledgements of Receipt, which are retained in each individual's training file and also forwarded to the Office of PREA Compliance.

The Auditor's review of training documentation revealed full compliance with this requirement:

- Each reviewed file contained a signed acknowledgment of training

	completion, including multiple forms when applicable. • The records showed recurring participation in training sessions over multiple years. • For trainings where no separate acknowledgment form was used, sign-in sheets bearing staff signatures were present for every session conducted within the last twelve months. This documentation confirms the facility’s commitment to both thorough recordkeeping and maintaining staff accountability for their training obligations. CONCLUSION Following a detailed review of relevant policies, training materials, documentation, and interviews with facility staff, the Auditor has determined that the facility is in full compliance with PREA Standard §115.31. The agency has implemented a robust and comprehensive training program that meets or exceeds federal requirements. The training system is responsive to employee roles and population demographics, ensures continuity through ongoing education, and upholds the agency’s firm commitment to preventing, detecting, and responding to sexual abuse and sexual harassment within its correctional settings.
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To assess compliance with PREA Standard §115.32 – Volunteer and Contractor Training, the following key documents were reviewed: • The Pre-Audit Questionnaire (PAQ) submitted by the facility. • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022. • The Volunteer and Contractor PREA Training Curriculum, which outlines role-specific content related to PREA responsibilities. • Volunteer and Contractor Training Records, including signed acknowledgments and documentation of orientation and refresher training. The Auditor confirmed that the training materials provided to volunteers and contractors align with PREA standards and agency policy, and that records of participation and understanding are consistently maintained. INTERVIEWS

Contractor Interviews

Contractors interviewed during the on-site audit recalled receiving PREA training upon onboarding or contract activation. They described the training as directly relevant to their roles and level of contact with individuals in custody. Each contractor interviewed demonstrated a clear understanding of what PREA entails and accurately described their responsibility to recognize, report, and appropriately respond to incidents of sexual abuse or sexual harassment.

Volunteer Interviews

Volunteers interviewed during the audit process similarly confirmed that they had received PREA training tailored to their responsibilities and the nature of their interaction with incarcerated individuals. They were able to explain the zero-tolerance policy, define what constitutes sexual abuse and harassment, and articulate the steps they would take to report such incidents.

These interviews validated the facility's claim that all contractors and volunteers with inmate contact are trained and prepared to uphold the agency's zero-tolerance approach.

PROVISIONS**Provision (a): Training for Volunteers and Contractors**

According to the PAQ, the facility reported that all volunteers and contractors who have direct or potential contact with individuals in custody receive training on their responsibilities under the agency's policies and procedures for the prevention, detection, and response to sexual abuse and sexual harassment. The facility reported 30 volunteers and contractors meeting this criterion, and PREA training documentation was reviewed for 28 of them.

The documentation reviewed included signed attendance forms, Certificates of Understanding, and copies of training materials provided during orientation. These records demonstrated that each volunteer and contractor had received PREA training consistent with agency expectations.

WVDCR Policy 430.00 (p. 9, Section E) affirms this requirement by stating that all staff, contractors, and volunteers shall receive training appropriate to the services they provide and the level of offender contact they have. At a minimum, all must be notified of the agency's zero-tolerance policy regarding sexual abuse and harassment and be instructed on how to report such incidents.

Additionally, the facility reported that contractors receive the same initial orientation training as newly hired agency staff, ensuring uniform understanding of PREA responsibilities across all service providers.

Provision (b): Content and Scope of Training

As stated in the PAQ, the content and scope of PREA training provided to volunteers and contractors are determined based on the nature of services rendered and the

	frequency and type of interaction they have with incarcerated individuals. At a minimum, all volunteers and contractors are trained on: • The agency's zero-tolerance policy for sexual abuse and harassment. • Procedures for reporting incidents of sexual abuse or sexual harassment. • Interviews and training documentation confirmed that all volunteers and contractors had been made aware of these core components. The facility's tailored approach ensures that individuals receive appropriate training that reflects their specific roles while emphasizing their obligations to uphold PREA standards. Provision (c): Documentation of Understanding The facility reported via the PAQ that it maintains documentation verifying that all volunteers and contractors not only completed their PREA training but also understood the content presented. This is confirmed by signed acknowledgment forms retained in individual training files. WVDCR Policy 430.00 (p. 9, Section C) requires that each facility document understanding of PREA training via a Certificate of Understanding, signed by the individual and kept in their training file. Copies of these documents must also be forwarded to the Office of PREA Compliance. The Auditor's review of contractor and volunteer files confirmed that these signed certificates were present and up-to-date. In cases where contractors or volunteers had received multiple rounds of training (e.g., annual refreshers), documentation reflected participation in each relevant session, reinforcing the facility's commitment to compliance and accountability. <u>CONCLUSION</u> Based on a comprehensive review of training documentation, agency policy, the Pre-Audit Questionnaire, and interviews with contractors and volunteers, the Auditor concludes that the facility is in full compliance with PREA Standard §115.32. The agency has effectively implemented a structured and consistent training program for all contractors and volunteers who have contact with individuals in custody. This program ensures that third-party service providers are fully informed of their responsibilities in preventing, detecting, and responding to sexual abuse and harassment, thereby supporting a safe and respectful environment for all individuals within the facility.
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115.33	Inmate education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

DOCUMENT REVIEW

To assess compliance with PREA Standard §115.33 – Inmate Education, the Auditor conducted a comprehensive review of the following key materials:

- The Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the facility.
- West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022.
- The WVDCR PREA Education Brochure, available in both English and Spanish.
- Additional PREA-related inmate educational materials, including handbooks and posters.

OBSERVATIONS

During the on-site audit tour, the Auditor observed that PREA-related informational postings were prominently displayed in all housing units and throughout shared facility spaces such as intake areas, dayrooms, and program rooms. The materials were available in both English and Spanish and included essential information about the zero-tolerance policy, reporting procedures, and victims' rights. Inmate orientation packets containing PREA education were reviewed and found to be accessible, comprehensive, and clearly written.

INTERVIEWS

Intake Staff

Intake staff confirmed that all incoming individuals are provided with an Admissions and Orientation (A&O) Handbook immediately upon arrival. The handbook includes PREA-related content outlining the agency's zero-tolerance stance, reporting options, and victims' rights. Staff also reported that each inmate signs an acknowledgment form, which is placed in the inmate's institutional file as proof of receipt.

Random Inmate

Thirty randomly selected individuals currently housed at the facility confirmed during interviews that they received PREA information upon arrival. Every respondent was able to articulate that they had been informed of the zero-tolerance policy, understood how to report incidents, and recalled receiving the handbook and other written materials within 24 hours or less of intake.

PROVISIONS

Provision (a): Intake Education

The facility reported through the PAQ that all newly admitted individuals are provided with basic PREA education at the time of intake. This education introduces the agency's zero-tolerance policy and the mechanisms available to report sexual abuse and sexual harassment. Intake staff verified that these materials are distributed immediately upon arrival, before individuals are assigned to housing units.

According to the PAQ, the facility admitted 592 individuals over the past twelve

months, and 100% received PREA information during the intake process. The Auditor reviewed 82 intake records, all of which contained documentation verifying that PREA information was provided within 24 hours of admission.

Policy Reference:

WVDCR Policy 430.00 (p. 10, Section IV.A) states that during the intake process—and annually thereafter, if applicable—individuals shall receive education, in a manner and language they understand, about the agency’s zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment.

Provision (b): Comprehensive Education

The facility reported that all individuals whose stay exceeds 30 days receive comprehensive PREA education during orientation. However, in practice, the comprehensive education is delivered at the time of intake—meaning all PREA education is completed within 24 hours of arrival, which exceeds the standard requirement.

The comprehensive education includes information on:

- The agency’s zero-tolerance policy (as outlined in the PREA brochure).
- How to report sexual abuse or harassment (Inmate Handbook).
- The individual’s right to be free from sexual abuse and harassment (Inmate Handbook).
- Protection from retaliation for reporting (PREA brochure).
- Tips to avoid becoming a victim (Inmate Handbook).
- An overview of the investigation and response process (Inmate Handbook).

Intake staff additionally confirmed that orientation includes information about staff working in housing areas, protections from retaliation, and the basics of the investigation process.

Policy Reference:

WVDCR Policy 430.00 requires orientation to include all of the above, in language and formats accessible to the population.

Provision (c): Timely Completion of Comprehensive Education

Although the standard allows up to 30 days for comprehensive education, the facility exceeds this requirement by providing the full educational program immediately upon intake. Interviews with intake staff and inmates confirmed this practice.

Documentation review of 82 inmate records verified that all individuals received the full complement of PREA education within 24 hours of admission.

Policy Reference:

WVDCR Policy 430.00 (p. 11, Section B) requires that individuals receive PREA education upon transfer to a different facility, with a handbook and additional training provided.

Provision (d): Accessible Formats for All Inmates

The PAQ and supporting documentation affirm that the facility offers PREA education

in formats accessible to all populations, including individuals with:

- **Limited English proficiency** – PREA materials are available in Spanish, and the PREA Compliance Manager is fluent in Spanish. Additional translation services are available via LanguageLine, which includes access to American Sign Language and other languages.
- **Hearing impairments** – Education is provided through written materials, captioned videos, and video remote interpreting (VRI) in ASL.
- **Visual impairments** – PREA information is read aloud by staff or delivered via audio recordings or Braille.
- **Cognitive impairments or limited literacy** – Materials are delivered verbally and reinforced through repeated staff interaction to ensure comprehension.

Policy Reference:

WVDCR Policy 430.00 (p. 10, Section IV.A and p. 7, Section N) mandates that PREA education must be provided in formats clearly understood by the recipient and that reasonable accommodations must be made to ensure access for individuals with disabilities or limited literacy.

Provision (e): Documentation of Education

The facility maintains comprehensive documentation of inmate participation in PREA education sessions. This includes signed acknowledgment forms and verification within inmate records.

The Auditor reviewed documentation for 82 individuals admitted within the past year and found that 100% had documented proof of receiving both intake and comprehensive PREA education. Records confirmed that education occurred within the first 24 hours of arrival for every individual.

Policy Reference:

WVDCR Policy 430.00 (p. 7, Section N) and related sections require that the facility maintain documentation of all PREA education efforts and ensure effective communication through accommodations when necessary.

Provision (f): Ongoing Access to PREA Information

The facility ensures that key PREA information is continuously and readily available to the inmate population. During the site tour, the Auditor observed PREA posters and materials displayed throughout the housing units and common areas. These included clear instructions on how to report abuse, information on the zero-tolerance policy, and available support services.

Materials were available in multiple formats and languages to meet the diverse needs of the population.

Policy Reference:

PREA Standard §115.33(f) and WVDCR Policy 430.00 require that key PREA information remains accessible through postings and written formats throughout the

	facility. <u>CONCLUSION</u> Based on a thorough review of policy, documentation, interviews, and facility observations, the Auditor concludes that the agency and facility exceed the requirements of PREA Standard §115.33 – Inmate Education. The facility not only meets the minimum standards by ensuring comprehensive PREA education is completed within the required 30-day window but surpasses the standard by delivering all education within 24 hours of intake. Additionally, the facility provides inclusive and accessible education to individuals with disabilities or limited English proficiency, and key information remains continuously available throughout the facility. These practices reflect a strong and proactive commitment to PREA compliance and the safety of all incarcerated individuals.
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To evaluate compliance with PREA Standard §115.34 – Specialized Training: Investigations, the Auditor conducted a detailed review of the following documents: • Pre-Audit Questionnaire (PAQ) and all supporting evidence provided by the facility. • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022. • Training records for investigative staff, including documentation of both general and specialized training completions. • Specialized Investigative Training Curriculum, which outlines the agency’s approach to equipping investigators with the skills necessary to address sexual abuse cases within confinement settings. <u>INTERVIEWS</u> Investigative Staff The Auditor conducted interviews with facility-assigned investigative staff responsible for handling allegations of sexual abuse and harassment. All individuals interviewed confirmed they had received both general PREA training and specialized investigative instruction, as required under this standard. The interviews demonstrated investigators’ understanding of key topics such as trauma-informed interviewing techniques, the legal application of Miranda and Garrity warnings, and evidence collection procedures specific to correctional environments.

PROVISIONS

Provision (a): Specialized Investigator Training

The PAQ confirms that, in addition to the general PREA education provided to all employees, WVDCR ensures that investigators tasked with handling sexual abuse cases receive specialized training tailored to the correctional setting. This advanced training addresses the complexities of conducting investigations within confinement environments.

The Auditor verified compliance with this provision through a review of sign-in sheets, training rosters, and curriculum materials. All documentation supported that investigative staff had completed the required specialized training, in alignment with agency policy and federal PREA standards.

Policy Reference:

WVDCR Policy 430.00 (pp. 9–10, Section F) outlines that investigative staff must, in addition to the general training under §115.31, receive targeted instruction provided by the Corrections Investigation Division (CID). This instruction is documented in the investigator's personnel file and a copy is submitted to the Office of PREA Compliance.

The policy mandates training in the following critical areas:

- Trauma-informed interviewing of sexual abuse victims
- Appropriate use and application of Miranda and Garrity warnings
- Evidence collection techniques specific to confinement settings
- Understanding the evidentiary thresholds necessary to substantiate cases for administrative or criminal proceedings

Provision (b): Training Curriculum Content

The PAQ affirms that the curriculum for specialized investigative training includes all four components required under this provision. The Auditor's review of training materials confirmed comprehensive coverage of:

- Techniques for interviewing victims of sexual abuse in a trauma-sensitive manner.
- Legal frameworks for conducting interviews involving Miranda and Garrity warnings.
- Proper procedures for collecting and preserving evidence within secure environments.
- Agency standards and thresholds for determining case substantiation in administrative and prosecutorial contexts.
- This content aligns fully with the requirements of Standard §115.34(b).

Provision (c): Documentation of Completion

The agency maintains complete and verifiable documentation to confirm that all

	designated investigators have completed the required specialized training. During the audit, the Auditor examined a representative sample of investigative staff training records and certificates. Each file reviewed contained documentation of training completion, including attendance rosters and signed acknowledgments of instruction received. This documentation substantiates the facility's compliance with both the letter and intent of this provision. Provision (d): Not Applicable This provision is not applicable to this audit and therefore was not assessed. <u>CONCLUSION</u> Based on an in-depth review of policies, training documentation, staff interviews, and curriculum content, the Auditor concludes that the facility fully meets the requirements of PREA Standard §115.34 – Specialized Training: Investigations. All staff assigned to conduct sexual abuse and sexual harassment investigations within the facility have completed the mandated specialized training. Furthermore, the agency maintains clear and thorough records to demonstrate full compliance. The training curriculum is robust, comprehensive, and aligned with best practices for addressing sexual abuse within correctional settings, ensuring investigators are well-equipped to conduct thorough, sensitive, and legally sound investigations.
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To evaluate the facility's compliance with PREA Standard §115.35 – Specialized Training: Medical and Mental Health Care, the Auditor conducted a comprehensive review of the following documents and materials: • Pre-Audit Questionnaire (PAQ) and all supporting materials provided by the facility. • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance, effective October 7, 2022. • PREA Training Curriculum developed for medical and mental health staff, detailing the specialized instruction required under this standard. • Training records and certificates verifying that medical and mental health practitioners completed both general PREA orientation and role-specific, specialized training.

The materials reviewed demonstrated alignment with the agency's stated policy and the federal PREA training requirements applicable to health care providers in confinement settings.

INTERVIEWS

Medical and Mental Health Practitioners

The Auditor conducted interviews with a cross-section of medical and mental health professionals currently assigned to the facility. Staff consistently reported that they had received both general PREA training and the specialized education specific to their clinical roles.

Interviewees accurately described their responsibilities in responding to allegations or disclosures of sexual abuse, including how to preserve evidence and to whom such reports should be made. Their responses reflected both awareness of and confidence in applying agency policies and procedures in real-world situations. These verbal confirmations were fully supported by documentation reviewed during the audit.

PROVISIONS

Provision (a): Specialized Training Requirements

According to the PAQ and as outlined in WVDCCR Policy 430.00, Section G (page 10), all full-time and part-time medical and mental health practitioners assigned to confinement facilities must receive specialized training in addition to the general PREA education required of all employees.

This specialized training must be delivered by a qualified instructor and completed within 30 days of the practitioner's date of hire. The curriculum is designed to enhance practitioners' ability to respond appropriately and professionally to individuals who may disclose abuse or exhibit signs of sexual victimization.

The required topics addressed in this training include:

- Preserving physical evidence in cases of sexual abuse in a secure environment.
- Responding effectively and professionally to victims who disclose abuse or harassment.
- Understanding how and to whom to report allegations or suspicions of sexual abuse or sexual harassment.

Review of training files and interviews with staff confirmed that all medical and mental health professionals had completed this specialized instruction. Practitioners clearly articulated their role in supporting trauma-informed care and upholding reporting protocols, demonstrating fidelity to policy and preparedness in fulfilling their responsibilities.

Provision (b): Forensic Examination Limitation

This provision is not applicable. As stated in WVDCR Policy 430.00, facility-based medical staff, including contractors and employees, are not authorized to conduct forensic medical examinations. These exams are referred to external medical professionals specifically trained and certified to perform forensic evidence collection, such as Sexual Assault Nurse Examiners (SANEs), at designated community-based medical facilities.

Provision (c): Documentation of Specialized Training

The PAQ confirms that WVDCR retains comprehensive documentation verifying the completion of specialized training for all relevant staff.

During the audit, the Auditor reviewed a sample of individual training files. Each file contained the following:

- Signed certificates of completion for specialized PREA training.
- Training rosters and sign-in sheets verifying staff attendance.
- Acknowledgment forms confirming staff understanding of the material presented.

