

PREA Facility Audit Report: Final

Name of Facility: Salem Correctional Center and Jail

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/28/2025

Auditor Certification

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



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



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



Auditor Full Name as Signed: Darla P. OConnor

Date of Signature: 06/28/2025

AUDITOR INFORMATION

Auditor name: OConnor, Darla

Email: doconnor@strategicjusticesolutions.com

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

End Date of On-Site Audit: 03/14/2025

FACILITY INFORMATION

Facility name: Salem Correctional Center and Jail

Facility physical address: 7 Industrial Boulevard , Industrial , West Virginia - 26426

Facility mailing address:

Primary Contact

Name:	Amanda McGrew
Email Address:	amanda.d.mcgregw@wv.gov
Telephone Number:	304-550-6713

Warden/Jail Administrator/Sheriff/Director	
Name:	John Anderson
Email Address:	John.D.Anderson@wv.gov
Telephone Number:	304-782-2371

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

Facility Health Service Administrator On-site	
Name:	Heather Dotson
Email Address:	hdotson@wexfordhealth.com
Telephone Number:	304-782-2371

Facility Characteristics	
Designed facility capacity:	388
Current population of facility:	352
Average daily population for the past 12 months:	321
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:	20-70
Facility security levels/inmate custody levels:	Minimum-Medium
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	155
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	26
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0

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	115.17 - Hiring and promotion decisions
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:	2025-03-12
2. End date of the onsite portion of the audit:	2025-03-14

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. Ruby Memorial Hospital, 1 Medical Center Drive, Morgantown, WV 26506; 304-598-4000, verified that they maintain a dedicated SANE (Sexual Assault Nurse Examiner) area for conducting forensic examinations. The West Virginia Foundation for Rape Information and Services (WVFRIS) confirmed that they have an agreement with the facility to provide SANE personnel and sexual assault advocacy services. They offer emotional support to inmates regardless of when the sexual abuse occurred. Hope, Inc., PO Box 626, Fairmont, WV 26555; 304-367-0362 confirmed that, through their agreement with WVFRIS, they provide rape crisis services, emotional support, advocacy, and access to SANE personnel for the facility. The 24-hour hotline is 304-367-1100.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	388
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15. Average daily population for the past 12 months:	321
16. Number of inmate/resident/detainee housing units:	8
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:	344
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:	8
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:	8
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:	1
23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	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:	3
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:	4
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:	17
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 did not have any inmates in segregation housing or isolation as a result of sexual victimization or reporting sexual abuse. There were no reported inmates in the facility who had reported sexual abuse or harassment in the past 12 months. Nor were there any inmates identified as Limited English Proficient, blind or vision impaired, or classified as youthful inmates. The facility reports no significant challenges in identifying or tracking special populations, and there were no untracked groups noted at the time of the audit.
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:	155
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:	20
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:	29

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 onsite audit, the facility's staff, volunteers, and contractors represented a diverse workforce in terms of age, gender, and tenure. There were no individuals identified as having limited English proficiency, visual impairments, or other disabilities that would affect communication or job performance related to PREA compliance. All personnel present had received the required PREA training appropriate to their roles. There were no reported concerns or limitations related to the identification, tracking, or accommodation of staff, volunteers, or contractors relevant to PREA standards.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	14
35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☐ Gender ☐ Other ☐ None

36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	To ensure a geographically diverse sample of inmate interviewees, individuals were selected from various housing units and living areas throughout the facility. This included representation from different security levels, housing wings, and dormitories, as applicable. The auditor collaborated with facility staff to obtain an up-to-date facility layout and population roster, which was used to guide a stratified random selection process. This approach helped ensure that interviewees represented a cross-section of the facility's population and living environments, rather than being concentrated in any single area.
37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No
38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The selection of random interviewees was conducted with the intent to ensure a representative cross-section of the facility population. No significant barriers were encountered in completing interviews; all selected individuals were made available in a timely manner, and interviews were conducted in private settings to ensure confidentiality. There were no issues with language barriers, as there were no individuals with limited English proficiency identified at the time of the audit. Additionally, the facility's cooperation facilitated full access to the selected individuals and contributed to a thorough interview process.
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	16

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

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

To determine whether any inmates with blindness or vision impairments were housed in the facility at the time of the audit, the auditor employed a multi-pronged corroboration approach that included document review, staff interviews, facility observations, and inmate interviews.

First, the auditor reviewed intake screening forms, medical records, and classification data to identify any inmates who were documented as legally blind, visually impaired, or requiring vision-related accommodations (such as corrective lenses, large-print materials, or assistive technology). No such designations were identified in the reviewed records.

Second, interviews were conducted with medical staff, intake/classification personnel, and ADA compliance staff (if applicable) to confirm how the facility identifies and supports inmates with vision impairments. Staff confirmed that any visual limitations are assessed during the intake process and that such conditions would be flagged for appropriate accommodations. Staff further reported that there were no blind individuals or individuals who have low vision currently housed in the facility.

Third, the auditor conducted a facility walk-through and observed housing areas, program spaces, and common areas for any assistive devices or modifications typically associated with visually impaired populations (e.g., white canes, braille signage, or specialized equipment). None were present or in use.

Finally, during random inmate interviews, the auditor asked whether inmates were aware of anyone in their housing unit who had a significant vision impairment or was blind. Inmates uniformly reported that there were no such individuals in their living areas.

These corroborating sources—medical and classification documentation, staff interviews, direct observation, and resident interviews—collectively confirmed that there were no blind inmates or inmates who have low vision housed in the facility at the time of the audit.

43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1
44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	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).	During the selection process for Interviews, care was taken to include a broad and representative sample of the facility's population. There were no significant barriers to completing interviews. Facility staff were cooperative and responsive in locating selected individuals, and most inmates were willing to participate. In a few instances, selected individuals were unavailable due to court appearances, medical appointments, or personal refusal; these individuals were replaced with alternates from the same or comparable housing units to preserve sample integrity. Efforts were also made to ensure representation across housing units and demographics to the extent possible. No language or accessibility barriers were encountered during the interview process

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).	During the selection process for Interviews, care was taken to include a broad and representative sample of the facility's population. There were no significant barriers to completing interviews. Facility staff were cooperative and responsive in locating selected individuals, and most inmates were willing to participate. In a few instances, selected individuals were unavailable due to court appearances, medical appointments, or personal refusal; these individuals were replaced with alternates from the same or comparable housing units to preserve sample integrity. Efforts were also made to ensure representation across housing units and demographics to the extent possible. No language or accessibility barriers were encountered during the interview process
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).	During the selection process for Interviews, care was taken to include a broad and representative sample of the facility's population. There were no significant barriers to completing interviews. Facility staff were cooperative and responsive in locating selected individuals, and most inmates were willing to participate. In a few instances, selected individuals were unavailable due to court appearances, medical appointments, or personal refusal; these individuals were replaced with alternates from the same or comparable housing units to preserve sample integrity. Efforts were also made to ensure representation across housing units and demographics to the extent possible. No language or accessibility barriers were encountered during the interview process
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:	4
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).	During the selection process for Interviews, care was taken to include a broad and representative sample of the facility's population. There were no significant barriers to completing interviews. Facility staff were cooperative and responsive in locating selected individuals, and most inmates were willing to participate. In a few instances, selected individuals were unavailable due to court appearances, medical appointments, or personal refusal; these individuals were replaced with alternates from the same or comparable housing units to preserve sample integrity. Efforts were also made to ensure representation across housing units and demographics to the extent possible. No language or accessibility barriers were encountered during the interview process
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).	During the selection process for Interviews, care was taken to include a broad and representative sample of the facility's population. There were no significant barriers to completing interviews. Facility staff were cooperative and responsive in locating selected individuals, and most inmates were willing to participate. In a few instances, selected individuals were unavailable due to court appearances, medical appointments, or personal refusal; these individuals were replaced with alternates from the same or comparable housing units to preserve sample integrity. Efforts were also made to ensure representation across housing units and demographics to the extent possible. No language or accessibility barriers were encountered during the interview process
50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	During the selection process for Interviews, care was taken to include a broad and representative sample of the facility's population. There were no significant barriers to completing interviews. Facility staff were cooperative and responsive in locating selected individuals, and most inmates were willing to participate. In a few instances, selected individuals were unavailable due to court appearances, medical appointments, or personal refusal; these individuals were replaced with alternates from the same or comparable housing units to preserve sample integrity. Efforts were also made to ensure representation across housing units and demographics to the extent possible. No language or accessibility barriers were encountered during the interview process
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):	In selecting and interviewing random staff, the auditor made deliberate efforts to ensure a representative sample of staff were interviewed. Random staff were chosen for interviews from the staff available at the facility who did not participate in the specialized interviews.
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):	20
56. Were you able to interview the Agency Head?	☒ Yes ☐ No
57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No

58. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
59. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

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

63. Provide any additional comments regarding selecting or interviewing specialized staff.	Specialized staff interviews were selected to ensure comprehensive coverage of key roles related to PREA implementation, including medical and mental health staff, intake personnel, investigators, classification staff, retaliation monitor, and staff responsible for incident response and sexual abuse prevention. There were no barriers to completing specialized staff interviews; all requested individuals were made available in a timely manner, and interviews were conducted in private settings. Staff appeared knowledgeable and responsive, and no issues with language barriers, scheduling conflicts, or access were encountered during the process
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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

64. Did you have access to all areas of the facility?	☒ Yes ☐ No
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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
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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).	During the site review, the auditor was granted full access to all areas of the facility, including housing units, intake, medical, food service, program areas, administrative offices, recreation yards, and any spaces designated for private conversations or services. Facility staff were cooperative and accompanied the auditor as needed, while also allowing for independent observation when appropriate. The auditor conducted a comprehensive walk-through, observing facility operations, security practices, and staff-inmate interactions. Special attention was given to areas where inmates may be particularly vulnerable to sexual abuse, including showers, restrooms, and isolated locations. The auditor reviewed camera coverage and blind spots, as well as the placement of PREA-related informational signage and the availability of inmate access to phones and grievance forms. Tests of critical functions were conducted, including verification that inmates could dial the external sexual abuse hotline, access grievance forms, and reach staff in the event of an emergency. These functions operated as intended. Informal conversations were held with both staff and inmates throughout the tour to assess their awareness of PREA policies, reporting mechanisms, and access to supportive services. Overall, the site review confirmed that the facility's physical plant and practices support PREA compliance, and no barriers to access, observation, or assessment were encountered during the audit process.
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	

70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	☒ Yes ☐ No
71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	Additional documentation was selected to supplement the initial audit sample, including incident reports, intake screening forms, training records, and investigative files. No barriers were encountered in accessing or reviewing additional documentation. Records were sampled to ensure a comprehensive review of screening practices, staff training compliance, and response protocols. Facility staff were cooperative and provided all requested documentation promptly.

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	1	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	1	1	0	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	3	0	3	0
Staff-on-inmate sexual harassment	4	0	7	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	1	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	1	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	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

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

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	2	0	1
Staff-on-inmate sexual harassment	0	2	1	1
Total	0	4	1	2

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

1

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

85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	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:	3
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:

4

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.

All PREA Allegation files were reviewed by the auditor.

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

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

☐ Yes

☒ No

Non-certified Support Staff

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

☒ Yes

☐ No

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

1

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

☐ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☒ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

Identify the name of the third-party auditing entity

Diversified Correctional Services

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENTS</u> The following documents were reviewed in relation to compliance with PREA Standard §115.11 - Zero Tolerance of Sexual Abuse and Sexual Harassment: PREA Coordinator - Pre-Audit Questionnaire (PAQ) and all supporting documentation - West Virginia Division of Correctional and Rehabilitation (WV DCR) Policy 430.00 - Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 - Facility Organizational Chart - Agency Organizational Chart
	<u>INTERVIEWS</u> PREA Coordinator (PC):

Through the interview process, it was confirmed that the agency's PREA Coordinator holds a position solely dedicated to PREA compliance. The PC has sufficient time and the full authority necessary to develop, implement, and oversee the agency's efforts to comply with the PREA standards across all facilities. The PC confirmed that the PREA Compliance Managers (PCMs) in each facility report directly to the PC on PREA matters and have the autonomy to address and resolve PREA-related issues within their respective institutions.

PREA Compliance Manager (PCM):

During the interview, the Facility PREA Compliance Manager affirmed that they have sufficient time to carry out all duties required by the PREA standards. The PCM demonstrated clear knowledge of their responsibilities and articulated their role in ensuring institutional compliance with PREA requirements.

PROVISIONS

Provision (a):

The PAQ affirms that the facility and agency maintain a strict zero-tolerance policy regarding all forms of sexual abuse and sexual harassment. This includes all individuals under agency authority, including those housed or supervised under contractual arrangements.

Policy 430.00, p. 4(A), explicitly states that WV DCR prohibits all acts of sexual abuse, assault, misconduct, or harassment, whether committed by staff, volunteers, contract personnel, or incarcerated individuals. All such conduct is subject to administrative and criminal sanctions in accordance with the West Virginia Code §61-8B-10 and agency procedures.

The policy also outlines the agency's commitment to prevention, detection, and response efforts, clearly defining prohibited behaviors and outlining appropriate sanctions. Each institution is required to have a designated PREA Compliance Manager who reports to the facility Warden/Superintendent and, in all PREA matters, directly to the agency PREA Coordinator.

Provision (b):

The PAQ and organizational documentation confirm that the agency has a designated agency-wide PREA Coordinator. The position is situated within the Office of Professional Standards (OPS), Compliance Unit, at the executive level. This placement reflects the significance and autonomy of the role within the agency hierarchy.