The documentation reviewed was current, thorough, and maintained in accordance with WVDCR policy and standard recordkeeping practices.

Provision (d): General PREA Training for All Staff

In addition to the role-specific specialized training, all medical and mental health staff are also required to complete the general PREA training provided to all WVDCR employees, contractors, and volunteers, in accordance with PREA Standard §115.31.

This foundational training includes instruction on the agency's zero-tolerance policy, reporting duties, prohibited conduct, dynamics of sexual abuse in confinement, and communication with incarcerated individuals, including those who identify as LGBTQI+ or gender nonconforming.

Training records, including sign-in sheets and session content, confirmed that each practitioner had fulfilled this requirement. Interviews further verified that staff had a solid understanding of both general and specialized PREA topics, as they relate to their work within the correctional environment.

CONCLUSION

Based on the Auditor's thorough review of agency policies, training curriculum, staff interviews, and documentation of completed instruction, it is determined that the West Virginia Division of Corrections and Rehabilitation (WVDCR) is in full compliance with PREA Standard §115.35 – Specialized Training: Medical and Mental Health Care.

The facility has implemented a clear and well-documented process to ensure that all medical and mental health care providers receive appropriate, timely, and effective

	PREA training. This preparation equips practitioners to respond with professionalism, compassion, and fidelity to legal requirements when encountering incidents or disclosures of sexual abuse or harassment. The training framework supports a facility culture that promotes trauma-informed care, accountability, and survivor safety, aligning with both PREA mandates and correctional best practices.
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To evaluate compliance with PREA Standard §115.41 – Screening for Risk of Victimization and Abusiveness, the Auditor conducted an in-depth review of the following materials submitted by the facility: • Pre-Audit Questionnaire (PAQ) and all relevant supporting documentation • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance, effective October 7, 2022 • WVDCR Policy 401.13 – Special Attention and Special Needs Alerts, effective August 29, 2022 • Risk Screening Instrument used during intake • 30-Day Risk Reassessment Tool These documents outline the screening procedures used to identify individuals at risk of sexual victimization or who may pose a risk to others and guide the facility’s implementation of appropriate housing, programming, and supervision decisions. <u>OBSERVATIONS</u> During the on-site audit, the Auditor conducted informal walkthroughs of intake and housing areas and engaged in real-time discussions with facility staff to observe how risk screening procedures are conducted in practice. Staff were able to describe the screening process clearly, including how it is initiated, how information is documented, and how it is used to inform housing and program assignments. <u>INTERVIEWS</u> PREA Director of Compliance (DPC) The PREA Director of Compliance confirmed that only authorized personnel—including medical, mental health, classification staff, and the PREA Compliance Manager (PCM)—have access to risk screening information. This access is governed by a strict need-to-know protocol and is utilized solely for decisions related to housing,

supervision, treatment, and participation in work or education programs. The DPC also affirmed that WVDCR does not detain individuals for civil immigration purposes.

Risk Screening Staff

Staff responsible for conducting the PREA risk screenings reported that initial screenings are completed within 24 hours of an individual's arrival. They explained that screenings incorporate several factors, such as history of sexual victimization or abuse, mental health or developmental disabilities, physical build, age, and prior convictions, particularly those involving violence or sexual misconduct. A follow-up assessment occurs within 30 days of arrival. Additional reassessments are triggered by specific events, such as new allegations, facility transfers, or receipt of new information.

For individuals who identify as transgender or gender nonconforming, staff conduct targeted reassessments within the first 24 hours, again within 30 days, and then every six months thereafter. Staff emphasized that participation in the screening process is voluntary and that inmates are not punished for refusing to answer questions.

PREA Compliance Manager (PCM)

The PCM confirmed that the screening process is a key component in maintaining a safe institutional environment. Information gathered during screenings is used to make informed decisions regarding housing, programming, and supervision levels. Like the DPC, the PCM affirmed that risk screening information is handled with discretion and shared only with those whose roles necessitate access for the safety and treatment of incarcerated individuals.

Randomly Selected Inmates

During interviews with randomly selected individuals in custody, nearly all reported receiving an intake screening that included questions related to prior sexual victimization, concerns about safety, self-harm, and sexual orientation or gender identity. Most reported that the initial screening occurred within 24 to 72 hours of arrival, and that a reassessment was conducted shortly thereafter, typically within a few weeks.

PROVISIONS

Provision (a): Intake Screening

The PAQ and interviews confirm that all individuals are screened upon admission or transfer to the facility using a standardized, objective screening tool designed to identify individuals at risk of sexual victimization or potential abusiveness.

According to:

- WVDCR Policy 430.00, Sections V.A and V.C: Screening is conducted individually and in a private setting to promote honest responses.
- WVDCR Policy 401.13, Section I: Special needs or risk-based alerts are entered

into the Offender Information System (OIS) for tracking and management.

The screening includes consideration of LGBTI identification, prior victimization, physical characteristics, age, criminal history, perceived vulnerability, and other known risk factors.

Provision (b): Screening Within 72 Hours

The facility reported that 100% of the 4,849 individuals admitted over the past 12 months were screened within the first 72 hours of arrival, in accordance with:

WVDCR Policy 430.00, Section V.B.1.

Interviewed staff consistently verified that screenings are initiated and completed immediately during intake, often within 24 hours.

Provision (c): Use of an Objective Instrument

The screening process relies on a structured, validated instrument that objectively assesses risk and supports consistent decision-making. The Auditor reviewed the PREA Risk Screening Tool and confirmed it aligns with PREA standards.

Reassessments are consistently conducted within 30 days of intake.

Provision (d): Specific Risk Factors Considered

The instrument incorporates assessment of the following factors:

- Mental, physical, or developmental disabilities
- Age and physical stature
- Criminal and incarceration history
- History of sexual victimization
- Sexual orientation and gender identity
- Self-perceived vulnerability

These criteria were confirmed through policy review, staff interviews, and inmate reports.

Provision (e): History of Abusive Behavior

The screening process includes review of prior convictions for violent or sexual offenses, history of institutional misconduct, and any previous sexually abusive behavior. These factors are known to the agency through:

- Case records
- OIS data
- Mental health or classification assessments

Provision (f): 30-Day Reassessment

The agency conducts a risk reassessment within 30 days of arrival for all individuals with stays exceeding that duration. According to:

- WVDCR Policy 430.00, Section V.G, reassessments incorporate new information from medical, mental health, or security staff as appropriate.

Provision (g): Event-Based Reassessment

Reassessments are also triggered by:

- Reports of abuse
- Requests by the incarcerated individual
- Receipt of new risk-related information

This practice is supported by:

- WVDCR Policy 430.00, Sections V.B.2-4 and V.G.

Provision (h): Voluntary Participation

Staff and inmate interviews confirmed that no one is penalized for choosing not to respond to specific screening questions. In such instances, staff proceed with the information available, as noted in:

WVDCR Policy 430.00, Section V.F

Provision (i): Sensitive Information Handling

The facility demonstrated compliance with the requirement to protect sensitive screening data. Only authorized staff have access, and this information is used exclusively for treatment, security, and classification purposes. This aligns with:

WVDCR Policy 430.00, Section V.F

CONCLUSION

Based on the thorough review of documentation, policy, screening instruments, and interviews with staff and individuals in custody, the Auditor concludes that the agency and facility are in full compliance with PREA Standard §115.41 – Screening for Risk of Victimization and Abusiveness.

The facility employs a comprehensive and well-executed risk assessment process that supports safe housing, effective supervision, and responsive treatment planning. The system is objective, individualized, and trauma-informed, with strong procedural safeguards that uphold privacy, prevent retaliation, and support the facility's commitment to PREA compliance and inmate safety.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To assess compliance with PREA Standard §115.42 – Use of Screening Information, the Auditor conducted a detailed review of the following documents and materials submitted by the facility: • Pre-Audit Questionnaire (PAQ) and all supporting documentation • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 • Inmate Records, which reflected current housing and program assignments • Inmate Roster, used to verify housing arrangements and confirm no segregated LGBTI housing units exist • Interview Notes from discussions with the PREA Director of Compliance (DPC), PREA Compliance Manager (PCM), and risk screening staff. These materials collectively informed the Auditor’s assessment of how risk screening information is operationalized to make safe and appropriate housing, work, education, and program placement decisions. <u>INTERVIEWS</u> Director of PREA Compliance (DPC) The DPC clarified that, per agency policy, the initial intake process uses legal sex to record an individual's gender in system records. However, classification and housing decisions are never made solely on this basis. Instead, each individual’s circumstances are assessed on a case-by-case basis with a primary focus on safety. The DPC emphasized that transgender and intersex individuals’ own views regarding their safety are considered a critical part of the decision-making process. These determinations are formally reviewed at least every six months, or earlier if an incident or concern arises. The DPC also confirmed that the facility does not maintain dedicated housing units for LGBTI individuals, and any separation is based solely on individualized assessment—not on identity alone. Risk Screening Staff Staff responsible for conducting and reviewing PREA risk screenings reported that decisions involving transgender and intersex individuals are highly individualized, and informed by structured screening tools, personal interviews, and a careful review of institutional and behavioral history. Screening staff reaffirmed that reassessments are conducted at least twice per year, or when a safety incident or concern is reported. They also confirmed that an individual’s self-reported safety perceptions are formally documented and reviewed as part of the placement process.

PREA Compliance Manager (PCM)

The PCM provided additional insight into how screening outcomes are used in practice. According to the PCM, screening results have a direct impact on decisions related to housing, programming, work details, and educational assignments. Special emphasis is placed on ensuring that individuals at elevated risk of sexual victimization are not housed with those identified as potentially sexually abusive. The PCM reiterated that the expressed concerns of transgender and intersex individuals are weighed heavily when making classification decisions.

Transgender Inmates

At the time of the on-site audit, there were no individuals identified as transgender housed at the facility. As a result, no interviews were conducted with individuals in this category for the purpose of assessing compliance with this standard. The Auditor was able to verify compliance with the standard through comprehensive review of documentation, staff interviews, and facility practices related to the classification, housing, and treatment of transgender and intersex individuals.

PROVISIONS

Provision (a): Use of Screening Information in Housing and Program Placement

The PAQ, agency policy, and staff interviews confirm that the facility uses the results of risk screenings to make informed housing, work, education, and program placement decisions. Screening information is used to ensure the separation of vulnerable individuals from those at risk of abusiveness, in alignment with:

- WVDCR Policy 430.00, Section I (p. 14), which mandates the use of screening results in individualized classification decisions.

Provision (b): Individualized Determinations

All housing and program assignments are determined on a case-by-case basis, consistent with both policy and practice. This individualized approach is confirmed through staff interviews and aligned with the expectations of PREA Standard §115.42.

Provision (c): Placement of Transgender and Intersex Individuals

Transgender and intersex individuals are not automatically housed based on genital status or birth-assigned sex. Instead, classification decisions are made individually, with the goal of ensuring safety and avoiding unnecessary isolation. Per:

- WVDCR Policy 430.00, Section K (p. 14), housing decisions for transgender and intersex individuals prioritize the individual's safety and well-being while

minimizing the potential for undue management burdens.

Provision (d): Regular Reassessments

All placements for transgender and intersex individuals are formally reassessed every six months, or earlier when warranted by new information or incidents. This practice is verified through interviews, and reinforced in:

- WVDCR Policy 430.00, Section L (p. 14), which mandates routine reassessments to ensure ongoing appropriateness of housing and program assignments.

Provision (e): Consideration of the Inmate's Safety Concerns

The facility actively solicits and honors the expressed safety concerns of transgender and intersex individuals. This input is not only documented, but plays a central role in determining housing and program placement. The Auditor confirmed this practice through interviews and policy review.

Provision (f): Shower Privacy for Transgender and Intersex Individuals

Interviews with staff confirmed that separate or private showering options are made available to transgender and intersex inmates as needed. This practice is in accordance with:

- WVDCR Policy 430.00, Section L (p. 14), which mandates the provision of shower privacy accommodations to ensure dignity and safety.

Provision (g): Prohibition on Segregated Housing Based on Identity Alone

The facility does not operate housing units specifically designated for LGBTI individuals, nor does it separate such individuals from the general population solely on the basis of sexual orientation or gender identity. Any segregation is based solely on legitimate safety concerns supported by individualized assessment, as outlined in:

- WVDCR Policy 430.00, Section I (p. 14), and confirmed by interviews and the review of the current inmate roster.

CONCLUSION

Based on the comprehensive review of agency policies, facility practices, documentation, and staff and inmate interviews, the Auditor finds that the agency

	and facility are in full compliance with PREA Standard §115.42 – Use of Screening Information. The West Virginia Division of Corrections and Rehabilitation demonstrates a robust and thoughtful implementation of screening data to support individualized classification decisions that promote safety, dignity, and equity. The facility consistently applies a case-by-case approach when making housing and program decisions, especially for transgender and intersex individuals, ensuring that their self-identified safety needs are respected and reflected in practice. Privacy accommodations are in place, segregated housing is avoided except when warranted by individualized safety considerations, and reassessments are conducted in accordance with best practices and federal standards
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To assess compliance with PREA Standard §115.43 – Protective Custody, the Auditor conducted a comprehensive review of the following materials: • Pre-Audit Questionnaire (PAQ) and all associated supporting documentation • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 <u>INTERVIEWS</u> Facility Head or Designee The Facility Head confirmed during the interview process that all placements into segregated housing—regardless of the reason—are formally documented and reviewed at least every 30 days. This review process ensures continued justification for such placements and allows for consideration of alternative housing solutions when appropriate. Staff Who Supervise Inmates in Segregated Housing Through formal interviews and informal conversations, housing unit staff responsible for supervising segregated inmates consistently reported they had not witnessed any individuals being involuntarily placed into segregation due to sexual abuse victimization or fear of retaliation. Staff emphasized that current occupants of segregated housing were there either for administrative reasons or as a result of disciplinary actions.

Inmates in Segregated Housing

At the time of the on-site audit, there were no inmates housed in segregation as a result of reporting sexual abuse or expressing fear of victimization. All individuals in the segregated unit were there due to administrative assignments or disciplinary infractions. Consequently, no inmate interviews were conducted for the purposes of evaluating this standard.

PREA Compliance Manager (PCM)

The PCM reported that within the past 12 months, there have been no instances in which an inmate was placed in protective custody or assigned to involuntary administrative or disciplinary segregation due to being at risk of sexual victimization or as a result of reporting sexual abuse. This aligns with documentation provided in the PAQ and other supporting materials.

PROVISIONS**Provision (a)**

The PAQ and staff interviews confirm that the agency maintains a strict policy prohibiting the placement of individuals assessed as being at high risk for sexual victimization in involuntary segregated housing unless it is determined, after assessing all available alternatives, that no other means of separation from likely abusers is available.

According to WVDCR Policy 430.00 (p. 14, Section M), if such an assessment cannot be conducted immediately, temporary placement in segregated housing is permissible for no more than 24 hours while the assessment is completed.

The PCM and Facility Head both verified that no inmates had been placed in involuntary segregation for protection purposes during the audit review period. Accordingly, no inmates were interviewed under this provision.

Provision (b)

The facility affirmed via the PAQ that if an inmate were to be placed in protective segregation due to risk of sexual victimization, they would retain access to programs, privileges, education, and work opportunities to the extent possible. Any limitations would be documented with justification and duration noted.

WVDCR Policy 430.00 (p. 15, Section O) supports this practice, emphasizing that restrictive housing for protection must be accompanied by continued access to institutional opportunities, unless clearly documented and justified. This provision also requires that any limitations be reviewed and reassessed regularly.

Provision (c)

According to the PAQ and confirmed by the PCM, during the previous 12-month period, there were zero instances where an individual at risk of sexual victimization was held in involuntary segregation for more than 30 days while awaiting alternative placement.

	Provision (d) Consistent with Provision (c), the PAQ indicated and staff interviews confirmed that no inmates were housed in involuntary segregation for longer than 30 days due to sexual abuse risk or lack of an available alternative housing arrangement. WVDCR Policy 430.00 (pp. 14–15, Section N) mandates that, should such a placement occur, the PCM must document: • The basis for the safety concern; • Alternative housing options explored; and • The rationale for determining that no alternatives are viable. • These measures are designed to ensure compliance with §115.43(d) and prevent unnecessary or prolonged isolation. Provision (e) The facility reported, and the PCM confirmed, that no inmates had been placed in protective custody in the past year due to risk of sexual victimization. This was further corroborated by the absence of any documentation or inmate interviews applicable to this provision. Policy 430.00 (p. 15, Section O) also details procedural safeguards if such placement is necessary, including: • Maintaining access to education, programs, privileges, and work • Documentation of any restrictions • A requirement for Superintendent approval for any stay exceeding 30 days • Regular 30-day reviews to assess continued need for separation <u>CONCLUSIONS</u> Following a thorough review of agency policy, facility documentation, and staff interviews, the Auditor concludes that the agency/facility meets all provisions of PREA Standard §115.43 – Protective Custody. The facility has demonstrated a clear commitment to safeguarding individuals at risk of sexual victimization through comprehensive policies that prioritize alternative housing arrangements over involuntary segregation. While no placements under this standard were necessary during the audit review period, the systems and procedures in place reflect strong alignment with PREA mandates and best practices in institutional safety and inmate protection.
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To assess compliance with PREA Standard §115.51 – Inmate Reporting, the Auditor conducted a thorough review of the following materials during the pre-audit and on-site phases of the audit process:

- Pre-Audit Questionnaire (PAQ) and associated supporting documentation
- West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022
- Offender orientation materials, available in both English and Spanish, outlining inmate rights and reporting procedures

A signed agreement between the agency/facility and the West Virginia Foundation for Rape Information and Services (WV FRIS), providing access to confidential victim emotional support.