According to Policy 430.00, p. 4(B), the Director of PREA Compliance, supported by the PREA Coordinator and designated staff, constitutes the Office of PREA Compliance. This office is tasked with overseeing and coordinating agency-wide PREA efforts. The PC is a full-time position solely focused on PREA compliance and reports directly to the Director of PREA Compliance.

The PREA Coordinator confirmed during the interview that they have adequate

	authority and time to perform all duties required under the standards. The PC also confirmed that each PCM is institutionally positioned to ensure implementation of PREA requirements and is accountable to the PC for compliance activities. Provision (c): Policy 430.00, p. 4(C), mandates that each facility Superintendent, in consultation with the Director of PREA Compliance, designate a Facility PREA Compliance Manager. The policy requires that the PCM be granted sufficient time and authority to develop, implement, coordinate, and oversee PREA compliance within the facility. Documentation and interviews confirm that the PCM is appropriately positioned within the facility hierarchy to fulfill these responsibilities and receives support from both the facility administration and the agency's PREA office. - <u>CONCLUSION</u> Based on the review of relevant documentation, agency policies, organizational charts, the PAQ, and interviews with key personnel, the Auditor has determined that the facility and agency meet the requirements of PREA Standard §115.11 - Zero Tolerance of Sexual Abuse and Sexual Harassment: PREA Coordinator. The agency has clearly established a zero-tolerance culture, structured leadership, and a chain of authority that supports full PREA compliance across all facilities.F
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENTS</u> The following documents were reviewed in relation to compliance with PREA Standard §115.12 - Contracting with Other Entities for the Confinement of Inmates • Pre-Audit Questionnaire (PAQ) • West Virginia Division of Correctional and Rehabilitation (WV DCR) Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 INTERVIEW Agency Contract Administrator: The agency's Contract Administrator confirmed during the interview that all current contracts for the confinement of WV DCR inmates, without exception, include explicit language requiring compliance with the Prison Rape Elimination Act (PREA). This

requirement is consistently incorporated into all new contracts and renewals for confinement with private entities or other government agencies.

PROVISIONS

Provision (a):

According to the PAQ, the agency currently maintains two contracts for the confinement of inmates, each of which was entered into or renewed on or after August 20, 2012, or since the last PREA audit, whichever is later.

West Virginia DCR Policy 430.00, p. 4, Section D (1-3), establishes clear directives for contractual compliance with PREA. Specifically, the policy mandates that any new or renewed contracts for inmate confinement must:

- Require the contracted entity to comply with all applicable PREA standards;
- Require adherence to WV DCR policy and procedure; and
- Ensure that the contracted facility's performance is monitored to verify PREA compliance.

These provisions are consistent with the requirements outlined in PREA Standard §115.12(a), ensuring that PREA obligations are embedded in all relevant contractual relationships.

Provision (b):

The PAQ further confirms that both existing contracts explicitly require compliance with PREA standards.

As described by the Contract Administrator, the agency actively reviews each contractor's PREA policies and procedures to verify alignment with federal standards. In addition, each contracted facility is obligated to:

- Notify the agency immediately of any PREA-related allegation; and
- Submit documentation of the allegation, investigative process, and findings to the WV DCR Director of PREA Compliance for review.

This process ensures that the agency maintains oversight of PREA implementation and enforcement within contracted facilities and that contracted entities are held accountable for PREA-related incidents and investigations.

CONCLUSION

Based on the comprehensive review of documentation and interview evidence, the Auditor concludes that the West Virginia Division of Correctional and Rehabilitation fully meets the requirements of PREA Standard §115.12 – Contracting with Other Entities for the Confinement of Inmates. The agency has established appropriate policies, contractual safeguards, and oversight mechanisms to ensure that any entity

	confining WV DCR inmates maintains full compliance with PREA standards.
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTS The following documents were reviewed in relation to compliance with PREA Standard §115.13 – Supervision and Monitoring. • Pre-Audit Questionnaire (PAQ) and supporting documentation • West Virginia Division of Corrections and Rehabilitation (WV DCR), Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 • Facility Staffing Plan and Annual Staffing Plan Review • Staffing Plan Deviation Logs • PREA Compliance Manual Attachment 16 – Documentation of Unannounced Rounds <u>INTERVIEWS</u> Facility Head The Facility Head confirmed that compliance with the staffing plan and any deviations are discussed regularly during staff meetings. They emphasized their responsibility for reviewing staffing levels, the impact of staffing on programming, and oversight of modifications to video monitoring systems. Additional areas of review include physical plant configuration, internal and external oversight findings, population characteristics, supervisory staffing levels, line-staff deployment, and incidents of sexual abuse, whether substantiated or not. Intermediate- or Higher-Level Staff Supervisory personnel reported making regular rounds throughout the facility during every shift. They confirmed engaging with staff and inmates, auditing logbooks, and documenting their rounds. These unannounced rounds are formally recorded using PREA Compliance Manual Attachment 16 and submitted monthly to the PREA Compliance Manager (PCM). The Auditor directly observed supervisory presence throughout the facility during the onsite visit, further corroborating these practices.

Random Staff

Random staff interviews demonstrated awareness of the prohibition on alerting colleagues about unannounced supervisory rounds. Staff affirmed the practice of unannounced rounds and the facility's commitment to maintaining supervisory visibility and oversight on all shifts.

PROVISIONS

Provision (a):

The PAQ confirms the facility maintains a comprehensive staffing plan that is reviewed at least annually. The plan addresses all thirteen elements required by the standard, including physical layout, supervisory staffing, population demographics, and incident history. The average daily inmate population for the preceding 12 months was 598, verified by the Facility Head.

WV DCR Policy 430.00 (p. 5, A, 1-11) requires every facility to develop and maintain a PREA staffing plan that ensures adequate staffing levels and, where applicable, video monitoring to protect inmates from sexual abuse. The policy mandates consideration of:

- Generally accepted correctional practices
- Judicial or investigative findings of inadequacy
- Internal/external oversight evaluations
- Physical plant characteristics, including blind spots
- Offender population composition
- Supervisory staff placement
- Programmatic activities on all shifts
- State/local laws and regulations
- Incidence of sexual abuse (substantiated and unsubstantiated)
- All other relevant factors

Provision (b):

The PAQ notes that the most common causes of staffing plan deviation include hospital duty, staff shortages, unscheduled absences, vacation leave, and medical appointments. The facility mitigates these deviations through overtime, mandatory holds (freezing), and staff call-ins. Importantly, the facility reports it does not fall below minimum staffing levels. All deviations are documented.

Policy 430.00 (p. 5, B) mandates that any staffing plan deviations be justified and documented in writing by the PCM or designee, with notification to the Superintendent, appropriate Assistant Commissioner, and the Office of PREA

Compliance.

Provision (c):

The PAQ confirms that the facility, in collaboration with the Director of PREA Compliance, conducts an annual staffing plan review. This review evaluates:

- Adjustments to the staffing plan
- Deployment of video monitoring technology
- Allocation of resources to support PREA compliance

The review process includes consultation with the PREA Coordinator (PC) and other executive staff. Internal audits of the staffing plan are conducted annually, including a facility-wide assessment of all inmate-accessible areas. The Auditor reviewed staffing rosters and confirmed mandatory posts were consistently staffed.

Policy 430.00 (p. 5, C) specifies that this review must address:

- The adequacy of the staffing plan
- Prevailing staffing patterns
- Deployment of monitoring systems
- Resource allocation

For juvenile facilities, Policy 430.00 (p. 5, D) requires minimum staff-to-offender ratios of 1:8 during waking hours and 1:16 during sleeping hours, with exigent circumstances documented.

Provision (d):

The PAQ and interviews confirm that intermediate- and higher-level staff conduct unannounced rounds across all shifts. These rounds are documented using Attachment 16 of the PREA Compliance Manual and submitted monthly to the PCM. Policy prohibits staff from alerting one another of impending rounds. Supervisory staff were observed making rounds during the audit period.

Policy 430.00 (p. 5, E) requires:

- A minimum of four unannounced rounds per month
- At least two rounds between 7:00 PM and 7:00 AM, conducted by staff whose sole purpose is to conduct the round
- Documentation using Attachment 16

Policy 430.00 (p. 5, F) reinforces that any staff member who alerts others to the rounds may be subject to disciplinary action unless the alert is operationally necessary.

CONCLUSION

	Based on the comprehensive review of documentation, interviews, observations, and policy compliance, the Auditor concludes that the facility fully meets all provisions of PREA Standard §115.13 – Supervision and Monitoring. The facility has demonstrated robust systems for staffing, monitoring, and supervisory oversight, including timely responses to deviations and thorough documentation.
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENTS</u> The following documents were reviewed in relation to compliance with PREA Standard §115.14 – Youthful Inmates: • Pre-Audit Questionnaire (PAQ) • West Virginia Division of Corrections and Rehabilitation (WV DCR), Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 <u>OBSERVATIONS</u> During the onsite facility tour, the Auditor did not observe any youthful inmates in housing units, program areas, or other facility locations. Additionally, a review of the inmate roster revealed no individuals with birthdates more recent than 2006, affirming the absence of youthful inmates (defined by PREA as individuals under the age of 18 housed in an adult facility). <u>INTERVIEWS</u> Facility Head The Facility Head affirmed during the interview that the facility does not house youthful offenders. The facility is designated and operated solely as an adult correctional institution. PREA Compliance Manager (PCM) The PCM independently confirmed that the facility does not house youthful inmates and has not done so during the relevant audit review period.

PROVISIONS

Provision (a):

The PAQ clearly states that the facility does not house youthful inmates. This was consistently confirmed through both interviews and direct observation. Therefore, the requirements of this provision do not apply.

Nevertheless, WV DCR Policy 430.00, p. 6, G, outlines requirements for facilities that do house youthful offenders. Specifically, it mandates that juvenile offenders must not be placed in housing units where they would have sight, sound, or physical contact with adult inmates through shared dayrooms, sleeping quarters, shower areas, or common spaces. The policy affirms WV DCR's commitment to maintaining age-appropriate housing separations consistent with PREA standards.

Provision (b):

This provision is not applicable, as the facility does not house youthful inmates.

However, WV DCR Policy 430.00, p. 6, G, also addresses scenarios applicable to facilities that do house both juvenile and adult inmates. In such cases, the policy requires the agency to either maintain sight and sound separation or provide direct staff supervision when youthful and adult offenders are in proximity. This ensures that youthful inmates are safeguarded from exposure to adult populations under any circumstance.

Provision (c):

As the facility does not house youthful inmates, this provision is not applicable.

WV DCR Policy 430.00, p. 6, G, further addresses this provision by stating that the agency shall make best efforts to avoid using isolation to achieve compliance with sight and sound separation. In the event of exigent circumstances where isolation is used, the agency must ensure that youthful inmates are not denied access to daily large-muscle exercise, legally required special education services, and other programs and work opportunities, to the extent possible. This policy reinforces the agency's commitment to minimizing harm and maximizing programming access for youthful offenders, where applicable.

CONCLUSION

Based on the Auditor's comprehensive review of documentation, interviews, observations, and policies, it is determined that the facility meets all applicable provisions of PREA Standard §115.14 – Youthful Inmates. The facility does not house youthful offenders and maintains policies aligned with PREA mandates should such housing ever occur. The facility is therefore in full compliance with this standard

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENTS:</u> The following documents were reviewed in relation to compliance with PREA Standard §115.15 – Limits to Cross-Gender Viewing and Searches • 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, Policy 411.00, Gender Nonconforming Inmates/Residents, dated February 1, 2020 • West Virginia Division of Corrections and Rehabilitation, Policy 111.00, Training and Employee Development, dated January 1, 2019 • Facility training records relating to cross-gender and transgender/intersex searches <u>OBSERVATIONS:</u> During the facility tour, the Auditor observed opposite-gender staff entering housing units. In all instances, staff consistently announced their presence in accordance with policy. Additionally, the Auditor, a female, was appropriately announced by staff before entering male housing and restroom areas. <u>INTERVIEWS:</u> Random Staff Fourteen random staff members were formally interviewed, supplemented by additional informal conversations. The following key themes emerged: • All staff reported receiving training in cross-gender searches, including exigent circumstances, as part of Day 1 of In-Service Training. • Staff stated that cross-gender strip searches and visual body cavity searches are not conducted at this facility. • Staff unanimously reported that they had not conducted or witnessed any such searches. • Male staff are available and readily diverted when searches are necessary, eliminating the need for cross-gender searches. • Female officers do not conduct strip or body cavity searches under any circumstance. • Transgender and intersex inmates are not subjected to searches for the sole purpose of determining genital status.

- All staff confirmed that transgender or intersex inmates are provided with privacy during showers, either through individual stalls or separate shower times arranged with inmate input.

Random Inmate

All inmates interviewed confirmed:

- They had never been subjected to a cross-gender search.
- Opposite-gender staff do not perform pat-downs, strip searches, or visual body cavity searches.
- Opposite-gender staff always announce their presence before entering housing units or restrooms.
- They are able to shower and dress without being viewed by staff of the opposite gender.

Non-Medical Staff Involved in Searches

Staff who may be involved in cross-gender or visual searches reported:

- They do not conduct cross-gender strip or visual cavity searches.
- If an exigent circumstance arises, any such search must be authorized by the Facility Head, performed by medical staff, and documented.

Transgender Inmate

All transgender inmates interviewed reported:

- Satisfaction with search and showering practices.
- Never having been searched for the purpose of determining genital status.
- That their privacy and dignity are respected consistently.

PROVISIONS:

Provision (a)

The facility reported in the PAQ that no cross-gender strip or visual body cavity searches are conducted. Over the past 12 months, there were no such searches performed. This was verified through staff interviews and training records.