OBSERVATIONS

During the on-site audit, the Auditor observed PREA informational materials prominently displayed in multiple areas throughout the facility, including all housing units, intake areas, dining halls, hallways, and other communal spaces. These materials were available in both English and Spanish and included key reporting information such as hotline numbers and mailing addresses for internal and external reporting options.

Spot checks of inmate telephones across multiple housing units confirmed they were operational, strategically placed for accessibility, and provided a reasonable degree of privacy. Incarcerated individuals were able to make unrestricted calls, including toll-free calls to external advocacy services through the WV Fusion Center. Phone numbers were posted clearly, and the dialing procedure was straightforward, ensuring usability regardless of prior experience with the phone system.

INTERVIEWS

PREA Compliance Manager (PCM)

The PCM confirmed that the facility offers inmates several avenues—both internal and external—for reporting allegations of sexual abuse, sexual harassment, staff neglect, or retaliation. These include making verbal or written reports to any staff member, contacting the State PREA Director, using the toll-free hotline operated by WV Fusion Center, or reaching out to public or private third parties such as family members or legal representatives.

Random Staff

Staff interviews consistently reflected strong awareness of reporting requirements and available options for both inmates and staff. Staff were able to accurately describe the process for receiving and documenting inmate reports, including those made verbally, in writing, anonymously, or through third parties. They confirmed that all reports are taken seriously, documented immediately, and forwarded to the

appropriate personnel, including the PCM. Staff also expressed understanding of their ability to make private reports themselves, using avenues such as contacting WV FRIS or the State PREA Director directly.

Random Inmate

Inmates were familiar with multiple mechanisms available for reporting sexual abuse or harassment. They cited options such as speaking to staff, calling the confidential PREA hotline, writing to the addresses listed on informational posters, or notifying a family member or attorney. Several inmates noted that they would report first to a trusted staff member. Inmates also expressed an understanding of the support services offered by WV Fusion Center including advocacy and crisis counseling. Their responses were consistent with facility policy and documentation reviewed by the Auditor.

PROVISIONS

Provision (a): Multiple Internal Reporting Mechanisms

The PAQ and interviews with staff and inmates confirmed that the facility provides several internal avenues for inmates to report sexual abuse, harassment, retaliation, or staff neglect. These include direct verbal and written reports to staff, use of the grievance process, and confidential phone access to the external victim advocacy hotline.

Policy Reerence: WVDCR Policy 430.00, p. 15, Section VI.A, mandates that inmates must be offered multiple internal and external methods for reporting sexual abuse, sexual harassment, and related retaliation, including anonymous and third-party reporting. The policy also applies to civil immigration detainees, providing guidance on how they may contact consular representatives and the Department of Homeland Security (DHS).

Provision (b): External Reporting Option

The facility provides inmates with the ability to report abuse or harassment to an external, independent organization not affiliated with WVDCR. The agency has an agreement with WV Fusion Center which offers inmates a confidential, toll-free hotline monitored and archived in accordance with agency guidelines.

Policy Reerence: WVDCR Policy 430.00, p. 15, Section VI.A, affirms the right of inmates to contact an external entity capable of receiving and forwarding reports while maintaining confidentiality and, if requested, anonymity.

Provision (c): Staff Responsibilities and Acceptance o Reports

All staff are trained and required to accept reports of sexual abuse or harassment, regardless of the reporting method. Reports may be made verbally, in writing, anonymously, or by third parties. Staff are instructed to immediately document any verbal reports and to notify appropriate personnel without delay.

Policy Reerence: Policy 430.00, p. 15, Section VI.B, designates all employees, contractors, volunteers, and interns as mandatory reporters, requiring immediate action and documentation of any allegation, regardless of how the information is

	received. Provision (d): Confidential Staff Reporting The agency provides staff with a confidential mechanism for privately reporting any knowledge, suspicion, or allegations of sexual abuse or harassment involving inmates. Staff can contact the State PREA Director or WV Fusion Center directly via a toll-free number or submit written reports through secure channels. Policy Reerence: Verified through the PAQ, interviews with the PCM, and internal procedural documentation outlining staff reporting obligations and protections for confidential disclosures. CONCLUSIONS Based on the detailed review of documentation, on-site observations, and interviews with facility staff and inmates, the Auditor finds that the agency and facility are in full compliance with PREA Standard §115.51 – Inmate Reporting. The facility has implemented a robust and accessible reporting system that empowers inmates to report incidents of sexual abuse or harassment safely and confidentially. In addition, staff are knowledgeable about their reporting responsibilities and the available avenues for both internal and external reporting. WV Fusion Center provides an essential external reporting mechanism and advocacy support, further strengthening the facility’s efforts to foster a safe, transparent, and responsive environment.
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW In preparation for and throughout the on-site audit, the Auditor reviewed the following documentation relevant to PREA Standard §115.52 – Exhaustion of Administrative Remedies: • Pre-Audit Questionnaire (PAQ) and associated supporting materials • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 This policy outlines procedures and protections related to the inmate grievance process in cases involving sexual abuse or harassment, including timeframes for resolution, emergency grievance protocols, and third-party assistance. INTERVIEWS Random Staff

Through formal interviews and informal discussions, facility staff consistently demonstrated awareness of PREA-related grievance procedures. Staff confirmed that:

- Incarcerated individuals are permitted to file grievances related to sexual abuse or imminent risk thereof.
- Emergency grievances alleging an imminent risk of sexual abuse are treated with urgency and follow specific procedures.
- Supervisory personnel are aware of the time-sensitive requirements for investigating and responding to emergency grievances involving sexual safety concerns.

Random Inmates

Inmate interviews revealed strong awareness of their rights and available options for reporting sexual abuse through the grievance system. Those interviewed:

- Reported knowing they could file grievances for sexual abuse or allegations of imminent risk.
- Understood that grievances could be submitted anonymously.
- Expressed that they would be more likely to report directly to a staff member or use the confidential hotline, considering those options to be faster and more private.
- Demonstrated general familiarity with the grievance process, although no one interviewed had submitted a grievance specific to a PREA-related matter in the previous year.

Inmates Who Reported Sexual Abuse

At the time of the on-site audit, there were no incarcerated individuals present who had reported a sexual abuse allegation. Therefore, no interviews were conducted with individuals in this category.

PROVISIONS

Provision (a): Availability of Grievance Process for Sexual Abuse

The PAQ and interviews confirmed that the agency permits incarcerated individuals to report allegations of sexual abuse or harassment through the grievance process. When a grievance containing a PREA-related allegation is received, it is treated as a formal report of sexual abuse and immediately referred for investigation rather than being processed solely as a grievance.

Policy Reference: WVDCR Policy 430.00, p. 16, Section D, affirms that sexual abuse and harassment are grievable issues and that such grievances are forwarded directly to the Superintendent or designee for immediate action.

Provision (b): No Time Limits or Informal Process Requirements

The agency does not impose time limits for filing a grievance related to an allegation of sexual abuse. Additionally, individuals are not required to attempt informal resolution or to address the matter with staff before submitting a formal grievance.

Policy Reference: Policy 430.00, p. 16, Section D, explicitly states that there is no time restriction on submitting PREA-related grievances and that informal grievance processes are not required or encouraged prior to filing.

Provision (c): Filing Grievances Involving Staff Allegations

The agency ensures that individuals may submit grievances alleging sexual abuse without being required to give the complaint to the staff member who is the subject of the allegation. Moreover, such grievances are not referred to the subject of the complaint at any stage.

Policy Reference: Policy 430.00, p. 16, Section D, Subsections 1 and 2, mandates these protections to ensure impartial handling of allegations.

Provision (d): Timely Agency Response

The PAQ reported that there were zero grievances involving sexual abuse allegations filed within the last twelve months. Nonetheless, policy dictates that the agency must issue a final decision regarding any such grievance within 90 days from the date of filing.

Policy Reference: Policy 430.00, p. 16, Section E, outlines the required timeframe and documentation procedures for grievance responses.

Provision (e): Third-Party Assistance

Although no grievances were filed in the past 12 months in which the incarcerated individual declined third-party assistance, the agency allows third parties—such as family members, attorneys, advocates, or other incarcerated individuals—to assist in filing grievances or reports on behalf of someone else. If the individual declines this assistance, it must be documented.

Policy Reference: Policy 430.00, p. 16, Section F, confirms that third-party assistance is permitted and outlines required documentation procedures in the event of a declination.

Provision (f): Emergency Grievances

According to the PAQ, no emergency grievances alleging substantial risk of imminent sexual abuse were filed in the past year. However, policy mandates that any such grievance be immediately routed to the Superintendent or designee, with an initial response required within 48 hours and a final determination within five calendar days.

Policy Reference: Policy 430.00, p. 16, Section G, specifies these timeframes and procedural safeguards, including documentation of whether the individual was determined to be at substantial risk and what action was taken in response.

Provision (g): Disciplinary Action for Bad-Faith Filings

The facility reported that there were no instances in the past 12 months where an incarcerated individual was disciplined for submitting a grievance in bad faith. Policy permits disciplinary action only when it can be clearly demonstrated that the grievance was filed maliciously or dishonestly.

Policy Reference: Policy 430.00, p. 16, Section H, states that disciplinary action

	may be taken only when bad faith is proven, thereby safeguarding individuals from retaliatory punishment. <u>CONCLUSION</u> Following a comprehensive review of agency policies, supporting documentation, and staff and inmate interviews, the Auditor concludes that the West Virginia Division of Corrections and Rehabilitation is in full compliance with PREA Standard §115.52 – Exhaustion of Administrative Remedies. The facility provides multiple accessible, safe, and confidential avenues for incarcerated individuals to report sexual abuse through the grievance process. It ensures that these reports are handled promptly, appropriately, and without requiring individuals to navigate informal procedures or submit complaints to implicated staff. The policy framework reflects the agency’s commitment to ensuring due process, transparency, and protection from retaliation throughout the grievance process.
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To evaluate the agency’s/facility’s compliance with PREA Standard §115.53, the following documentation was carefully reviewed prior to and during the on-site audit: • Pre-Audit Questionnaire (PAQ) and accompanying evidence • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance, effective October 7, 2022 • Fully executed contract between WVDCR and the West Virginia Foundation for Rape Information and Services (FRIS), outlining the provision of confidential emotional support services • “Reporting is the First Step” brochure and PREA-related informational materials distributed to the incarcerated population • Flyers and written materials from FRIS, providing support service contact details and confidentiality disclosures • Inmate Intake Packet, which includes comprehensive PREA education and information on accessing outside support resources Collectively, these documents demonstrate that WVDCR has established formal mechanisms to ensure individuals in custody are informed of, and can access, victim advocacy and confidential emotional support services following incidents of sexual abuse or harassment. <u>OBSERVATIONS</u>

During the physical walkthrough of the facility, the Auditor observed that PREA information and materials promoting access to outside support services were clearly and prominently displayed in all inmate-accessible areas. Posters and flyers in both English and Spanish were observed in housing units, intake and booking areas, dining halls, dayrooms, and near inmate telephones.

The Auditor tested multiple inmate phones across various housing units and confirmed full functionality. A live test call was placed to the FRIS hotline (*9088). The call connected successfully without requiring any personal identifying information, and the receiving advocate did not request such details, thereby affirming the confidential and anonymous nature of the hotline.

INTERVIEWS

Random Inmates:

Individuals interviewed during the on-site audit consistently demonstrated knowledge of the toll-free hotline to FRIS and the mailing addresses for contacting external support providers. Inmates described the hotline as private and confidential, and many were familiar with both FRIS and HOPE, Inc., as legitimate and trustworthy sources of support. Several inmates mentioned they had learned about these services during intake or from posted materials.

PREA Compliance Manager (PCM):

The PCM confirmed the agency maintains a formal agreement with FRIS to provide emotional support services, including a 24/7 toll-free hotline (*9088). The PCM noted that while the hotline is recorded and monitored by the agency, this is disclosed transparently to individuals during intake and in posted materials. The PCM also affirmed that the facility does not detain individuals solely for civil immigration purposes.

Intermediate- or Higher-Level Staff:

Through interviews and informal discussions, supervisory staff demonstrated awareness of the external support services available to individuals in custody. Staff reported conducting routine checks to ensure inmate telephones remain functional. They emphasized the importance of maintaining access to confidential services and clearly understood the scope of their role in preserving inmate privacy and safety.

PROVISIONS

Provision (a): Access to Outside Victim Advocates

The facility offers incarcerated individuals access to confidential outside emotional support services through several avenues:

- Mailing address and toll-free hotline for FRIS is included in intake material and displayed throughout the facility.
- Confidential telephone access is provided via the inmate phone system,

- allowing individuals to contact FRIS (*9088) anonymously and without charge.
- Written materials, such as the “Reporting is the First Step” brochure, describe the nature and availability of support services in a clear and accessible manner.

These efforts ensure that emotional support is available around the clock and that individuals may access these services without fear of exposure or retaliation.

Policy Reference:

WVDCR Policy 430.00, p. 11, Section 3, requires individuals to be informed about the degree to which communications with outside entities are confidential and subject to mandatory reporting.

Section 5 extends these rights to immigrant detainees, providing access to consular officials and applicable immigration services when relevant.

Provision (b): Disclosure of Confidentiality Limits

In accordance with agency policy and best practices, individuals are advised—prior to engaging with an outside support agency—of any applicable limitations to confidentiality. These include mandatory reporting requirements related to:

- Abuse or neglect of minors or vulnerable adults
- Expressed threats of self-harm or harm to others

These disclosures are included in the intake process, written materials, and reiterated in posted flyers. During interviews, inmates consistently demonstrated understanding of these limitations.

Policy Reference:

WVDCR Policy 430.00, p. 15, Section VI(A), reinforces that inmates must be provided with at least one method to report abuse anonymously to an outside party capable of forwarding reports to correctional officials.

Provision (c): Established Relationship with Support Service Provider

The agency has a formalized contract with the West Virginia Foundation for Rape Information and Services (FRIS), which provides confidential emotional support and advocacy. Trained victim advocates staff the hotline, and the contract outlines expectations for service delivery, confidentiality protocols, and coordination with the agency.

Policy Reference:

WVDCR Policy 430.00, p. 16, Section I, mandates that DCR maintain or seek agreements with qualified community organizations that offer confidential emotional support services.

The policy further stipulates that contact information for consular officials and

	immigration authorities must be made available when applicable to the population served. A current copy of the signed FRIS contract was on file and confirmed the scope of services, including access to support for individuals who have experienced sexual abuse either in custody or prior to incarceration. <u>CONCLUSION</u> Based on a thorough review of agency policy, documentation, facility practices, observations, and interviews with both staff and inmates, the Auditor concludes that the facility is in full compliance with PREA Standard §115.53 – Inmate Access to Outside Confidential Support Services. The facility has established effective, confidential pathways for individuals in custody to access qualified outside emotional support providers. These services are clearly communicated, universally available, and appropriately safeguarded. The agency’s contractual relationship with FRIS, combined with strong internal procedures and staff awareness, ensures that all individuals—regardless of identity or circumstance—have meaningful access to trauma-informed support in accordance with PREA requirements.
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To assess compliance with PREA Standard §115.54 – Third-Party Reporting, the Auditor conducted a thorough review of the following materials: • Pre-Audit Questionnaire (PAQ) and all related supporting documentation submitted by the facility • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 • WVDCR’s official public website: www.dcr.wv.gov These documents reflect the agency’s established procedures to enable third-party reporting, ensuring that individuals both inside and outside the facility have a clear and accessible path to report allegations of sexual abuse or harassment on behalf of someone in custody. <u>INTERVIEWS</u>

Random Inmates:

During the on-site audit, inmates were asked about their understanding of third-party reporting. Responses indicated a general awareness that third-party reporting involves someone else—such as a family member, attorney, or outside advocate—reporting an incident on their behalf if they are unable or unwilling to do so themselves.

Several inmates mentioned specific individuals they trusted—most commonly family members like a parent or grandparent—who they would ask to report an incident of abuse or harassment. The familiarity with this reporting option, as conveyed through these interviews, suggests that the facility has effectively communicated the availability of third-party reporting mechanisms.

PROVISIONS**Provision (a): Enabling and Supporting Third-Party Reporting**

The Pre-Audit Questionnaire and supporting documentation confirm that the agency actively facilitates third-party reporting. The WVDCR uses both physical postings within the facility and online resources to inform individuals of how to make a report on behalf of someone in custody.

The WVDCR website includes clear, public-facing instructions for third parties who wish to report sexual misconduct. The site outlines several accessible options for third-party reporting, including:

- **Telephone:** Individuals may call (304) 558-2036 and ask for the PREA Coordinator to report concerns about someone in custody at a jail or correctional facility.
- **Email:** Third parties may submit a report by emailing dcrcprea@wv.gov. Instructions on the website request the following information (if known) be included in the message:
 - A brief description of the alleged incident
 - The name of the person who was harmed
 - The name of the alleged perpetrator
 - The date and time of the alleged incident
 - Any relevant facility information

Importantly, the website emphasizes that anonymity will be protected if requested, ensuring that third-party individuals can report incidents without fear of exposure or retaliation.