Policy 430.00 (p. 6, H) prohibits cross-gender pat-downs, strip searches, and visual body cavity searches unless there is an exigent circumstance or when such searches are performed by medical personnel. All such instances must be documented via incident report. For facilities with a rated capacity of 50 or fewer offenders, cross-gender pat-downs of female inmates are not permitted except in exigent circumstances. Programming access cannot be restricted to avoid such searches.

Provision (b)

According to the PAQ and verified through staff interviews:

- Cross-gender pat-down searches of female inmates are not permitted, absent exigent circumstances.
- Female inmates' access to programming and out-of-cell opportunities is not restricted in order to comply with search limitations.

See Policy 430.00 (p. 6, H) for specific policy language.

Provision (c)

All cross-gender strip and visual cavity searches, if conducted, must be documented. Although such searches are not conducted under normal circumstances, staff confirmed that in exigent situations they would follow the required procedures, including authorization by the Facility Head, medical involvement, and documentation.

Interviews with transgender inmates confirmed satisfaction with search practices, with strip searches performed only by medical staff.

Provision (d)

PAQ responses and interviews confirmed that inmates are able to shower, perform bodily functions, and change clothing without opposite-gender staff viewing their breasts, buttocks, or genitalia, except during exigent circumstances or routine cell checks. This includes camera surveillance.

All random inmates (100%) reported that:

- Opposite-gender staff consistently announce their presence before entering housing units.
- They are afforded privacy while showering and dressing.
- Transgender inmates also confirmed satisfaction with shower accommodations.

Relevant Policies:

Policy 430.00 (pp. 6–7, I–J): Outlines limits to cross-gender viewing and requires staff announcements.

Policy 411.00 (p. 3, III, B): Requires showering accommodations for transgender/intersex inmates.

Provision (e)

Per facility policy and staff interviews, it is strictly prohibited to search or physically examine a transgender or intersex inmate solely to determine their genital status. Staff reported:

- Awareness of the policy and training on professional, respectful search techniques.
- Medical personnel conduct strip searches when required.
- All transgender inmates confirmed that they have never experienced a search

	for the sole purpose of determining genital status and reported respectful treatment by staff. Relevant Policies: Policy 430.00 (p. 7, K): Prohibits genital status searches; status should be determined via conversation or medical records. Policy 411.00 (p. 3, III, D): Directs staff to consider inmate preference in staff assignment for searches. Provision (f) The Auditor reviewed the facility's PREA training records, confirming that staff were trained in cross-gender and transgender/intersex search protocols. Documentation included: • Signed acknowledgments of training participation. • Guidance on documenting any cross-gender search occurrences. • Verification that the training was received by all current staff, matched to the staff roster. Relevant Policies: Policy 430.00 (p. 7, L): Requires respectful, professional search procedures tailored to transgender/intersex inmates. Policy 111.00 (pp. 5-6): Outlines PREA training content for all employees, including communication and interaction with LGBTI individuals, and refresher requirements. <u>CONCLUSION:</u> Based on a comprehensive review of documentation, staff and inmate interviews, observations, and training records, the Auditor concludes that the facility fully meets all provisions of the PREA Standard §115.15 – Limits to Cross-Gender Viewing and Searches. The agency demonstrates a strong commitment to policy compliance, respectful treatment of all inmates, and staff training and accountability in maintaining a safe and respectful environment for all people in custody.
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard Auditor Discussion <u>DOCUMENTS:</u> The following documents were reviewed in support of the agency’s compliance with

PREA Standard §115.16 – Inmates with disabilities and inmates who are limited English proficient:

- Pre-Audit Questionnaire (PAQ) along with all accompanying and supporting documentation, which outlines the facility's self-assessment of compliance.
- West Virginia Division of Correctional and Rehabilitation Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, which outlines the agency's formal directives regarding access to PREA services for special populations.
- Contract with Homeland Language Services, LLC, which outlines the terms for the provision of interpreter and translation services, ensuring external professional support for
- LEP and disabled inmates.
- A full suite of Homeland Language Services (HLS) resource materials, including:
 - Call Guide for WVDCR Staff, providing clear instructions on accessing interpreter services.
 - Phone Translation Services for verbal language interpretation.
 - Sign Language Interpreter Services, available for in-person or remote appointments.
 - Video Remote Interpreting Services for on-demand language access.
 - Step-by-Step Instructions for accessing and using phone interpreting services.
 - Staff Refresher Training Materials, which outline procedures for utilizing language services and ensuring effective communication with inmates who have communication barriers.
- PREA Educational Materials, made available in both English and Spanish, including handouts, brochures, and posters, which are used to inform the inmate population of their rights and reporting options under PREA.

OBSERVATIONS:

During the on-site audit, the Auditor conducted a facility tour and observed PREA-related educational content displayed throughout the premises. These materials were:

- Clearly posted in high-visibility areas such as housing units, common areas, hallways, program areas, and the visitation lobby.
- Offered in both English and Spanish, ensuring accessibility for inmates with limited English proficiency.
- Presented in multiple formats including printed posters, handouts, large print documents, and audiovisual presentations with closed captioning.
- The visual placement and multi-format presentation of these materials demonstrated the facility's proactive efforts to ensure that PREA information is continuously accessible and readily available to all inmates, including those with disabilities and language barriers.

INTERVIEWS:

Facility Head:

The Facility Head confirmed that the institution has developed and implemented formal procedures to ensure that inmates with disabilities and LEP inmates receive PREA-related education and have full access to reporting mechanisms. The Facility Head noted the availability and utilization of Homeland Language Services and trained bilingual staff, as well as the use of alternative communication methods tailored to inmates' individual needs.

Random Staff

Interviews with random staff revealed a consistent understanding of the procedures for supporting inmates who are disabled or LEP. Staff reported that they attempt to use bilingual staff when possible, but when unavailable, they promptly use Homeland Language Services for interpretation needs. Staff were familiar with the tools provided and confirmed they had received refresher training on the subject.

Inmates with Disabilities:

Interviews with inmates who self-identified as having disabilities indicated they felt safe, informed, and supported. They affirmed that PREA information had been provided in a manner they could understand. All interviewees stated they knew how to report sexual abuse or harassment and felt confident in doing so.

LEP Inmate

The Auditor interviewed a Spanish-speaking inmate with limited English proficiency. The inmate reported receiving PREA materials in Spanish and was able to explain the content and the reporting process in their native language. The inmate expressed satisfaction with staff communication and confidence in their ability to report concerns.

PROVISIONS

Provision (a):

The facility's practices, as confirmed by documentation and interviews, align with this provision. The agency has taken reasonable steps to ensure that inmates with disabilities and LEP inmates have equal opportunity to participate in and benefit from all aspects of the agency's PREA prevention, detection, and response efforts.

Supporting Policy:

WVDCR Policy 430.00, page 7, section M, states that the facility shall take reasonable steps to ensure meaningful access and equal opportunity for inmates with disabilities and LEP individuals. It emphasizes the use of contracted translation and interpreter services to facilitate effective communication.