RELEVANT POLICY LANGUAGE

WVDCR Policy 430.00, p. 5, Section B, supports the standard's intent by mandating that:

"All employees, contractors, volunteers, and interns are mandatory reporters and shall accept verbal, written, anonymous, and third-party allegations from individuals

	who observe, are involved in, or have knowledge, information, or suspicion of sexual abuse, harassment, or inappropriate relationships. All reports shall be promptly documented and forwarded to the Superintendent and the facility's PREA Compliance Manager. Failure to report may result in disciplinary action." The policy also requires medical and mental health professionals to report any knowledge or suspicion of abuse, provided there are no overriding federal, state, or local legal restrictions. This policy ensures that staff are equipped to receive third-party reports and that such reports are treated with the same urgency and investigative priority as direct allegations. <u>PRACTICAL IMPLEMENTATION</u> In practice, the agency has clearly communicated third-party reporting methods across multiple platforms: • Facility signage includes hotline numbers and mailing addresses visible in housing units and public visitation areas. • Intake and orientation materials inform new arrivals of their right to have others report on their behalf. • Agency website content provides publicly accessible instructions and reassures users about confidentiality protections. • Inmate interviews confirmed that individuals are aware of these options and understand how family members or advocates can act on their behalf. These systems ensure that third-party reporting is not only permitted, but meaningfully supported through policy, education, and infrastructure. <u>CONCLUSION</u> Following an in-depth review of agency policies, website content, posted facility materials, and interviews with randomly selected inmates, the Auditor concludes that the West Virginia Division of Corrections and Rehabilitation is fully compliant with PREA Standard §115.54 – Third-Party Reporting. The agency has implemented robust and accessible third-party reporting procedures, supported by comprehensive policy language and public guidance. These mechanisms are clearly communicated, trusted by inmates, and reflect a strong commitment to ensuring that reports of sexual abuse or harassment can be initiated by anyone—not just the victim—without delay, restriction, or risk of reprisal.
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115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To evaluate the agency/facility's compliance with PREA Standard §115.61 – Staff and Agency Reporting Duties, the Auditor reviewed the following documents:

- Pre-Audit Questionnaire (PAQ) and all related supporting materials submitted by the facility
- West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022

This documentation outlines the agency's expectations for staff reporting responsibilities, the requirement to protect the confidentiality of information, and the mandated responses to allegations of sexual abuse and sexual harassment.

INTERVIEWS

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

The DPC confirmed that the facility mandates the reporting of all allegations of sexual abuse and sexual harassment—including those submitted anonymously or by third parties—to the designated facility investigator. The DPC emphasized that reports, regardless of how they are received, are treated seriously and processed immediately in accordance with agency policy.

Medical and Mental Health Practitioners:

Health services staff demonstrated a clear understanding of their legal and ethical responsibilities under PREA. Each practitioner interviewed articulated their obligation to report any disclosure or suspicion of sexual abuse immediately. They also confirmed that, prior to the initiation of services, they inform patients of the limits of confidentiality due to mandatory reporting laws. Practitioners discussed how they balance their clinical responsibilities with their duty to protect and inform those in their care.

Facility Head:

The Facility Head confirmed knowledge of the agency's mandatory reporting requirements and affirmed that staff are directed to report immediately any information, suspicion, or direct knowledge related to sexual abuse or sexual harassment. This includes retaliation against individuals who report or cooperate with investigations, as well as incidents of staff neglect or failure to act in cases of known abuse. The Facility Head confirmed that reports are routed appropriately to the PREA Compliance Manager (PCM) and the agency's investigative personnel.

Random Staff:

Interviews with randomly selected staff confirmed universal awareness of the duty to report any incident or suspicion of sexual abuse or sexual harassment. All staff could accurately describe the steps they would take upon receiving a disclosure, including notifying their supervisor or the PCM. Staff consistently emphasized the importance of

confidentiality and indicated that they would only share information with personnel who had a legitimate need to know—such as medical staff, supervisors, or investigative personnel. All staff (100%) affirmed that PREA-related allegations are reported directly to the PCM, who then ensures referral to the appropriate investigative authorities.

PROVISIONS

Provision (a): Immediate Reporting Requirement

The facility confirmed in the PAQ that all employees are required to immediately report any knowledge, suspicion, or information regarding incidents of sexual abuse or sexual harassment, regardless of whether the alleged incident occurred at a facility operated by WVDCR. This also includes reporting incidents of retaliation or staff neglect or violation of responsibilities that may have contributed to an incident or allowed it to occur.

Policy Reference: WVDCR Policy 430.00, p. 15, Section VII(B), states:

“All employees, contractors, volunteers, and interns are mandatory reporters and shall accept verbal, written, anonymous, and third-party allegations... All reports shall be promptly documented and reported to the Superintendent and PCM. Staff may face disciplinary action for failure to report. Medical and mental health practitioners must report sexual abuse unless otherwise precluded by law.”

Provision (b): Limited Disclosure of Information

The agency reported, and staff confirmed, that information related to sexual abuse allegations is strictly limited to those with a need to know. This ensures the integrity of investigations, protects victim privacy, and supports appropriate treatment and security planning.

Policy Reference: WVDCR Policy 430.00, p. 17, Section VII(A), establishes that:

“Staff shall not reveal any information related to a sexual abuse report to anyone except to the extent necessary to make treatment, investigation, or other security and management decisions.”

Provision (c): Medical and Mental Health Practitioner Responsibilities

The PAQ and health services staff interviews confirmed that medical and mental health professionals are required to:

Immediately report any allegation or knowledge of sexual abuse

Inform the individual receiving services—at the start of services—about the limits of confidentiality due to mandatory reporting laws

Policy Reference: WVDCR Policy 430.00 affirms these obligations and practitioners’ responsibilities to ensure informed consent and transparency during service delivery.

Provision (d): Reporting Involving Minors or Vulnerable Adults

The facility reported in the PAQ, and the Facility Head verified, that when the alleged

	victim is under age 18 or qualifies as a vulnerable adult under state or local law, the incident is reported to the appropriate state or local protective services agency in accordance with mandatory reporting statutes. Policy Reference: WVDCR Policy 430.00, p. 22, Section XI(A), states: “Practitioners shall inform offenders at the initiation of services of their duty to report and limitations of confidentiality. Information shall be shared only with staff responsible for treatment planning, security decisions, or where required by law. Prior victimization not occurring in an institutional setting requires informed consent for reporting, unless the individual is under 18.” Provision (e): Referrals to Investigative Staff The agency reported—and the DPC confirmed—that all allegations, regardless of the source (direct, third-party, or anonymous), are referred to the facility’s designated investigator for further action and formal review. <u>CONCLUSION</u> Based on comprehensive document review, facility staff and inmate interviews, and verification of policy implementation, the Auditor concludes that the West Virginia Division of Corrections and Rehabilitation meets all provisions of PREA Standard §115.61 – Staff and Agency Reporting Duties. The facility has established a robust framework that clearly defines staff reporting responsibilities, safeguards confidentiality, ensures victim protections, and supports prompt and appropriate investigation of every report. Staff at all levels demonstrated a clear understanding of their obligations, and the agency’s policy aligns fully with federal PREA requirements.
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To assess the agency/facility’s compliance with PREA Standard §115.62 – Agency Protection Duties, the Auditor reviewed the following materials: • Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the facility • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022

These documents outline the agency's obligations to take immediate, protective action upon learning that an individual in custody is at substantial risk of imminent sexual abuse.

INTERVIEWS

Agency Head (AH):

During the interview, the Agency Head affirmed that when any information becomes available suggesting that an individual in custody may be at risk of, or has been subjected to, sexual abuse, sexual harassment, or sexual misconduct, the agency requires an immediate response. The Agency Head confirmed that the Facility Head at the site where the individual is housed is notified without delay. The AH explained that to ensure the safety of the individual at risk, the agency may take emergency protective actions, such as temporarily transferring the individual to a different housing unit or another facility. If a perpetrator is identified, they are promptly removed from the general population and placed in administrative segregation pending the outcome of the investigation.

Facility Head:

The Facility Head echoed the Agency Head's statements, emphasizing that swift action is taken to protect any individual identified as a possible victim. Depending on the circumstances, this may involve relocating the victim within the facility or transferring them to another location altogether to ensure their safety. If the alleged perpetrator is known, the facility initiates immediate separation by placing that individual in segregated housing or administrative custody while an investigation is conducted. These decisions are made in consultation with investigative personnel and mental health staff, when appropriate.

Random Staff:

Interviews with randomly selected staff confirmed that line staff are well-informed about their responsibilities when responding to allegations of sexual abuse. Staff members reported that their first priority is to separate the victim and alleged perpetrator, ensure the physical and emotional safety of the victim, and immediately notify their supervisor or the PREA Compliance Manager (PCM). Staff also described procedures for preserving evidence, such as advising the victim not to shower, brush their teeth, or change clothes until a forensic examination can be conducted. These responses were consistent across all staff interviewed, indicating strong training and awareness.

PROVISIONS

Provision (a): Immediate Action Upon Knowledge of Risk

According to the PAQ, in the 12 months preceding the audit, the agency/facility did not encounter any situations where it determined that an individual was at substantial risk of imminent sexual abuse. However, the agency has clear procedures in place to act immediately should such a situation arise.

	Staff, supervisors, and administrators all confirmed that immediate protection measures are mandatory and include the following potential actions: • Separation of victim and alleged perpetrator • Emergency transfers (internal or to other facilities) • Medical and mental health evaluations • Placement of the alleged perpetrator in administrative segregation These responses are aligned with the standards outlined in WVDCR Policy 430.00 and reflect the agency's proactive approach to preventing sexual abuse and ensuring the safety of all individuals in custody. Policy Reference: While not explicitly quoted in this section, WVDCR Policy 430.00 outlines agency responsibilities to take prompt action when individuals are believed to be at risk. It supports a zero-tolerance policy for sexual abuse and mandates immediate protective interventions. <u>CONCLUSION</u> Based on an extensive review of policies, procedures, documentation, and interviews with agency leadership, facility staff, and front-line personnel, the Auditor concludes that the West Virginia Division of Corrections and Rehabilitation is in full compliance with PREA Standard §115.62 – Agency Protection Duties. The agency has a clear and practiced protocol in place to ensure that any known or suspected risk of imminent sexual abuse is met with swift, appropriate, and victim-centered intervention. Interviews confirmed that staff at all levels understand their roles in protecting individuals from harm and are equipped to respond immediately and effectively.
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To evaluate the agency/facility's compliance with PREA Standard §115.63 – Reporting to Other Confinement Agencies, the Auditor conducted a thorough review of the following materials: • Pre-Audit Questionnaire (PAQ) and accompanying documentation submitted by the facility • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, titled Prison Rape Elimination Act (PREA) Compliance, effective October 7, 2022

These documents detail the agency's obligations and processes for notifying other correctional entities when it receives allegations of sexual abuse that occurred while an individual was confined elsewhere.

INTERVIEWS

Agency Head (AH):

During the interview, the Agency Head confirmed that all allegations involving sexual abuse, sexual harassment, or staff sexual misconduct, regardless of when or where the incident occurred, are promptly investigated in accordance with agency policy and PREA standards. The AH further emphasized the agency's obligation to ensure proper communication occurs between facilities when allegations arise involving other jurisdictions.

Facility Head:

The Facility Head stated that when the facility receives an allegation that an individual was subjected to sexual abuse or harassment while confined at another correctional facility, the matter is immediately assigned to a unit investigator. The Facility Head added that if the incident occurred outside of the WVDCR system, the responsible authority or agency would be promptly notified so that a proper investigation can be conducted.

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

The DPC echoed the Facility Head's explanation, confirming that any allegation received from another agency is promptly addressed and assigned to the appropriate investigative personnel. The DPC also confirmed that the notification process is guided by a formal protocol that ensures timeliness, documentation, and inter-agency accountability.

PREA Compliance Manager (PCM):

The PCM affirmed that all allegations, regardless of their source, are treated seriously and investigated thoroughly. Whether the allegation involves an incident within the facility or another WVDCR or external agency facility, the PCM ensures it is routed for immediate review and investigation per the policy.

PROVISIONS

Provision (a): Notification Upon Receiving an Allegation

According to the PAQ, in the past 12 months, the facility did not receive any allegations indicating that an individual was sexually abused while confined at a different facility. This information was confirmed by the Facility Head.

Policy Reference:

WVDCR Policy 430.00, p. 15, Section C, mandates that within seventy-two (72) hours of receiving an allegation that a person was sexually abused while confined at another facility, the Superintendent must notify, in writing, the head of the facility or office where the alleged abuse occurred. The Superintendent is permitted to make an initial notification by phone, followed by formal written correspondence.

Documentation of this notification must be completed using the designated form included in the agency's PREA Manual. The receiving facility is then responsible for

	ensuring the allegation is investigated in accordance with PREA standards. Provision (b): Responsibility to Notify the Correct Facility The PAQ confirms that when such allegations are received, the head of the receiving facility is required to notify the head of the facility or appropriate authority at the agency where the incident is alleged to have occurred. This was verified during the Facility Head interview. See Policy 430.00, p. 15, Section C for additional details. Provision (c): Timeliness of Notification The facility reported in the PAQ that all notifications to other agencies or facilities are completed in writing within 72 hours of becoming aware of the allegation. The Facility Head confirmed that this process is followed rigorously to ensure compliance with PREA. See Policy 430.00, p. 15, Section C for additional details. Provision (d): Allegations Received from Other Facilities According to the PAQ, the facility did not receive any allegations of sexual abuse originating from other facilities in the past 12 months. This was confirmed by the Facility Head during the interview. See Policy 430.00, p. 15, Section C for additional details. <u>CONCLUSION</u> Based on the comprehensive review of relevant documentation, facility policy, and interviews with agency leadership and compliance staff, the Auditor concludes that the West Virginia Division of Corrections and Rehabilitation is fully compliant with all provisions of PREA Standard §115.63 – Reporting to Other Confinement Agencies. The facility has well-established procedures for ensuring that allegations of sexual abuse involving individuals confined at other institutions are appropriately reported and documented. While there were no relevant cases within the audit review period, staff and leadership demonstrated a clear understanding of the reporting requirements and the importance of prompt inter-agency coordination to support investigation and accountability.
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To evaluate the agency’s compliance with PREA Standard §115.64 – Staff First

Responder Duties, the following documents were thoroughly reviewed:

- Pre-Audit Questionnaire (PAQ) and accompanying documentation provided by the facility;
- West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, effective October 7, 2022;
- WVDCR Coordinated Response Plan, Attachment 4-DCR, dated August 2019.

These documents clearly define the roles, responsibilities, and immediate actions required of both security and non-security staff when responding to allegations or incidents of sexual abuse. The policies collectively establish a coordinated, trauma-informed framework for response that prioritizes victim safety, evidence preservation, and timely reporting.

INTERVIEWS

Facility Head:

The Facility Head confirmed that all first responders, regardless of classification, receive ongoing PREA training tailored to their roles. Training is delivered through annual in-service sessions, new staff orientations, shift briefings, and scenario-based drills. The Facility Head emphasized that Attachment 4-DCR, the facility's Coordinated Response Plan, is accessible to all staff and is reinforced during regular training. Staff are expected to be fully prepared to act in accordance with protocol in the event of an incident.

Security Staff - First Responders:

Security staff interviewed were able to clearly articulate their responsibilities as first responders. They reported receiving comprehensive training that includes both procedural knowledge and practical response strategies. Staff consistently described the following actions as part of their role when responding to an allegation or discovery of sexual abuse:

Separating the alleged victim and perpetrator;

- Securing and preserving the scene to prevent contamination of evidence;
- Instructing the victim and perpetrator not to alter physical evidence (e.g., by washing, using the restroom, eating, drinking, or brushing teeth);
- Notifying supervisory and investigative personnel immediately.
- All security staff affirmed familiarity with Attachment 4-DCR and reported confidence in fulfilling their first responder responsibilities.

Non-Security Staff - First Responders:

Non-security staff, including education, medical, and administrative personnel, consistently described the steps they would take if they were the first to learn of an incident of sexual abuse. Their responses aligned with policy expectations and included:

Immediately notifying a security staff member or supervisor;

- Separating the individuals involved (if safe and applicable);
- Instructing the parties not to perform any actions that could compromise evidence;
- Securing the area and maintaining confidentiality until relieved by security personnel.
- These staff demonstrated strong understanding of the urgency and sensitivity of their role, emphasizing their commitment to victim safety and policy compliance.

Random Staff

Randomly selected staff from various departments were able to accurately describe the required actions in the event of a PREA-related incident. Staff consistently referenced the need to:

- Separate the victim from the alleged perpetrator;
- Preserve the integrity of the scene and physical evidence;
- Ensure the victim receives timely medical or mental health care if needed;
- Report the incident without delay to their supervisor and the facility PREA Compliance Manager.
- They also expressed an understanding of their responsibility to maintain confidentiality and protect the dignity and well-being of the individuals involved.

PROVISIONS

Provision (a): Security Staff as First Responders

The agency maintains a clear policy outlining the responsibilities of first responding staff in cases of sexual abuse. As stated in the PAQ, the facility reported two allegations of sexual abuse within the past 12 months. In each case, a security staff member served as the initial responder. In both incidents, the first responder effectively separated the alleged victim and abuser. In one case, the report was made within a time frame that allowed for evidence preservation.

Relevant Policy References:

WVDCR Policy 430.00, Section VII, D (p. 17), outlines staff duties to:

- Immediately separate the alleged victim and abuser;
- Preserve the crime scene and prevent destruction of evidence;
- Instruct involved parties not to wash, eat, drink, urinate, brush teeth, or change clothing;
- Follow procedures outlined in the Coordinated Response Plan (Attachment 4-DCR).