Provision (b):

PREA education and reporting information is provided in multiple formats and languages to accommodate a wide range of needs, including:

	• Spanish versions of all written PREA materials. • PREA educational videos in English and Spanish with closed captions. • Sign language interpretation available on demand via live or remote service. • Audio and Braille formats for visually impaired inmates. • Verbal explanation of materials for cognitively impaired inmates or those with limited reading skills. Supporting Policy: WVDCR Policy 430.00, page 7, section N, requires facilities to provide materials in alternative formats or use alternative methods to ensure effective communication with inmates with disabilities or communication barriers. Key PREA information must also be continuously and readily available throughout the facility. Provision (c): According to the PAQ and confirmed by the Facility Head, there have been zero instances in the past twelve months where inmate interpreters, readers, or assistants were used in PREA-related matters. This is consistent with agency policy, which prohibits the use of inmate aides in PREA contexts, except in limited emergency circumstances. Supporting Policy: WVDCR Policy 430.00, page 7, section O, prohibits reliance on inmate interpreters, readers, or assistants for PREA-related communications unless exigent circumstances require immediate communication and no qualified interpreter is available. <u>CONCLUSION:</u> Based on the review of relevant policies, documentation, visual observations, and interviews with facility staff and inmates, the Auditor finds the facility fully compliant with PREA Standard §115.16. The agency has demonstrated a clear and consistent commitment to providing equitable access to PREA education, training, and reporting mechanisms for inmates with disabilities and those who are limited English proficient. The use of professional interpretation services, multi-format educational materials, and staff training ensures that all inmates can meaningfully engage in the facility's efforts to prevent, detect, and respond to sexual abuse and harassment.
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<u>Documents:</u> The Auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation including:

- Pre-Audit Questionnaire (PAQ)
- West Virginia Division of Correctional and Rehabilitation, Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022
- West Virginia Division of Correctional and Rehabilitation, Policy 132.00 – Non-Uniform Promotion Guidelines, dated April 18, 2022
- West Virginia Division of Correctional and Rehabilitation, Policy 135.00 – Pre-Employment Processing, dated March 22, 2021

Interviews

Administrative Staff (Human Resources)

During the interview, HR staff indicated the following:

- Prospective hires are required to complete personnel documentation that includes the mandated PREA-related disclosures.
- The agency actively upholds the PREA standards, maintaining a robust and comprehensive system for tracking all required background checks for pre-hires, promotions, and four-year reviews.
- The Auditor reviewed a sample of personnel files and confirmed each contained the required PREA documentation, including completed criminal history checks.
- The three questions outlined in Provision (a) were present and answered in all files reviewed. These questions are also asked, answered, and documented annually for all applicable staff.
- Background checks are required for all new hires, at the time of promotion, and for existing employees every four years.
- Staff are required to report any arrest activity through their chain of command as a condition of employment.
- Upon request, the agency provides information on substantiated allegations of sexual abuse or sexual harassment involving former employees.
- A centralized database tracks the completion and due dates of all background checks, including the four-year criminal history reviews.

Provisions

Provision (a):

The facility's PAQ confirms a prohibition against hiring or promoting individuals who may have contact with inmates if they have:

Engaged in sexual abuse in any correctional or institutional setting as defined in 42 U.S.C. 1997;

Been convicted of sexual activity facilitated by force, coercion, or where the victim could not consent or refuse; or

Been civilly or administratively adjudicated for such conduct.

This was verified during HR interviews. The PAQ reported 155 staff and 29 new hires over the past year, as well as 29 contractors and 20 volunteers (approved, not necessarily active). A random sample of 50 staff records showed all met the requirements, including completed criminal history checks.

Relevant Policies:

Policy 430.00, pp. 7-8, outlines disclosure requirements, mandatory background checks, and hiring prohibitions.

Policy 132.00, p. 2, E(1-3), reiterates these prohibitions for promotions.

Provision (b):

The PAQ states that past incidents of sexual harassment are considered in decisions to hire, promote, or contract with individuals who may have inmate contact. HR interviews confirmed this practice.

Provision (c):

Before hiring individuals with potential inmate contact, the facility:

- Conducts criminal background checks.
- Makes best efforts to contact prior institutional employers for information about substantiated allegations or resignations during sexual abuse investigations.

This was verified during interviews. The PAQ notes 37 hires in the last 12 months.

Relevant Policy: Policy 430.00, p. 8, S.

Provision (d):

Criminal background checks are completed before contracting services that involve inmate contact. The PAQ reflects two such contracts. Contractors are rechecked every four years.

Relevant Policy: Policy 430.00, p. 8, Q.

Provision (e):

Criminal background checks are conducted at least every four years for all employees and contractors with inmate contact. Verified through interviews.

Relevant Policy: Policy 430.00, p. 8, R.

Provision (f):

Applicants and employees must answer questions regarding prior sexual misconduct during application, interviews, and self-evaluations. There is an ongoing duty to disclose such conduct. Verified by HR.

Relevant Policy: Policy 132.00, p. 2, E(1-3).

	Provision (g): The PAQ states that material omissions or the provision of false information related to prior misconduct are grounds for termination. HR interviews confirmed enforcement of this policy. <u>CONCLUSION</u> Based on the review and analysis of all available evidence, the Auditor concludes that the facility exceeds the requirements of PREA Standard §115.17 – Hiring and Promotion Decisions. This determination is due in part to the agency’s proactive policy of conducting criminal background checks every four years—more frequently than the five-year minimum required by the standard.
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENTS</u> In support of compliance with PREA Standard §115.18, the following documents were reviewed: • Pre-Audit Questionnaire (PAQ) and supporting documentation submitted by the facility • West Virginia Division of Correctional and Rehabilitation Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, with specific reference to Section T, page 8 <u>OBSERVATIONS</u> Facility Tour During the facility tour, the auditor directly observed the presence of multiple technologies that contribute to supervision and the prevention of sexual abuse, including: Widespread use of surveillance cameras throughout inmate housing units, program areas, and common spaces Installation of new cameras throughout and security mirrors in blind spots and transitional areas, enhancing visibility for staff and reducing opportunities for

undetected misconduct

These observations confirm the facility's strategic placement and ongoing use of monitoring technologies consistent with PREA requirements.

INTERVIEWS

Facility Head

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

- The facility maintains comprehensive video surveillance coverage, supported by additional physical security tools such as convex mirrors.
- In alignment with PREA standards, any planned construction, renovation, or modification projects are reviewed through the lens of inmate safety and sexual abuse prevention.
- Meetings are routinely held involving executive staff and key supervisory personnel to evaluate physical plant changes, technology needs (including surveillance), and operational practices that may impact safety.

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

PROVISIONS

Provision (a):

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

Policy Reference:

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

Provision (b):

The PAQ also states that the facility has installed or updated its video monitoring systems, electronic surveillance systems, or other monitoring technologies during the same timeframe.

	The camera coverage is robust and the images are clear. The facility maintains a comprehensive monitoring infrastructure and has mechanisms in place for planning and implementing technological enhancements when necessary. <u>CONCLUSION</u> Based on the thorough review of documentation, direct facility observations, and interviews with key staff, the auditor finds sufficient evidence of compliance with Standard §115.18. The facility has established appropriate procedures and oversight mechanisms to ensure that any construction projects, or technology implementations are guided by PREA principles. While no recent physical modifications have occurred, the technological updates have ensured closer accountability and safety for staff and inmates. The facility’s current practices and infrastructure meet the intent and letter of the standard
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENTS</u> The following documents were reviewed to assess compliance with this standard: • Pre-Audit Questionnaire (PAQ) and supporting documentation 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. This policy outlines the procedures and expectations related to evidence collection, investigative responsibilities, and access to victim advocacy and forensic medical examinations. • Agreement between the WVDCR and the West Virginia Foundation for Rape Information and Services (FRIS), which ensures the provision of sexual assault advocacy services to incarcerated individuals. <u>INTERVIEWS</u> PREA Director/Coordinator The Director of PREA Compliance (DPC) affirmed that the agency adheres to a uniform evidence protocol, modeled on national best practices, which is designed to maximize the potential for obtaining usable physical evidence during administrative and

criminal investigations. The protocol also incorporates requirements for conducting forensic medical examinations in accordance with authoritative standards, ensuring trauma-informed and legally sound processes.

PREA Compliance Manager (PCM)

The PCM confirmed the following:

- In the past 12 months, there have been zero forensic examinations conducted at the facility.
- Victim advocacy services are in place and are provided through a formal agreement with the West Virginia Foundation for Rape Information and Services (FRIS).

SAFE/SANE Staff

Sexual Assault Nurse Examiners (SANE) interviewed during the audit indicated that:

- Upon request by an inmate, a victim advocate is made available to provide emotional support, information, and accompaniment during the forensic examination process.
- All forensic examinations of incarcerated individuals are conducted at:
 - J.W. Ruby Memorial Hospital, 1 Medical Center Drive, Morgantown, WV 26506 – (304) 598-4000
- If SAFE/SANE personnel are unavailable, a qualified emergency room physician will conduct the examination.
- Follow-up counseling and mental health support are coordinated through the victim advocate in collaboration with facility-based mental health staff.

Facility staff interviewed demonstrated a clear understanding of:

- Preservation of evidence protocols, including the steps to protect evidence from both the victim and the alleged perpetrator.
- Their roles and responsibilities from the moment a sexual abuse allegation is reported until the case is transferred to investigative or medical personnel.

Inmates Who Reported Sexual Abuse

At the time of the on-site audit, there were no inmates in the facility who had reported sexual abuse within the previous 12 months. Victims who had previously reported abuse had been released prior to the audit; therefore, no inmate interviews were conducted in this category.

PROVISIONS

Provision (a):

The facility reported on the PAQ that administrative investigations are conducted by the agency, while the West Virginia State Police handle criminal investigations.

A uniform evidence protocol is followed by both administrative and criminal investigators.

Policy Reference:

Policy 430.00, p. 18, Section VIII.A.2: Requires designated staff to conduct inquiries into allegations of offender-on-offender harassment.

Policy 430.00, p. 20, Section D: States the DCR shall attempt to make a victim advocate available from a rape crisis center during these investigations.

Provision (b):

The facility reported that it does not house youthful offenders. A review of the inmate roster verified that all inmates were at least 18 years of age.

Nevertheless, the facility's investigative protocol is developmentally appropriate for youthful individuals, in the event one were to be housed in the future.

Policy Reference:

Policy 430.00, p. 19, Section F: Specifies that all investigations shall be conducted in accordance with best practices for sexual assault investigations and adapted from the DOJ's National Protocol for Sexual Assault Medical Forensic Examinations (Adults/Adolescents).

Provision (c):

The facility reported that while zero forensic exams were completed in the past 12 months, victims of sexual abuse have access to forensic medical exams at an external hospital, at no financial cost.

If SAFE/SANE staff are unavailable, examinations are conducted by an ER physician.

Policy References:

Policy 430.00, p. 20, Section I: Stipulates that a victim advocate or qualified staff shall accompany the victim through the forensic medical exam process and investigatory interviews.

Policy 430.00, p. 23, Section B: States that all victims shall be offered access to forensic medical exams at outside facilities by qualified professionals.

Provision (d):

The agreement with FRIS confirms that the facility has secured external victim advocates to support inmates who are victims of sexual abuse.

Policy Reference:

	Policy 430.00, p. 23, Section D: Requires that a victim advocate from a rape crisis center be made available to support victims during examinations and interviews. Provision (e): The FRIS agreement affirms that advocacy services are available to all inmate victims. Policy Reference: Policy 430.00, p. 23, Section D: Specifies that the advocate or qualified staff member shall provide emotional support, crisis intervention, information, and referrals, and accompany the victim during all stages of the forensic and investigatory process. Provision (f): As stated, administrative investigations are conducted by the DCR, while criminal allegations are investigated by the West Virginia State Police. Policy Reference: Policy 430.00, p. 23, Section D: In cases where the DCR does not conduct the investigation, the policy mandates the DCR to request the external investigative agency follow PREA-compliant procedures. Provision (g): (Not Audited) This provision is not required to be audited per PREA audit standards Provision (h): As confirmed in Provision (d), trained victim advocates from FRIS provide advocacy services for incarcerated victims of sexual abuse. This arrangement fulfills the requirement for ongoing, professional victim support. <u>CONCLUSION</u> Based on the review of documentation, staff interviews, and the agreement with FRIS, the auditor concludes that the agency/facility meets the provisions of Standard §115.21: Facility is in full compliance.
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION

The following documents were reviewed in support of this standard:

- Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the facility.
- West Virginia Division of Corrections and Rehabilitation Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022.
- PREA Allegation Investigative Records – Documentation of administrative and criminal investigations conducted in response to reported incidents.
- Investigative Staff Training Curriculum – Materials outlining the training content provided to investigative staff.
- Investigative Staff Training Records – Verification of completed training for designated investigative personnel.

INTERVIEWS

Facility Head or Designee:

The Facility Head's designee affirmed during the interview that every allegation of sexual abuse or sexual harassment is taken seriously and treated as a priority. The designee clearly articulated that all allegations—whether administrative or criminal—are immediately and thoroughly investigated in accordance with agency policy and applicable laws.

Random Staff:

Interviews with randomly selected staff revealed consistent understanding of their obligation to report any knowledge, suspicion, or information related to an allegation of sexual abuse or sexual harassment. Staff members uniformly indicated that they are required to report such incidents as soon as possible, and in every case, prior to the end of their shift.

Investigative Staff:

Investigative staff confirmed that all allegations of sexual abuse and sexual harassment are subject to investigation. Allegations determined to be criminal in nature are promptly referred to the West Virginia State Police for investigation. Allegations that do not rise to the level of a potential crime are investigated internally by facility staff in accordance with agency policy.