	Attachment 4-DCR (8/2019) provides detailed, role-specific guidance for security personnel, reinforcing the need to isolate individuals involved and safeguard the area until investigators arrive. Provision (b): Non-Security Staff as First Responders Although the facility reported no instances in which a non-security staff member served as the first responder to a PREA allegation in the last 12 months, the agency has protocols in place to ensure all staff are trained and prepared to respond appropriately. Training and policy expectations for non-security staff include: • Immediately notifying security personnel or a supervisor; • Advising the alleged victim to avoid behaviors that could destroy physical evidence; • Providing protection and support until security staff arrive. PREA training materials used throughout WVDCR facilities emphasize the shared responsibility of all staff, contractors, and volunteers to act when they become aware of or witness an incident of sexual abuse. <u>CONCLUSION</u> Following an extensive review of agency documentation, policies, and staff interviews, the Auditor concludes that the West Virginia Division of Corrections and Rehabilitation fully meets the requirements of PREA Standard §115.64 – Staff First Responder Duties. The agency has successfully developed and implemented comprehensive policies and training that equip all staff—regardless of role—with the tools and knowledge needed to respond effectively and compassionately to sexual abuse allegations. The facility demonstrates a clear commitment to safety, accountability, and the protection of human dignity, fulfilling the core objectives of the PREA standards.
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To evaluate compliance with PREA Standard §115.65 – Coordinated Response, the following documents were reviewed: • Pre-Audit Questionnaire (PAQ) and all supporting materials submitted by the

facility;

- West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, effective October 7, 2022;
- WVDCR Coordinated Response Plan, Attachment 4-DCR, dated August 2019.

Collectively, these documents outline a detailed, facility-specific strategy for managing incidents of sexual abuse. The Coordinated Response Plan (CRP) establishes the roles and responsibilities of key personnel—including first responders, supervisory staff, medical and mental health professionals, investigators, and facility administrators—and provides structured guidance to ensure an immediate, effective, and trauma-informed response to every allegation.

INTERVIEWS

Facility Head:

The Facility Head affirmed that the facility has adopted and implemented a formal written Coordinated Response Plan consistent with PREA guidelines. The plan details how various staff roles should interact during a sexual abuse response, ensuring a synchronized and effective institutional reaction. The Facility Head explained that the plan is embedded into the facility's annual PREA training curriculum, routinely reinforced during monthly staff meetings, and integrated into on-the-job mentoring for both new and veteran staff.

Staff members, especially those in first responder roles, are provided with ready access to Attachment 4-DCR, which they are expected to reference and follow. The Facility Head emphasized that the facility's commitment to coordinated response is not only a policy requirement but a core component of its culture of safety and accountability.

First Responders:

Interviews with first responders demonstrated a strong and consistent understanding of their responsibilities in the event of a sexual abuse allegation. Each individual accurately articulated the key steps to take upon receiving or witnessing a report of abuse, including:

- Separating the alleged victim and alleged perpetrator immediately to ensure safety and prevent further harm;
- Preserving the crime scene and minimizing contamination of physical evidence;
- Notifying supervisory personnel, such as the Shift Supervisor or PREA Compliance Manager, without delay;
- Instructing involved parties not to take actions that could compromise evidence, such as bathing, brushing teeth, changing clothing, or using the restroom.

Responders confirmed that they had received training on these procedures through

in-service sessions, policy reviews, and scenario-based discussions. They expressed confidence in their ability to act appropriately in high-stress situations and noted the Coordinated Response Plan serves as an accessible and practical reference during real-world incidents.

PROVISIONS

Provision (a):

According to the PAQ and supporting documentation, the facility has developed and implemented a comprehensive institutional plan to coordinate staff actions in response to allegations of sexual abuse. This plan ensures an organized, multi-disciplinary response involving:

- Security first responders
- Medical and mental health practitioners
- Investigative staff
- Facility administration and leadership

This was corroborated during interviews with the Facility Head and confirmed through document review. The facility's Coordinated Response Plan (Attachment 4-DCR) includes specific procedures and responsibilities tailored to each role. Among the key directives for first responding staff are:

- Ensure immediate separation of the alleged victim and alleged abuser, maintaining this separation throughout the investigative process when necessary;
- Preserve and secure the area to protect evidence integrity until an investigator arrives on-site;
- Contact the Shift Supervisor immediately upon becoming aware of the allegation;
- Instruct the alleged victim to avoid washing, brushing teeth, changing clothes, or otherwise engaging in behavior that could compromise physical evidence;
- Ensure the alleged abuser is placed under direct observation or isolated as needed to protect evidence.

The CRP establishes clear lines of communication and procedural expectations, supporting a swift and victim-centered institutional response that aligns with PREA Standard §115.65 and demonstrates the agency's commitment to ensuring safety, accountability, and compliance.

CONCLUSION

After a thorough review of documentation, agency policy, and interviews with key staff, the Auditor concludes that the facility is in full compliance with PREA Standard §115.65 – Coordinated Response.

	The facility has successfully established a well-documented, operationally integrated plan that clearly defines each staff member's responsibilities during a PREA incident. Staff across all roles—especially first responders—demonstrated deep familiarity with the Coordinated Response Plan and expressed confidence in executing their duties in a manner that protects the rights and safety of all individuals involved. Through training, planning, and a clear commitment to procedural fidelity, the agency has positioned itself to respond to sexual abuse allegations with the urgency, structure, and professionalism that PREA standards require.
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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> To evaluate compliance with PREA Standard §115.66 – Preservation of Ability to Protect Inmates from Contact with Abusers, the following documentation was examined: • Pre-Audit Questionnaire (PAQ) and all associated supporting documentation provided by the facility; • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, effective October 7, 2022. These documents outline the agency's authority, procedures, and commitment to maintaining a safe and secure environment for incarcerated individuals, including ensuring that facility leadership retains the ability to remove or reassign staff who are alleged to have engaged in sexual misconduct pending the outcome of an investigation. <u>INTERVIEWS</u> Agency Head or Designee: During the interview, the Agency Head's designee confirmed that the State of West Virginia does not enter into collective bargaining agreements with correctional staff. As such, no union contracts or negotiated agreements exist that would prevent facility administrators from taking immediate action to protect incarcerated individuals—including separating them from staff members accused of misconduct. The designee further noted that WVDCR policies clearly establish zero tolerance for all forms of sexual abuse and sexual harassment and empower facility leadership to

act decisively when an allegation arises.

Administrative Staff (Human Resources):

The Human Resources representative affirmed that, under WVDCR policy, management retains full authority to reassign or redirect staff who are under investigation for alleged sexual misconduct. This may include temporarily removing the staff member from contact with the incarcerated population, modifying their duties, or placing them on administrative leave depending on the nature of the allegation and the needs of the investigation.

HR emphasized that this process is standard practice and is guided by internal policies and procedures rather than subject to any form of collective bargaining restriction.

PROVISIONS

Provision (a):

According to the PAQ and as confirmed through interviews, the West Virginia Division of Corrections and Rehabilitation does not participate in collective bargaining with its employees. As a result, there are no collective bargaining agreements in place that could interfere with the agency's ability to protect individuals in custody from contact with alleged abusers.

This understanding was verified by the Agency Head's designee and corroborated by policy documentation.

Relevant language from WVDCR Policy 430.00, page 15, Section E, states:

"DCR does not have the authority to enter into collective bargaining agreements pursuant to West Virginia State Code."

This provision ensures that institutional leadership has the unrestricted authority to take any and all necessary actions to safeguard individuals from potential harm while an allegation is being investigated.

Provision (b):

Auditors are not required to evaluate compliance with this provision, as it pertains to collective bargaining agreements that may have been adopted after August 20, 2012. Since the WVDCR does not engage in such agreements, this provision is not applicable to the agency or facility under review.

CONCLUSION

Based on a comprehensive review of the Pre-Audit Questionnaire, agency policy, and staff interviews, the Auditor concludes that the facility is in full compliance with PREA Standard §115.66 – Preservation of Ability to Protect Inmates from Contact with Abusers.

The West Virginia Division of Corrections and Rehabilitation has clearly documented and demonstrated that it retains the authority to remove, reassign, or restrict staff alleged to have committed sexual abuse or harassment—without limitation from

	collective bargaining agreements. The agency's structure ensures that allegations can be promptly and thoroughly investigated while prioritizing the safety and well-being of all individuals in custody.
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> The following documents were examined to evaluate compliance with PREA Standard §115.67 – Agency Protection Against Retaliation: • Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the agency/facility; • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, effective October 7, 2022. These documents outline the agency's formal procedures for preventing, detecting, and responding to acts or threats of retaliation against any individual—incarcerated person or staff—who reports an allegation of sexual abuse or sexual harassment, or who cooperates with a related investigation. <u>INTERVIEWS</u> Agency Head or Designee: The Agency Head's designee confirmed that the WVDCR has implemented a 90-day monitoring protocol for individuals who report sexual abuse or harassment or who participate in related investigations. Monitoring begins the day the allegation is reported and continues for at least 90 days unless the claim is determined to be unfounded. If any individual expresses fear of retaliation, monitoring and protective measures are initiated regardless of the individual's status in the case. Facility Head: The Facility Head emphasized that retaliation is explicitly prohibited by agency policy, both for staff and incarcerated individuals. All staff and incarcerated persons are encouraged to report concerns or suspicions of retaliation immediately. If a retaliatory act is substantiated, the agency takes prompt and appropriate corrective action, including potential disciplinary measures or protective interventions. Retaliation Monitor: The designated Retaliation Monitor explained that the facility employs a comprehensive monitoring process for both staff and incarcerated individuals

involved in PREA-related reports. The monitoring includes, but is not limited to:

- Observing and documenting changes in housing or work assignments;
- Tracking disciplinary actions or grievances filed against the individual;
- Reviewing performance evaluations for staff;
- Ensuring that supportive services (such as mental health care) are offered when appropriate.
- Monitoring occurs monthly for the 90-day period, and if any risk or evidence of retaliation emerges, monitoring may be extended beyond 90 days. All protective actions and monitoring activities are thoroughly documented, and investigations into alleged retaliation are promptly initiated.

PROVISIONS

Provision (a):

The PAQ confirms that WVDCR has a policy in place to protect any individual—staff or inmate—from retaliation for reporting sexual abuse or harassment or for cooperating with investigations. The agency has designated specific personnel responsible for monitoring retaliation, and the standard monitoring period is 90 days. This timeframe may be extended if necessary. If a report is determined to be unfounded, monitoring may be discontinued unless a credible fear of retaliation still exists.

This requirement is addressed in WVDCR Policy 430.00, page 18, Section VII, G, which states:

“The conduct and treatment of offenders or staff who report sexual abuse or cooperate with investigations shall be monitored for at least ninety (90) days following the report. Monitoring will include regular status checks and may be extended if warranted. Any indication of retaliation shall prompt immediate corrective action. Monitoring will cease if the allegation is found to be unfounded.”

Provision (b):

According to the PAQ and confirmed in interviews, WVDCR uses a variety of preventative and protective measures to guard against retaliation. These include:

- Reassigning housing or work details;
- Separating the alleged victim from the alleged perpetrator;
- Providing emotional and psychological support services;
- Offering safety planning assistance when needed.

These measures are detailed in Policy 430.00, page 17, Section F.

Provision (c):

The PAQ affirms that retaliation monitoring is conducted consistently for individuals who report abuse or cooperate with investigations. The monitoring period spans a minimum of 90 days, with the possibility of extension. In the past 12 months, the facility reported zero instances of confirmed retaliation. The Retaliation Monitor

	confirmed the validity of this data and described the proactive strategies used to identify any potential concerns. (See Provisions (a) and (b) for related policy citations.) Provision (d): As part of the monitoring protocol, periodic status checks are conducted to assess the wellbeing of the individual and detect any signs of retaliation. This practice was confirmed in both the PAQ and during interviews with the Retaliation Monitor. Provision (e): If any individual—regardless of whether they are the victim or a witness—expresses fear of retaliation, the facility is required to implement immediate measures to protect that individual. This may include changes to housing, job assignment, or increased supervisory oversight. The Retaliation Monitor confirmed that such steps are taken seriously and promptly. Provision (f): In cases where the allegation of sexual abuse or harassment is determined to be unfounded, the facility discontinues retaliation monitoring unless the individual has expressed a continuing fear of harm. This practice is outlined in agency policy and was confirmed during interviews. <u>CONCLUSION</u> Based on a thorough review of agency policy, documentation, and staff interviews, the Auditor concludes that the West Virginia Division of Corrections and Rehabilitation is in full compliance with PREA Standard §115.67 – Agency Protection Against Retaliation. The agency has established a robust and well-documented monitoring system to protect individuals who report or cooperate with sexual abuse or harassment investigations. The response is proactive, structured, and consistently implemented. Designated monitors, institutional leadership, and line staff all demonstrated a clear understanding of their responsibilities under the standard, and the facility maintains a strong culture of accountability and safety.
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To evaluate the facility’s compliance with PREA Standard §115.68 – Post-Allegation Protective Custody, the following documents were reviewed:

- Pre-Audit Questionnaire (PAQ) and all supporting documentation provided by the facility;
- West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, effective October 7, 2022.

These documents collectively establish the agency's policy framework governing the use of involuntary segregated housing for individuals who report having experienced sexual abuse or are determined to be at risk of victimization. They emphasize the agency's commitment to minimizing the use of segregated housing and ensuring that any such placements are used only when absolutely necessary and in accordance with PREA guidelines.

INTERVIEWS

Facility Head:

During the interview, the Facility Head confirmed that incarcerated individuals housed in segregated settings for protective purposes—specifically as alleged victims of sexual abuse—are permitted to continue participating in education, vocational programs, and work assignments, to the extent that safety and security allow. The facility prioritizes ensuring that protective custody does not equate to punitive conditions and that access to programming is preserved whenever feasible.

Staff Who Supervise Segregated Housing Units:

Staff members assigned to segregated housing units reported that the agency employs multiple housing options to address protective custody needs. These options are explored thoroughly before any decision to place an individual in involuntary segregation is made. Staff confirmed that segregated housing is considered only as a last resort, and when used, it is subject to regular review and oversight.

Inmates in Segregated Housing for Protective Purposes:

At the time of the on-site audit, the facility reported that there were no incarcerated individuals housed in involuntary segregation due to having reported sexual abuse or due to being identified as particularly vulnerable to victimization. This supports the facility's stated approach of prioritizing less restrictive alternatives for protective custody.

PROVISIONS

Provision (a):

As reported in the PAQ, WVDCR policy prohibits the placement of individuals who allege sexual abuse in involuntary segregated housing unless all other housing alternatives have been assessed and determined to be insufficient for ensuring safety. The agency maintains that segregated housing is only used in cases where there is no other viable option for separation from the alleged abuser.

In the 12 months preceding the audit:

- Zero individuals were placed in involuntary segregation for one to 24 hours while awaiting completion of an alternative housing assessment;
- Zero individuals were held in involuntary segregated housing for more than 30 days while awaiting alternate placement options.

This data was corroborated by staff assigned to segregated housing units, who confirmed that the facility prioritizes non-segregation-based alternatives when assessing protective custody needs.

In cases where an involuntary segregated housing placement is deemed necessary, the facility reported that:

- Each placement is formally reviewed at least every 30 days to evaluate whether continued separation from the general population remains warranted.
- This review process is used to monitor the need for ongoing protection and to explore safe alternatives that would allow for the individual's return to less restrictive housing.

The Facility Head verified that this practice is consistently followed and documented as required.

The relevant policy language is found in WVDCR Policy 430.00, which clearly outlines:

"Inmates who allege sexual abuse shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination is made that no alternative means of separation is available. If such a placement occurs, the facility must afford the inmate access to programs and privileges to the extent possible and review the need for continued placement every 30 days."

CONCLUSION

After a thorough review of the Pre-Audit Questionnaire, applicable policies, institutional practices, and staff interviews, the Auditor concludes that the West Virginia Division of Corrections and Rehabilitation facility is fully compliant with PREA Standard §115.68 – Post-Allegation Protective Custody.

The facility has implemented a clear, structured process to ensure that any placement of an incarcerated person in involuntary segregation due to safety concerns following a sexual abuse allegation is carefully evaluated, monitored, and reviewed. There is a strong institutional commitment to avoiding the use of restrictive housing for protective purposes unless absolutely necessary, and when used, such placements are accompanied by procedural safeguards and appropriate program access.

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To evaluate compliance with PREA Standard §115.71, the following documents were thoroughly reviewed:

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

This policy outlines WVDCR's comprehensive approach to handling allegations of sexual abuse and harassment through prompt, thorough, and objective criminal and administrative investigations.

INTERVIEWS

Investigative Staff

The facility's investigative staff confirmed that all investigations into allegations of sexual abuse and sexual harassment begin immediately upon receipt of the report, regardless of how it is received—whether directly, by phone, by third-party, by mail, or anonymously. Investigators emphasized that all complaints are treated with equal seriousness and that their response protocols are standardized across all report types.

All investigators have completed both general and specialized training tailored to the dynamics of confinement-based sexual abuse investigations. The Auditor verified this training through official training records.

Key points provided by investigative staff included:

- Compelled interviews in cases with potential for criminal prosecution are only conducted after consultation with the prosecuting authority to ensure they do not interfere with legal proceedings.
- In criminal cases, Miranda warnings are administered when appropriate.
- Every individual involved in a case is treated as credible unless investigative evidence suggests otherwise.
- Polygraph testing is not utilized during PREA-related investigations.
- Administrative investigations follow the evidence trail to determine the facts, including whether staff action or inaction contributed to the abuse.
- Each investigation concludes with a detailed written report documenting evidence, witness credibility assessments, findings, and any recommended action.
- If a criminal offense is substantiated, the case is referred to the West Virginia State Police (WVSP). The WVSP assumes jurisdiction for prosecution and may

present the case to a grand jury.

- The investigative process is not halted due to the release or resignation of the victim or alleged abuser—the investigation continues to its full conclusion.
- The facility maintains detailed case files that include supervisory responder checklists, medical/mental health documentation, 30-day review forms, retaliation monitoring logs, and housing preference acknowledgment forms.
- Full cooperation is maintained with WVSP and other judicial authorities throughout the investigative process.

PREA Coordinator / Director of PREA Compliance (DPC)

The DPC confirmed that the agency retains all investigation reports—criminal and administrative—for the duration of the alleged abuser’s incarceration or employment, plus five years. Additionally, relevant case details are stored in the agency’s SCRIBE database.

PREA Compliance Manager (PCM)

The PCM reaffirmed that the agency does not allow investigations to be terminated due to the departure of an alleged victim or abuser from agency custody or employment. All investigations proceed to their conclusion.

Facility Head

The Facility Head reported that during the previous 12-month period, there were no substantiated allegations of criminal sexual misconduct that were referred for prosecution.

Inmates Who Reported Sexual Abuse

No inmates at the facility had reported sexual abuse in the past year at the time of the audit; therefore, no inmate interviews related to this standard were conducted.

PROVISIONS

Provision (a):

The PAQ and interview responses confirmed that all agency-led investigations are conducted promptly, thoroughly, and objectively. This process is mandated by Policy 430.00, Section VII(A)(6), which also outlines disciplinary consequences for staff who fail to cooperate or who provide false information.

Provision (b):

The agency ensures that only investigators who have received specialized training in sexual abuse investigations conduct such inquiries. Policy 430.00, Sections F (pp. 9–10), affirms that all CID investigators must complete this specialized training. Training documentation is maintained in the employee’s file and submitted to the Office of PREA Compliance.

Provision (c):

Investigators are required to collect and review all types of evidence—physical, testimonial, circumstantial, and electronic. They interview victims, suspects, and witnesses, and examine prior complaints involving the accused. Policy 430.00,

Section VII(H), confirms that the standard of proof used is the preponderance of the evidence.

Provision (d):

When evidence points toward criminal behavior, the agency consults with prosecutors before conducting compelled interviews. This is stated in Policy 430.00, Section VII(J), which also prohibits the use of polygraphs and forbids dismissing an investigation solely because the allegation is recanted.

Provision (e):

Credibility assessments are conducted on an individual basis without bias based on role (inmate or staff). No victim is required to submit to a polygraph as a condition for proceeding with the investigation. Investigative staff confirmed these practices.

Provision (f):

All administrative investigations seek to determine whether staff actions or omissions contributed to the abuse. Final reports are comprehensive and include all evidence, credibility assessments, and factual findings. This is addressed in Policy 430.00, Section VII(B).

Provision (g):

Criminal investigations must be documented thoroughly in written reports, attaching supporting documentary evidence when feasible. Policy 430.00, Section VII(C), outlines these expectations, stating that substantiated criminal allegations are referred for prosecution.

Provision (h):

One substantiated criminal allegation was reported in the past 12 months and was referred for prosecution. This was confirmed by the Facility Head and is supported by policies in Sections VII(G)(1-4) and VII(H) of Policy 430.00.

Provision (i):

The agency retains all investigative records for the duration of the alleged abuser's incarceration or employment, plus five years, as mandated by Policy 430.00, Section VII(D). This was verified by the DPC.

Provision (j):

The agency's procedures ensure that the departure of any individual involved—whether victim or abuser—does not justify ending the investigation. The DPC confirmed that all investigations proceed regardless of employment or custody status.

Provision (k):

This provision is not applicable to auditors.

Provision (l):

When criminal investigations are conducted by outside agencies, such as the West Virginia State Police, WVDCR cooperates fully and makes efforts to stay informed on the status and progress of each case. Policy 430.00, Section VII(E), addresses this

	requirement and includes provisions to ensure ongoing communication with external investigative bodies and internal oversight by the Office of PREA Compliance. <u>CONCLUSION</u> Following a detailed review of agency policies, staff interviews, and submitted documentation, the Auditor concludes that the agency/facility fully complies with PREA Standard §115.71 – Criminal and Administrative Agency Investigations. Investigators demonstrated professional competency, adherence to protocol, and a commitment to completing investigations thoroughly and objectively. The agency’s policies and practices reflect a strong institutional framework for responding to and investigating allegations of sexual abuse and harassment within correctional settings.
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion <u>DOCUMENT REVIEW</u> To evaluate the agency’s compliance with PREA Standard §115.72 – Evidentiary Standard for Administrative Investigations, the following documents were reviewed: • Pre-Audit Questionnaire (PAQ) completed by facility staff; • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, titled Prison Rape Elimination Act (PREA) Compliance, with an effective date of October 7, 2022. This policy outlines the agency’s required evidentiary threshold for substantiating allegations of sexual abuse and sexual harassment during internal administrative investigations. <u>INTERVIEWS</u> Investigative Staff During interviews with investigative staff, it was confirmed that all investigations conducted by the agency are thorough and adhere to an established evidentiary standard. Investigators stated that all available forms of evidence are collected and evaluated—including physical evidence, electronic evidence, and witness testimony from all relevant parties such as victims, alleged abusers, and other potential witnesses. Investigative staff emphasized that no standard higher than a “preponderance of the evidence” is applied when determining whether an allegation is substantiated. They demonstrated a clear understanding that this standard means the evidence shows it is more likely than not that the alleged incident occurred.

	<u>PROVISIONS</u> Provision (a): As reported in the PAQ and confirmed through staff interviews, the agency maintains a consistent policy of applying the preponderance of the evidence standard during the course of all administrative investigations into sexual abuse or sexual harassment. Investigative staff demonstrated full awareness of this standard and stated that it is adhered to in every case, without exception. This requirement is codified in the West Virginia Division of Corrections and Rehabilitation's Policy 430.00, PREA Compliance, dated October 7, 2022, under Section VIII(H), which explicitly states: "The DCR shall not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated." The policy ensures that investigative decisions are based on a fair and reasonable assessment of the facts, consistent with the federal PREA standards. <u>CONCLUSION</u> Based on a comprehensive review of the agency's governing policies, supporting documentation, and interviews with investigative personnel, the Auditor concludes that the West Virginia Division of Corrections and Rehabilitation fully complies with PREA Standard §115.72. The agency applies the appropriate evidentiary standard for substantiating allegations of sexual abuse and harassment during administrative investigations, ensuring due process and alignment with PREA's national guidelines. The investigative team demonstrated a clear understanding of and commitment to this standard, reinforcing the agency's adherence to trauma-informed and just investigatory practices.
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To assess compliance with PREA Standard §115.73 – Reporting to Inmates, the following materials were reviewed: • Pre-Audit Questionnaire (PAQ) and accompanying supporting documentation submitted by the facility;

- West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022;
- A random sample of PREA investigative files and associated documentation;
- PREA case tracking chart detailing the nature, outcome, and notification status of sexual abuse allegations.

These resources were evaluated to determine whether the facility appropriately informs incarcerated individuals about the outcomes of sexual abuse investigations in accordance with the PREA standard.

INTERVIEWS

Investigative Staff

During interviews, investigative staff explained that once an investigation into a PREA allegation is concluded and a finding is reached (substantiated, unsubstantiated, or unfounded), the investigator generates a detailed investigative report. This report outlines the evidence reviewed, the analysis used to reach the outcome, and the final determination. Once completed, the report is forwarded to the facility. At that point, the facility assumes responsibility for formally notifying the inmate of the outcome. In cases involving criminal allegations, the Criminal Operations Division is responsible for ensuring that notification is made to the inmate and the Facility Head.

Facility Head

The Facility Head confirmed that the institution adheres strictly to the requirement to notify inmates of investigation outcomes. Specifically, if an incarcerated person alleges sexual abuse by a staff member and the allegation is substantiated, the agency provides additional notifications, informing the victim when:

- The staff member is no longer assigned to the individual'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 on a charge related to the abuse.

The Facility Head also verified that if an inmate-on-inmate allegation is substantiated, the victim is notified when the alleged perpetrator has been indicted or convicted of sexual abuse. All allegations made in the past 12 months involving staff were determined to be unfounded.

Inmates Who Reported Sexual Abuse

At the time of the on-site audit, there were no individuals housed at the facility who had reported sexual abuse in the previous 12 months; therefore, no interviews were conducted with this population group for this standard.

PROVISIONS

Provision (a)

As indicated in the PAQ and confirmed by the Facility Head, WVDCR policy mandates that any inmate who reports being sexually abused is informed—either verbally or in writing—whether the allegation was substantiated, unsubstantiated, or unfounded at the conclusion of the investigation.

In the 12-month reporting period, the agency completed two investigations of alleged sexual abuse, resulting in two unsubstantiated findings. Facility staff confirmed that notification was provided to all victims who were still in custody at the time the investigation concluded. Those who had been released prior to the investigation's conclusion did not receive post-investigation notification.

The Auditor reviewed documentation for each of these cases. In all cases, the alleged victim received notification of the investigation findings.

The applicable policy is WVDCR Policy 430.00 (p. 20, Section VIII, L), which stipulates that the facility's PREA Compliance Manager (PCM) is responsible for informing the individual of the investigation's outcome. If the investigation is conducted by an external agency, the facility must request the necessary information to complete notification. Documentation of the notification must be retained.

Provision (b)

The PAQ reported one completed investigation conducted by an external agency in the past year. Facility investigative staff confirmed this. The inmate involved in this case was notified of the outcome verbally or in writing. Other individuals involved in investigations conducted by outside agencies had already been released from custody by the time the investigations were completed.

This process is supported by WVDCR Policy 430.00 (p. 20, Section VIII, K), which requires that a final investigative report be completed following the conclusion of any investigation. The report must include a description of physical and testimonial evidence, the rationale for any credibility assessments, and a determination of whether the allegation was substantiated, unsubstantiated, or unfounded. If warranted, substantiated criminal allegations are referred to county authorities for prosecution.

Provision (c)

In accordance with WVDCR policy and confirmed by the Facility Head, when an incarcerated individual reports sexual abuse by a staff member, the agency will—unless the allegation is determined to be unfounded—notify the individual when:

The staff member is no longer working in their housing unit;

The staff member is no longer employed at the facility;

The staff member is arrested or indicted on charges related to sexual abuse;

The staff member is convicted of sexual abuse.

The PAQ documented three substantiated and three unsubstantiated allegations of staff-on-inmate abuse in the past year. Notifications were issued when applicable.

This is addressed in WVDCR Policy 430.00 (p. 20, Section VIII, M, 1-2), which outlines the notification process following substantiated or unsubstantiated staff misconduct.

Provision (d)

Similarly, if an incarcerated individual alleges sexual abuse by another incarcerated person and the allegation is substantiated, the facility must notify the victim when the perpetrator is indicted or convicted of the offense. The Facility Head Designee confirmed that this practice is followed.

Policy support is found in WVDCR Policy 430.00 (p. 21, Section VIII, M, 3-4), which outlines required notifications to the victim following relevant legal action against the alleged abuser.

Provision (e)

The PAQ indicated that in the previous 12 months, one inmate received notification of the outcome in an inmate-on-inmate sexual abuse case. One inmate received notification of the outcome in a staff-on-inmate sexual abuse case. Each of these cases was determined to be unsubstantiated. The Facility Head confirmed these facts.

Two inmates received notification of the outcome in an inmate-on-inmate sexual harassment case. Both were unsubstantiated. Five inmates received notification of the outcome in an staff-on-inmate sexual harassment case. Three were unsubstantiated and two were unfounded.

Policy 430.00 (p. 21, Section VIII, O) states that all notifications or attempted notifications must be documented. However, the agency's obligation to notify ends once the individual is no longer in custody.

Provision (f)

Auditors are not required to evaluate this provision as part of the PREA audit process.

CONCLUSION

Based on a comprehensive review of investigative records, agency policy, documentation of inmate notifications, and interviews with key staff, the Auditor finds that the West Virginia Division of Corrections and Rehabilitation meets all requirements of PREA Standard §115.73 - Reporting to Inmates.

The facility has established and implemented effective procedures to ensure that victims of sexual abuse are appropriately informed of investigative outcomes and any resulting actions involving staff or inmate perpetrators. Notifications are consistently documented, aligned with policy, and demonstrate the agency's commitment to transparency and victim-centered practices in responding to sexual abuse within its facilities.

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

The following materials were reviewed to assess compliance with PREA Standard §115.76 – Disciplinary Sanctions for Staff:

- Pre-Audit Questionnaire (PAQ) submitted by the facility;
- West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, effective October 7, 2022.

This documentation provided insight into the agency’s formal disciplinary practices related to staff misconduct involving sexual abuse or sexual harassment.

INTERVIEWS

Facility Head

During the on-site interview, the Facility Head confirmed the following key practices regarding staff accountability under PREA:

- All staff members are subject to disciplinary sanctions—up to and including termination—for any violation of the agency’s policies concerning sexual abuse, sexual harassment, or sexual misconduct;
- In the past twelve months, there have been no known incidents of staff violating these policies;
- No staff have been terminated or resigned in lieu of termination for violating sexual abuse or sexual harassment standards within the past year;
- Termination is the presumptive disciplinary sanction in all cases where a staff member is found to have engaged in sexual abuse;

In situations involving lesser infractions (i.e., not constituting sexual abuse), sanctions are proportionate to the offense, taking into account the staff member’s prior disciplinary history and the nature and severity of the violation.

PROVISIONS

Provision (a)

The PAQ indicates that agency policy mandates disciplinary sanctions, including the possibility of termination, for any staff member found to have violated the agency’s policies on sexual abuse or sexual harassment. This was verified during the Facility Head interview.

WVDCR Policy 430.00 (p. 21, Section IX, A) clearly articulates that termination is the

presumptive disciplinary action in cases where a staff member has engaged in sexual abuse. Sanctions for other policy violations related to sexual harassment or misconduct—though not rising to the level of sexual abuse—are determined based on the seriousness of the behavior, the individual's disciplinary history, and comparable sanctions imposed for similar misconduct by others.

The policy further requires that:

- All terminations or resignations in lieu of termination are documented;
- Cases involving potentially criminal behavior are reported to law enforcement unless the conduct was clearly non-criminal;
- Incidents are also referred to appropriate professional licensing bodies when applicable;
- The departure of the staff member or alleged victim from the agency does not end or interfere with the investigative process.

Provision (b)

As reported in the PAQ and confirmed by the Facility Head, there were no incidents in the past twelve months involving staff violations of policies related to sexual abuse or sexual harassment. Likewise, no staff were terminated or resigned under threat of termination during this time period.

Refer to Provision (a) for policy specifics.

Provision (c)

The PAQ indicates that in cases involving violations of agency policy related to sexual abuse or sexual harassment—excluding instances of substantiated sexual abuse—disciplinary sanctions are determined based on:

- The severity of the violation;
- The staff member's disciplinary history; and
- The consistency of the sanction with penalties imposed for similar behavior by other staff.

In the previous 12 months, no staff were disciplined short of termination for such violations. The Facility Head confirmed this during interviews.

Policy guidance for this provision is also outlined in Section IX, A of WVDCR Policy 430.00 (see Provision a).

Provision (d)

As noted in the PAQ, the agency's policy requires that any staff member terminated—or who resigns in lieu of termination—for violating policies related to sexual abuse or sexual harassment be reported to appropriate law enforcement authorities (unless the behavior is clearly non-criminal) and, when applicable, to

	relevant professional licensing entities. There were no such incidents requiring referral to external agencies within the past year. This was confirmed during the Facility Head interview. Policy direction for this provision is also contained in WVDCR Policy 430.00, p. 21, Section IX, A (see Provision a). <u>CONCLUSION</u> After a thorough review of all submitted documentation, agency policy, and interview responses, the Auditor has determined that the West Virginia Division of Corrections and Rehabilitation is in full compliance with all provisions of PREA Standard §115.76 – Disciplinary Sanctions for Staff. The agency has adopted clear policies holding staff accountable for misconduct and ensuring serious consequences—up to and including termination—for behavior that violates sexual abuse and harassment prevention standards. These policies are applied consistently and include mechanisms for external reporting when warranted. The facility's records indicate no incidents of staff violations within the current audit cycle, further reinforcing the agency's commitment to maintaining a safe and professional correctional environment.
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115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW The following materials were reviewed to assess compliance with PREA Standard §115.77 – Corrective Action for Contractors and Volunteers: • Pre-Audit Questionnaire (PAQ) and supporting documentation submitted by the facility; • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, effective October 7, 2022. These documents outline the agency's procedures for ensuring accountability when contractors or volunteers violate PREA-related policies. <u>INTERVIEW</u> Facility Head

During the on-site interview, the Facility Head reported that whenever an allegation or concern involving a contractor or volunteer is raised—regardless of the reporting source—it is immediately referred for investigation. While the matter is under investigation, the contractor or volunteer is prohibited from accessing the facility or having any contact with incarcerated individuals. This precautionary measure remains in effect until the issue has been fully investigated and reviewed.

PROVISIONS

Provision (a)

The PAQ reports that WVDCCR policy requires any contractor or volunteer who is found to have engaged in sexual abuse to be:

- Immediately prohibited from contact with incarcerated individuals;
- Referred to appropriate law enforcement agencies (unless the conduct is clearly non-criminal); and
- Reported to any relevant professional licensing or credentialing bodies.
- In the past twelve months, the agency reported no contractors or volunteers had been referred to law enforcement for engaging in sexual abuse of an inmate.

The Facility Head confirmed this information.

The policy governing this provision is found in WVDCCR Policy 430.00, PREA Compliance, dated October 7, 2022, p. 21, Section IX, B. The 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 harassment shall face appropriate disciplinary action. Furthermore, retaliation against anyone who reports or participates in a sexual abuse or harassment investigation is strictly prohibited. Any such individual who engages in sexual abuse is to be barred from contact with offenders and referred to law enforcement and appropriate licensing authorities.

Provision (b)

The PAQ further states that for any violation of agency policy related to sexual abuse or harassment by a contractor or volunteer—regardless of whether it constitutes criminal conduct—the facility implements appropriate remedial measures. These may include restricting or prohibiting further contact with incarcerated individuals.

The Facility Head confirmed that such actions are taken based on the nature and severity of the violation. In the past twelve months, however, the facility reported no additional incidents requiring remedial actions or restrictions against contractors or volunteers for violations of PREA-related policies.

See Provision (a) for the applicable policy reference.

CONCLUSION

	Based on the comprehensive review of all available documentation and information gathered through interviews, the Auditor concludes that the agency/facility is in full compliance with every requirement of PREA Standard §115.77 – Corrective Action for Contractors and Volunteers. The facility has implemented clear and enforceable policies to ensure that contractors and volunteers who violate PREA standards—especially in cases involving sexual abuse—are held accountable and appropriately restricted from inmate contact. The agency’s practice of immediate removal pending investigation, and its commitment to referral and reporting obligations, reflects a strong posture toward maintaining a safe and abuse-free correctional environment.
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To assess compliance with PREA Standard §115.78 – Disciplinary Sanctions for Inmates, the following documentation was thoroughly reviewed: • Pre-Audit Questionnaire (PAQ) and all relevant supporting documentation; • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, effective October 7, 2022. This review focused on the agency’s procedures for imposing disciplinary sanctions following findings of sexual abuse and its efforts to align those sanctions with PREA standards and due process. <u>INTERVIEWS</u> Facility Head During the interview, the Facility Head provided detailed information about the disciplinary process used when an incarcerated individual is found to have committed inmate-on-inmate sexual abuse. According to the Facility Head: • Disciplinary actions are determined based on the severity and circumstances of the violation. • Sanctions may include housing reassignments, loss of privileges or earned good time credits, and referral for criminal prosecution when warranted. • The facility ensures consistency in sanctions by aligning penalties with those imposed for similar violations. • If the individual has a history of mental illness or intellectual disability, mental

health staff are involved in determining appropriate responses and sanctions.

The Facility Head also confirmed that within the past twelve months, no disciplinary action had been imposed on any incarcerated individual for making a report of sexual abuse in good faith.

Medical and Mental Health Staff

Medical personnel interviewed confirmed that the facility offers a range of therapeutic interventions, including individual and group counseling, to address underlying behavioral or trauma-related factors contributing to sexual abuse. These interventions are made available as part of the facility's rehabilitative services. Participation in such programs is not a prerequisite for accessing other benefits or programming, though the facility may consider mandating participation in certain cases involving substantiated abuse.

PROVISIONS

Provision (a)

The facility reported through the PAQ that incarcerated individuals are subject to disciplinary sanctions only after a formal disciplinary process and either:

- An administrative finding that the individual engaged in inmate-on-inmate sexual abuse, or
- A criminal conviction for such behavior.
- In the past twelve months, there were no administrative findings or criminal convictions for inmate-on-inmate sexual abuse at the facility.

This was confirmed by the Facility Head.

Relevant Policy: WVDCR Policy 430.00, p. 22, Section IX.C, prohibits all sexual contact between incarcerated individuals and states that disciplinary sanctions shall only be imposed following substantiated findings through a formal process.

Provision (b)

The PAQ notes that when sanctions are imposed for inmate-on-inmate sexual abuse, they are:

- Commensurate with the severity of the abuse,
- Considerate of the individual's disciplinary history, and
- Aligned with sanctions for similar offenses committed by others with comparable histories.

The Facility Head affirmed that these principles guide all disciplinary decisions.

Relevant Policy: WVDCR Policy 430.00, p. 22, Section IX.C.

Provision (c)

The PAQ confirms that when determining appropriate sanctions, the disciplinary process includes consideration of the individual's mental health status and whether any mental disabilities or psychiatric conditions may have contributed to the behavior. The Facility Head verified that mental health staff are routinely consulted in such cases.

Relevant Policy: WVDCR Policy 430.00, p. 22, Section IX.C.

Provision (d)

The facility reported offering therapy, counseling, and other rehabilitative interventions intended to address the root causes of sexually abusive behavior. When appropriate, the facility considers requiring participation in such programming as a condition for receiving access to other privileges or programs. Medical staff verified that these interventions are designed to be supportive and rehabilitative rather than punitive.

Relevant Policy: WVDCR Policy 430.00, p. 22, Section X.A.

Provision (e)

The agency reported that disciplinary action against incarcerated individuals for sexual contact with staff may only be imposed when there is a finding that the staff member did not consent to the interaction. The Facility Head confirmed that this principle is upheld in practice.

Relevant Policy: WVDCR Policy 430.00, p. 22, Section IX.C.

Provision (f)

The PAQ reflects the agency's policy that prohibits disciplinary action against any individual who reports sexual abuse in good faith and based on a reasonable belief that the incident occurred—even if the investigation does not result in a substantiated finding. The Facility Head confirmed that no individual has been disciplined for making such a report in the past year.

Relevant Policy: WVDCR Policy 430.00, p. 22, Section X.C.

Provision (g)

The facility prohibits all sexual activity between incarcerated individuals and classifies such activity as a rule violation. However, the agency only categorizes the behavior as sexual abuse when it determines that the activity involved coercion, force, or lack of consent. The Facility Head confirmed this distinction is applied during investigations and disciplinary reviews.

Relevant Policy: WVDCR Policy 430.00, p. 22, Section IX.C.

CONCLUSION

Based on a comprehensive review of all documentation, policy language, and

	interview responses, the Auditor finds that the facility is in full compliance with PREA Standard §115.78 – Disciplinary Sanctions for Inmates. The agency has implemented a structured, fair, and trauma-informed disciplinary process that includes formal procedures, considers mental health factors, and promotes access to rehabilitative programming. The facility also appropriately distinguishes between consensual misconduct and abuse, ensures individuals are not penalized for reporting abuse in good faith, and applies consistent disciplinary standards aligned with the PREA framework.
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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> To assess compliance with PREA Standard §115.81 – Medical and Mental Health Screenings; History of Sexual Abuse, the Auditor reviewed the following documents: • Completed Pre-Audit Questionnaire (PAQ) and accompanying documentation; • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance, effective October 7, 2022. WVDCR Policy 430.00 outlines procedures for addressing disclosures of prior sexual victimization or abusiveness during intake screenings. The policy includes detailed provisions regarding follow-up mental health evaluations, confidentiality safeguards, informed consent, and proper documentation. The materials submitted by the facility support that the policy is consistently implemented in practice and adheres to the expectations of the standard. <u>INTERVIEWS</u> Medical and Mental Health Staff Medical and mental health practitioners confirmed that any individual who discloses a history of sexual victimization or exhibits risk indicators during the intake screening process is offered a follow-up session with a qualified mental health provider within 14 days. This timeline ensures that appropriate clinical support is provided in a timely manner. Staff emphasized that all disclosures are handled with sensitivity and confidentiality. Information gathered during risk screenings is stored in a secure electronic health records system, accessible only to authorized medical and mental health personnel. Any sharing of information outside the health services unit is limited strictly to those with a legitimate need to know, consistent with PREA requirements and WVDCR policy.

Risk Screening Staff

Screening staff corroborated the information reported in the PAQ and explained the steps taken to protect sensitive disclosures. They noted that all intake screening data is securely documented and any mental health follow-up referrals are initiated without delay. They also verified that staff access to sensitive information is tightly controlled and only granted to individuals with a clear operational need.

Inmates Who Disclosed Prior Victimization

At the time of the onsite audit, there were no individuals currently housed in the facility who had reported a history of sexual victimization during intake. Consequently, no interviews were conducted under this category.

PROVISIONS**Provision (a): Mental Health Follow-Up for Prior Victimization**

According to the PAQ, no inmates disclosed having experienced sexual victimization during their intake risk screening in the past 12 months. This number was confirmed during interviews with screening staff.

In compliance with WVDCR Policy 430.00 (Section V, Subsection J, p. 13), all individuals disclosing prior victimization are offered a follow-up meeting with a mental health practitioner within 14 days. The facility demonstrated compliance by ensuring timely clinical intervention in each case.

Provision (b): Mental Health Follow-Up for Prior Abusiveness

The PAQ states that no inmates disclosed a history of having previously perpetrated sexual abuse during the reporting period. This was confirmed by screening staff. Although this provision did not require implementation during the review period, the facility has procedures in place to ensure that mental health follow-ups would be promptly offered if such disclosures were made.

Refer to Provision (a) for applicable policy citation.

Provision (c): Confirmation of Screening Outcomes

The facility accurately documented that no inmates disclosed prior victimization during screening in the past year. This figure was validated through interviews and records review, demonstrating reliable documentation and appropriate triggering of mental health services.

Refer to Provision (a) for applicable policy citation.

Provision (d): Confidentiality for Institutional Disclosures

Staff interviews and PAQ documentation confirmed that information about sexual victimization or abusiveness occurring in an institutional setting is strictly limited to medical and mental health staff, and shared with others only when necessary for security, treatment, housing, or programmatic reasons.

WVDCR Policy 430.00, Section XI, Subsection A (p. 22) clearly states that such information is restricted to medical and mental health practitioners unless additional

	sharing is necessary for treatment planning or facility safety. Practitioners are also required to inform individuals of the limits of confidentiality prior to providing services. Provision (e): Informed Consent for Non-Institutional Disclosures Medical and mental health staff confirmed that when an individual discloses prior sexual victimization that occurred outside of an institutional setting, informed consent is obtained before any information is disclosed to others. The only exception to this practice is in cases involving individuals under the age of 18, in which case consent is not required. T his practice is consistent with WVDCR Policy 430.00, Section XI, Subsection A (p. 22), which states: “Medical and mental health practitioners must obtain informed consent from the offender before reporting information about prior sexual victimization not occurring in an institutional setting, unless the offender is under 18 years of age.” <u>CONCLUSION</u> Based on the comprehensive review of the Pre-Audit Questionnaire, relevant policy documents, and interviews with facility staff, the Auditor has determined that the facility is in full compliance with PREA Standard §115.81. The agency’s procedures reflect a trauma-informed, confidential, and policy-aligned approach to handling disclosures of sexual abuse and abusiveness. Mental health follow-ups are offered within the mandated timeframe, sensitive information is carefully protected, and disclosures are managed with a clear understanding of both the ethical and operational responsibilities outlined in the PREA standards. This level of adherence reflects a culture of care, accountability, and compliance.
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENTS REVIEWED</u> The following documents were reviewed to evaluate the facility’s compliance with PREA Standard §115.82 – Access to Emergency Medical and Mental Health Services: • Pre-Audit Questionnaire (PAQ) • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance, effective October 7, 2022

Policy 430.00 outlines the agency's procedures for ensuring that victims of sexual abuse receive timely and appropriate emergency medical and mental health services. It addresses key components including access to treatment, coordination among responders, and the delivery of care regardless of participation in an investigation.

INTERVIEWS

Medical Staff

Medical personnel reported that upon notification of a sexual assault, the individual is brought to the medical unit for an initial assessment. A physician conducts a prompt examination to evaluate for immediate injuries and to determine the need for activating the Sexual Assault Response Team (SART) or arranging emergency transport to a hospital. When a SART activation occurs, nursing staff provide initial treatment recommendations before the resident is transferred. Physicians issue medical orders and ensure that individuals are offered information about emergency contraception, sexually transmitted infection (STI) prophylaxis, and other necessary care based on clinical best practices.

Mental Health Staff

Mental health staff affirmed that therapeutic intervention is initiated as soon as possible, guided by clinical judgment. They collaborate closely with medical personnel to deliver an integrated, trauma-informed response. The facility ensures access to emergency contraception and STI prophylaxis when appropriate, in alignment with professional standards of care and WVDCR policy.

First Responders (Security and Non-Security Staff)

Security Staff:

Confirmed that their immediate priority is to ensure the victim's safety, secure the scene, preserve potential evidence, and notify medical and mental health staff without delay.

Non-Security Staff:

Stated that their role is to remain with and support the victim until relieved by security personnel and to initiate the reporting chain by notifying the appropriate staff.

Inmates Who Reported Abuse

At the time of the onsite audit, there were no individuals in custody who had reported an incident of sexual abuse within the prior 12 months. As a result, no interviews under this category were conducted for this standard.

PROVISIONS

Provision (a): Immediate Access to Emergency Services

The PAQ and staff interviews confirmed that individuals who report sexual abuse are provided prompt and unimpeded access to emergency medical treatment and crisis

intervention services. The care provided is based on the judgment of qualified medical and mental health professionals. Forensic medical examinations are conducted offsite by Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE) when available. In the absence of a SAFE/SANE, other qualified medical professionals conduct the examination.

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

Provision (b): Emergency Response Without On-Site Practitioners

When qualified medical or mental health professionals are not immediately available on-site at the time of a report, first responders—typically security staff—take protective action and promptly contact the appropriate healthcare professionals. Interviews with security staff validated that this procedure is followed consistently.

Policy Reference: WVDCCR Policy 430.00, p. 23, Section XI, C

Provision (c): Provision of Emergency Contraception and STI Prophylaxis

Medical staff verified that all victims of sexual abuse are promptly offered emergency contraception and prophylactic treatment for sexually transmitted infections when medically indicated. These interventions are delivered in accordance with prevailing clinical guidelines.

Policy References:

- WVDCCR Policy 430.00, p. 23, Section XI, C
- WVDCCR Policy 430.00, p. 23, Section XI, E

The policy also ensures that, when applicable, victims who become pregnant as a result of sexual abuse are provided with timely and accurate information about lawful pregnancy-related medical services.

Provision (d): Free Access to Services

The PAQ and staff interviews affirmed that all emergency medical and mental health services provided in response to sexual abuse are offered at no cost to the individual. This remains true regardless of whether the individual is willing to identify the alleged perpetrator or cooperate with an investigation. The facility maintains a SAFE/SANE tracking log to document the offer and/or provision of services.

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

CONCLUSION

Based on a comprehensive review of agency policies, facility documentation, and interviews with medical, mental health, and security staff, the Auditor concludes that the facility is in full compliance with PREA Standard §115.82.

The institution demonstrates a trauma-informed, coordinated response to reports of sexual abuse, ensuring that individuals receive immediate and appropriate medical and mental health care. Services are accessible, confidential, and delivered at no cost, regardless of investigative cooperation. The commitment to adhering to professional standards and maintaining victim-centered protocols reflects a strong culture of safety, accountability, and compliance with the PREA framework.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To evaluate the facility's compliance with PREA Standard §115.83, the following documents were reviewed: • 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 Policy 430.00 outlines the agency's commitment to ensuring that all individuals who have experienced sexual abuse while in custody are provided with timely, appropriate, and confidential medical and mental health care. The policy also mandates evaluations and treatment offers for known inmate-on-inmate abusers and includes guidelines to ensure services are delivered in accordance with professional standards of care and without financial cost to the individual. INTERVIEWS Medical and Mental Health Staff Medical and mental health professionals confirmed that the facility provides immediate and comprehensive treatment to any individual who has experienced sexual abuse. Key elements of the facility's response include: • Immediate Care: Victims of sexual abuse receive prompt medical and psychological support based on clinical assessment. • Professional Judgment: Services are administered in accordance with the medical and mental health team's professional judgment and best practices. • No Financial Burden: Treatment is offered at no cost to the victim, regardless of whether they identify the abuser or participate in an investigation. • Community-Level Standards: All care is consistent with the level of service expected in community-based treatment environments. • Confidentiality: Victim identity and case details are handled with strict confidentiality. Information is shared only on a need-to-know basis. • Emergency Contraception & STI Prophylaxis: Victims are offered timely access to emergency contraception, pregnancy testing, and sexually transmitted infection (STI) prophylaxis as appropriate. • Follow-Up and Referrals: Treatment planning includes follow-up care and referrals to ensure continuity of services, particularly for individuals transferring or releasing from custody.

- **Abuser Evaluation & Treatment:** Mental health staff attempt to conduct an evaluation of known inmate-on-inmate abusers within 60 days of discovery and offer appropriate treatment based on clinical determination.
- **Medical Testing:** Victims are offered STI testing consistent with accepted medical protocols.

PREA Compliance Manager (PCM)

The PCM confirmed that treatment services are provided to all alleged victims of sexual abuse free of charge, and regardless of whether the individual cooperates in the investigative process or identifies a perpetrator.

Inmates Who Reported Abuse

At the time of the onsite audit, there were no individuals in custody who had reported a sexual abuse incident. Therefore, no inmate interviews under this standard were conducted.

PROVISIONS

Provision (a): Access to Ongoing Care

The PAQ confirms that all inmates who report sexual abuse occurring in any confinement setting are offered appropriate medical and mental health evaluations and treatment. This was verified through interviews with facility healthcare staff.

Policy Reference: WVDCR Policy 430.00, pp. 23-24, Section XI, F

Provision (b): Continuity of Care and Referrals

Evaluations and treatment plans for victims include follow-up services and referrals, particularly in cases involving transfer to another facility or reentry into the community. Interviews with staff supported this information.

Policy Reference: WVDCR Policy 430.00, pp. 23-24, Section XI, F

Provision (c): Community-Equivalent Standards of Care

Medical and mental health services provided to victims of sexual abuse are consistent with those available in the community. Staff interviews confirmed adherence to these standards.

Policy Reference: WVDCR Policy 430.00, pp. 23-24, Section XI, F

Provision (d): Pregnancy Testing for Victims

The PAQ confirms that inmates who experience sexually abusive vaginal penetration are offered pregnancy testing, as appropriate. Medical staff affirmed this practice during interviews.

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

Provision(e): Access to Lawful Pregnancy-Related Services

When pregnancy results from a sexually abusive incident, victims are provided timely

	and comprehensive information regarding all lawful pregnancy-related medical services. Policy Reference: WVDCR Policy 430.00, p. 23, Section XI, E Provision (f): STI Testing and Treatment All victims of sexual abuse are offered STI testing and treatment when medically appropriate. Medical staff confirmed this service is consistently provided. Policy Reference: WVDCR Policy 430.00, p. 23, Section XI, E Provision (g): No-Cost Treatment Treatment for victims is never contingent on their willingness to participate in an investigation or to name their assailant. All services are provided free of charge. The facility maintains a SAFE/SANE log to document services offered, attempted, or provided. Policy Reference: WVDCR Policy 430.00, p. 23, Section XI, B Provision (h): Mental Health Evaluation of Known Abusers The PAQ and staff interviews confirm that the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of discovery. Treatment is offered if deemed appropriate by mental health practitioners. Policy References: WVDCR Policy 430.00, p. 24, Section XI WVDCR Policy 430.00, p. 15, Section V, J <u>CONCLUSION</u> Based on the comprehensive review of facility policies, staff interviews, and documentation, the Auditor concludes that the agency/facility is in full compliance with PREA Standard §115.83 – Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers. The facility demonstrates a robust, trauma-informed, and victim-centered approach to medical and mental health care. Services are delivered promptly, professionally, and confidentially, without financial burden. The institution also exhibits a proactive stance in evaluating and treating known abusers, contributing to a safer, more responsive correctional environment.
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u>

To assess compliance with PREA Standard §115.86, the following documents were reviewed:

- 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

Policy 430.00 outlines the agency’s requirements for conducting a Sexual Abuse Incident Review following the conclusion of every sexual abuse investigation, except in cases where the allegation is determined to be unfounded. The policy emphasizes a multidisciplinary approach, requiring participation from upper-level management and input from various subject matter experts, including supervisors, investigators, and medical or mental health practitioners.

INTERVIEWS

Facility Head

The Facility Head confirmed that the Sexual Abuse Incident Review Team is composed of upper-level facility leadership. Additionally, the Facility Head reported that the review process includes input from line supervisors, investigative personnel, and health services professionals. The team is encouraged to offer recommendations, and those recommendations are carefully considered and incorporated into operational practices when appropriate. The Facility Head emphasized the facility’s commitment to a thorough and meaningful review process.

PREA Compliance Manager (PCM)

The PCM confirmed that completed Sexual Abuse Incident Review reports are submitted to both the PCM and the Facility Head. This process ensures accountability and facilitates the timely implementation of corrective action when warranted.

Incident Review Team (IRT) Member

An IRT member interviewed during the audit affirmed the composition of the team, which includes upper-level facility staff with contributions from line supervisors, medical and mental health practitioners, and investigators. The IRT member confirmed that the team evaluates every relevant factor outlined in PREA standards and in facility policy. The team’s written findings and recommendations are submitted to the Facility Head and PCM for review and follow-up.

PROVISIONS

Provision (a): Requirement for Incident Reviews

The PAQ indicates that the facility conducts a Sexual Abuse Incident Review following every completed sexual abuse investigation, regardless of whether the allegation is substantiated or unsubstantiated—except in cases determined to be unfounded. The Facility Head verified that this process is consistently followed.

According to the PAQ, within the past 12 months, the facility completed two

administrative and/or criminal investigations related to allegations of sexual abuse (excluding unfounded cases). Of these:

- One allegations were inmate-on-inmate and was administratively investigated and deemed unsubstantiated.
- One allegations were staff-on-inmate and was administratively investigated and deemed unsubstantiated.

Policy Reference: WVDCR Policy 430.00, p. 24, Section XII, A

Provision (b): Timeliness of Reviews

The PAQ reports, and the Facility Head confirmed, that all Sexual Abuse Incident Reviews are conducted within 30 days of the conclusion of the investigation. All two applicable cases from the prior 12-month period were reviewed within this timeframe.

Policy Reference: WVDCR Policy 430.00, p. 24, Section XII, A

Provision (c): Composition of the Review Team

The PAQ and staff interviews confirmed that the Sexual Abuse Incident Review Team includes upper-level management and receives input from line supervisors, investigators, and qualified medical or mental health practitioners.

Policy Reference: WVDCR Policy 430.00, p. 24, Section XII, A

Provision (d): Scope and Content of the Review

The PAQ confirms that the review team considers all elements required by the standard. This was also verified during interviews with facility leadership and IRT members. Specifically, the team examines:

- Whether policy or practice changes are needed to better prevent, detect, or respond to sexual abuse
- Whether the incident or allegation may have been motivated by race, ethnicity, gender identity, sexual orientation, gang affiliation, or other group dynamics
- Whether the physical layout of the area where the incident occurred presents any barriers to supervision
- The adequacy of staffing levels in the area during different shifts
- Whether additional monitoring technology is needed to enhance supervision

The team's findings and any recommendations for improvement are documented in a formal report and submitted to the Facility Head and PCM.

Policy Reference: WVDCR Policy 430.00, p. 24, Section XII, B

Provision (e): Implementation or Documentation of Recommendations

The PAQ and interviews confirmed that the facility either implements recommendations resulting from the Sexual Abuse Incident Review or formally documents the reasons for not doing so. This process is documented and retained for

	accountability and future reference. Policy Reference: WVDCR Policy 430.00, p. 24, Section XII, C <u>CONCLUSION</u> Following an in-depth review of agency policy, documentation, and interviews with key facility staff, the Auditor concludes that the facility is in full compliance with PREA Standard §115.86 – Sexual Abuse Incident Reviews. The facility has implemented a structured and timely incident review process that incorporates cross-disciplinary expertise and thoughtful analysis. The team not only fulfills the requirements of the standard but also demonstrates a commitment to continuous improvement, transparency, and the safety and well-being of all individuals in custody.
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115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> The following documentation was reviewed to assess the facility’s compliance with PREA Standard §115.87 – Data Collection: • 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 • 2024 WVDCR Annual PREA Report, publicly posted at dcr.wv.gov Policy 430.00 outlines the agency's commitment to the systematic and accurate collection of incident-based sexual abuse data from all facilities under its jurisdiction. This policy includes provisions for standardized definitions, the use of a uniform data collection instrument, and regular reporting requirements. The annual PREA report, as required by policy, reflects these data collection efforts and demonstrates the agency’s transparency and commitment to accountability. <u>INTERVIEWS</u> Facility Head During the audit interview, the Facility Head confirmed that the agency aggregates incident-based data related to sexual abuse at least once per year. The Facility Head emphasized that the aggregation process is part of a larger agency effort to evaluate trends, assess risk, and improve facility operations and PREA-related practices.

PREA Compliance Manager (PCM)

The PCM reported being directly responsible for ensuring that accurate, standardized data is collected each month on every allegation of sexual abuse or sexual misconduct—whether inmate-on-inmate or staff-on-inmate—occurring within the facility. This information is entered into a centralized system and contributes to both monthly incident reports and the annual statewide aggregate report.

PROVISIONS**Provision (a): Uniform Data Collection**

According to the PAQ and as confirmed by the Facility Head, the agency collects accurate, consistent data on each allegation of sexual abuse using a standardized collection tool and common definitions across all facilities. These protocols are reflected in the agency's annual PREA report, which the Auditor reviewed on the WVDCR public website.

Policy Reference: WVDCR Policy 430.00, pp. 24-25, Section XIII, E

This section designates the facility PCM as responsible for ensuring that all allegations are accurately documented and submitted through incident-based monthly reporting.

Provision (b): Annual Aggregation of Data

The PAQ states, and the Facility Head verified, that the agency aggregates data on reported incidents of sexual abuse at least annually. The most recent annual PREA report—reviewed by the Auditor—includes comparisons with previous years and identifies corrective actions and progress made.

Policy Reference: WVDCR Policy 430.00, p. 25, Section XIII, H

This section mandates that the Director of PREA Compliance compile and submit an annual report to the Commissioner, including trend analysis, corrective action implementation, and public posting on the agency's website. Redactions are limited to material that would pose a safety or security risk.

Provision (c): Data Aligned with DOJ Survey Requirements

The PAQ confirms that the agency's data collection includes, at a minimum, the information required to complete the U.S. Department of Justice's Survey of Sexual Violence. This was corroborated by the Facility Head.

Policy Reference: WVDCR Policy 430.00, pp. 24-25, Section XIII, E(5)

The agency ensures that the monthly incident-based reports contain sufficient detail to respond to DOJ survey questions, including total allegations, investigation outcomes, and more.

Provision (d): Source Documentation

The agency maintains, reviews, and collects data from multiple sources—including incident reports, investigation files, and sexual abuse incident review reports. The Facility Head confirmed that these source documents are used to ensure accuracy and completeness of the data submitted.

	Policy Reference: WVDCR Policy 430.00, p. 25, Section XIII, E(3) Provision (e): Data from Contracted Facilities The PAQ indicates—and the Facility Head affirmed—that the agency collects both incident-based and aggregated sexual abuse data from every private facility with which it contracts for the confinement of its inmates. Policy Reference: WVDCR Policy 430.00, p. 25, Section XIII, E(4) Provision (f): DOJ Data Requests The PAQ confirms that, upon request, the agency provides the Department of Justice with all relevant data from the previous calendar year. The Facility Head verified this as routine practice and a component of the agency’s compliance responsibilities. Policy Reference: See Provision (b); WVDCR Policy 430.00, Section XIII, H <u>CONCLUSION</u> Based on a comprehensive review of policy, documentation, and staff interviews, the Auditor finds the facility to be in full compliance with PREA Standard §115.87 – Data Collection. The agency has established a thorough and transparent system for collecting, maintaining, aggregating, and reporting data related to allegations of sexual abuse. Data collection processes are guided by policy, supported by staff at all levels, and aligned with national standards. The annual report and supporting documentation reflect the agency’s dedication to data-driven decision-making, continuous improvement, and the protection of individuals in custody.
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENTS REVIEWED</u> To assess the facility’s compliance with PREA Standard §115.88 – Data Review for Corrective Action, the following documents were reviewed: • 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 WVDCR PREA Public Webpage: https://dcr.wv.gov/resources/Pages/prea.aspx Policy 430.00 establishes the agency’s framework for ongoing data review as a

means to assess the effectiveness of its sexual abuse prevention, detection, and response strategies. This includes routine collection and analysis of incident-based data, preparation of annual reports, and publication of those reports for public accountability.

INTERVIEWS

Facility Head

During the interview, the Facility Head confirmed that incident-based sexual abuse data is regularly reviewed to identify emerging trends, such as increased incidents in specific facility areas or disproportionate impacts on vulnerable populations, including LGBTI individuals. Based on these findings, the facility may revise policies, modify procedures, adjust training content, or implement other targeted interventions to improve safety. The Facility Head further affirmed that all annual PREA reports undergo comprehensive internal review prior to publication and are made publicly accessible via the agency's website. The ongoing evaluation of data is a key component of the facility's broader commitment to a responsive and evolving approach to PREA compliance.

PREA Compliance Manager (PCM)

The PCM confirmed that both facility-level and agency-level staff engage in the review of aggregated sexual abuse data. These reviews inform decision-making regarding PREA training, supervision, monitoring practices, and facility design improvements. The PCM emphasized that data review is a continuous process culminating in the agency's annual PREA report, which includes analysis of corrective actions and year-over-year performance. This report is published on the agency's public-facing website to ensure transparency.

PROVISIONS

Provision (a): Annual Review of Data for Corrective Action

The PAQ and interviews confirm that the agency systematically reviews collected and aggregated data to evaluate and enhance the effectiveness of policies, procedures, and practices related to the prevention, detection, and response to sexual abuse. This process includes:

- Identifying areas of concern or systemic issues;
- Taking corrective action where needed; and
- Compiling an annual report that summarizes findings, trends, and actions taken.

Policy Reference: WVDCCR Policy 430.00, p. 25, Section XII(G)

This section also mandates secure retention of all sexual abuse-related data for a minimum of ten (10) years from the date of collection.

Provision (b): Comparative Analysis and Progress Tracking

The PAQ states—and the Auditor confirmed through review of the most recent annual

	report—that the agency’s report includes a comparative analysis of data from prior years, alongside documentation of corrective measures implemented. The report also assesses the agency’s ongoing progress in reducing and responding to sexual abuse incidents. Policy Reference: WVDCR Policy 430.00, p. 25, Section XII(H) This policy mandates the inclusion of comparative data analysis and an evaluation of the DCR’s improvements in sexual abuse prevention and response. Provision (c): Leadership Approval and Public Access The PAQ and interview findings confirm that the annual PREA report is submitted to and approved by the DCR Commissioner prior to publication. The approved report is then posted on the WVDCR website, making it publicly accessible and reinforcing the agency’s commitment to transparency. Policy Reference: WVDCR Policy 430.00, p. 25, Section XII(H) The agency’s PREA webpage (https://dcr.wv.gov/resources/Pages/prea.aspx) contains the most recent report in accordance with this provision. Provision (d): Redaction Protocols and DOJ Compliance The PAQ states, and the PCM confirmed, that the agency redacts sensitive information from its reports only when necessary to protect the safety and security of its facilities. In such cases, the nature of the redacted material is clearly identified. Additionally, the agency fulfills its obligation to provide prior-year data to the U.S. Department of Justice (DOJ) upon request. Policy Reference: WVDCR Policy 430.00, p. 25, Section XII(H) The policy provides clear guidance for redactions and requires that any withheld content be accompanied by an explanation of the security concern. <u>CONCLUSION</u> Based on a thorough review of agency policy, supporting documentation, the annual PREA report, and staff interviews, the Auditor concludes that the facility is in full compliance with PREA Standard §115.88 – Data Review for Corrective Action. The facility and agency have established a structured, transparent, and well-documented process for the review of sexual abuse data. This system supports continuous quality improvement, informed decision-making, and public accountability. Trends are identified, corrective actions are implemented, and progress is documented in a manner consistent with national PREA standards and agency policy.
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To assess the facility's compliance with PREA Standard §115.89 – Data Storage, Publication, and Destruction, the following materials were reviewed:

- Pre-Audit Questionnaire (PAQ)
- West Virginia Division of Corrections and Rehabilitation (WVDCR), Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance, effective October 7, 2022
- WVDCR PREA Public Webpage: <https://dcr.wv.gov/resources/Pages/prea.aspx>

These documents outline the agency's commitment to safeguarding sexual abuse data, making aggregated data accessible to the public, and retaining records in accordance with federal requirements.

INTERVIEWS

Facility Head

During the interview, the Facility Head confirmed that incident-based and aggregate sexual abuse data are securely stored at the facility level using restricted-access systems. Only authorized staff members with a legitimate need to know are permitted access to this information. The Facility Head further stated that the agency retains additional data as needed for federal reporting, including the completion of the Survey of Sexual Victimization (SSV-2), and ensures annual reports are posted publicly on the WVDCR website for transparency.

PREA Coordinator / Director of PREA Compliance (DPC)

The DPC echoed the Facility Head's statements and emphasized that data systems are designed to safeguard confidentiality while enabling comprehensive reporting. The agency utilizes local Risk Management Systems to store data securely, restricting access to designated personnel. Aggregated data is retained at the agency level for reporting and oversight, and it is reviewed annually to ensure accuracy. The DPC also noted that before publishing annual PREA reports, personal identifiers are removed, and only limited redactions are made when required to protect institutional safety. Redacted content is clearly identified in compliance with policy.

PROVISIONS

Provision (a): Secure Retention of Data

The PAQ confirms—and the DPC verified—that both incident-level and aggregate sexual abuse data are securely retained in accordance with agency policy. Data is collected from all facilities under direct agency control, as well as from contracted private facilities. Public access to the agency's aggregated PREA data is provided at least annually through the WVDCR website: <https://dcr.wv.gov/resources/Pages/prea.aspx>

Policy Reference: WVDCR Policy 430.00, p. 25, Section XII(G), states: “All sexual abuse data shall be securely retained for at least ten (10) years after the date of initial collection.”

Provision (b): Public Availability of Aggregated Data

According to the PAQ and as confirmed by the DPC, the agency compiles and publicly shares aggregated data from all state-operated and privately contracted facilities through its annual PREA report. This report includes facility-specific findings, recommendations, and corrective actions taken, along with trend analysis and year-over-year comparisons.

Policy Reference: WVDCR Policy 430.00, p. 25, Section XII(H), mandates that the Director of PREA Compliance submit an annual report to the Commissioner, who must approve and publish it. The report is made publicly accessible via the agency’s website. Where necessary, personal information or other sensitive content may be redacted to protect safety and security; the nature of the redacted content must be disclosed.

Provision (c): Removal of Personal Identifiers

The PAQ and interviews confirm that all personal identifiers are removed before aggregated sexual abuse data is published. The DPC verified this practice and emphasized that redactions are limited to information that could compromise the safety and security of staff or incarcerated individuals.

Policy Reference: WVDCR Policy 430.00, p. 25, Section XII(H), allows for the redaction of personally identifiable information or other sensitive content but requires that the agency disclose the nature of any redactions.

Provision (d): Minimum Data Retention Period

The PAQ states—and the DPC confirmed—that the agency maintains all data collected under PREA Standard §115.87 for a minimum of ten (10) years, unless superseded by other federal, state, or local record retention laws.

Policy Reference: WVDCR Policy 430.00, p. 25, Section XII(G), reiterates this retention requirement, ensuring compliance with national standards.

CONCLUSION

After thorough review of the PAQ, agency policy, documentation, and staff interviews, the Auditor has determined that the facility is in full compliance with PREA Standard §115.89 – Data Storage, Publication, and Destruction.

The West Virginia Division of Corrections and Rehabilitation has implemented a secure, transparent, and well-documented system for managing sexual abuse data. The agency ensures the protection of sensitive information, maintains compliance with federal data retention standards, and demonstrates a clear commitment to public accountability by publishing aggregated data annually on its official website.

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTS

- 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>

INTERVIEWS

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>.

PROVISIONS

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) through 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) through 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 <u>CONCLUSION</u> 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.
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CONCLUSION

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.)	na
	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	na

	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.)	yes
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	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.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	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.)	yes

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

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

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

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

(f)			
	<table><tr><td data-bbox="316 174 1289 568">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.)</td><td data-bbox="1289 174 1490 568">yes</td></tr></table>	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
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