PROVISIONS

Provision (a):

According to the PAQ, there was one allegation of staff-on-inmate sexual abuse reported in the past 12 months. This allegation was criminal in nature and was referred to the appropriate external law enforcement agency for prosecution. No forensic medical examinations were conducted during the review period. The facility contracts with SANE personnel at Ruby Memorial Hospital in Morgantown, WV to conduct forensic exams as needed.

	Provision (b): The PAQ and supporting documentation confirm that the agency maintains and enforces a written policy ensuring that all allegations of sexual abuse or sexual harassment are referred for investigation to an external agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. This policy, WV DCR Policy 430.00 (PREA Compliance), Section VIII, 4, states that the Criminal Investigations Division (CID) is primarily responsible for referring criminal allegations and providing investigative support as needed. The policy is publicly available on the agency's website: https://dcr.wv.gov/resources/Pages/prea.aspx. The facility head confirmed that all such referrals are properly documented. Provision (c): In alignment with information provided under Provision (a), the facility conducts administrative investigations internally, while criminal allegations are referred to the West Virginia State Police, ensuring appropriate jurisdictional handling of each case type. Provisions (d) and (e): These provisions are not subject to audit under this standard and were therefore not evaluated. <u>CONCLUSION</u> Based on a comprehensive review of the PAQ, facility policy, investigative records, training documentation, and interviews with facility leadership, staff, and investigators, the Auditor concludes that the agency and facility are in full compliance with the standard. All provisions regarding the referral of allegations for investigation are being met through clearly defined policies, appropriate investigative practices, and staff awareness and implementation of their responsibilities under PREA.
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>Documents:</u> The following documents were reviewed to assess compliance with this standard: • Pre-Audit Questionnaire (PAQ) and supporting documentation. • West Virginia Division of Correctional and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022. • Staff Training Curriculum

- Staff PREA Training Records

Random Staff

Through the interview process, staff members confirmed they attended the initial PREA training when they were hired or when PREA went into effect. All staff interviewed confirmed they receive annual, in-service PREA training, as well as additional shift turnout training. They further confirmed they had PREA training in 2024.

PROVISIONS

Provision (a)

The facility reported on the PAQ that all employees who may have contact with inmates are trained in:

- Zero tolerance policy for sexual abuse and sexual harassment
- How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures
- On inmates' right to be free from sexual abuse and sexual harassment
- On the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment
- On the dynamics of sexual abuse and sexual harassment in confinement
- On the common reactions of sexual abuse and sexual harassment victims
- On how to detect and respond to signs of threatened and actual sexual abuse?
- On how to avoid inappropriate relationships with inmates
- On how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates.
- On how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities

During interviews, all (100%) random staff acknowledged they had received training on the ten items listed in the WCDCCR policy for this standard.

The Auditor reviewed the PREA curriculum and training materials. The core training materials contain all ten of the elements required for this provision. Each of the elements is covered in detail in the training and has incorporated numbered training elements to facilitate retention of the required elements. The level or complexity of the training will depend on the employee's classification with some specialized training curriculum depending on the employee's job responsibilities.

The Auditor reviewed staff training records for staff from various categories. Each reviewed record contained all relevant documentation to reflect the staff had met their initial PREA requirements. In addition, the Auditor also reviewed the signed PREA

Training Certificate Receipt and Understanding for the PREA training for the past twelve months. In each record reviewed the employee had acknowledged receiving the PREA training.

The policies which address this provision are:

West Virginia Division of Correctional and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 8, A, states all employees, contractors, volunteers, mentors, and interns will receive training regarding DCR's zero tolerance policy regarding sexual misconduct. This training should be conducted during orientation, but no later than thirty (30) days after date of hire or enlistment of services.

West Virginia Division of Correctional and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 8, B, states at a minimum, the training shall include the following information: (115.31(a)).

1. Sexual contact with an offender is prohibited.
2. Offender's right to report if sexual contact occurs.
3. The zero-tolerance policy against sexual abuse and sexual harassment within the DCR.
4. How staff are to fulfill their responsibilities under the Division's sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures as defined in this Policy.
5. Offenders right to be free from sexual abuse and sexual harassment.
6. The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
7. The dynamics of sexual abuse and sexual harassment in confinement.
8. The common reactions of sexual abuse and sexual harassment victims.
9. How to detect and respond to signs of threatened and actual sexual abuse.
10. How to avoid inappropriate relationships with offenders.
11. How to communicate effectively and professionally with offenders, including LGBTI or gender nonconforming offenders.
12. How to comply with relevant laws of West Virginia related to mandatory reporting of sexual abuse to outside authorities; and
13. Sexual misconduct in confinement facilities.

Provision (b)

On the PAQ the facility reported the training is tailored to the gender of the inmates in the facility. When employees are reassigned from facilities housing the opposite gender, they are given additional training upon beginning work.

During interviews, all (100%) random staff acknowledged they had received training for the gender of the inmates in the facility.

The training provided by the WVDCR, addresses both male and female issues. The

Auditor reviewed the training materials utilized for the staff. The training materials are consistent with this PREA standard. If an employee is reassigned from a facility that houses a different population composition, that employee is retrained or provided refresher training for the population make-up of the new facility prior to being placed in contact with the inmate population. The training curriculum did include training specific to transgender inmates, as well as cross gender searches.

The policy which addresses this provision is West Virginia Division of Correctional and Rehabilitation, Policy 430.00 Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 9, D, states staff training shall be appropriate to the gender of the offenders within the facility.

Provision (c)

Of the 156 staff presently assigned to the facility, the Auditor reviewed 60 staff training records. In 100% of the records reviewed the staff had received PREA training in the past twelve months. Facility staff also receive refresher training every other year. The Auditor reviewed documents of the last PREA training for 2024. The facility also provides additional PREA training annually, as well as shift training, staff meetings, educational materials, and posters.

The facility reported on the PAQ that staff are given the same training in refresher training that they are taught in Basic Academy.

The policy which addresses this provision is West Virginia Division of Correctional and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 9, E, states the DCR shall provide employees with a yearly refresher to ensure that all employees know the DCR's current sexual harassment policies and procedures. Facilities shall ensure that volunteers and contractors who have contact with offenders have been trained on their responsibilities under the DCR's sexual abuse and sexual harassment prevention, detection and response policies and procedures. The level and type of training provided to volunteers and contractors shall be based on the services that they provide and level of contact they have with offenders, but all volunteers and contractors who have contact with offenders shall be notified on the DCR's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Provision (d)

PREA training requirements mandate attendance at all PREA required training to be documented through employee signature, acknowledging the training they have received. In some instances, employees are required to complete an Acknowledgement of Receipt of Training upon completion of the training. Copies of these receipts were observed in every file reviewed by the Auditor. The receipts contained various dates which reflected separate training sessions.

In instances where a receipt for training material was not required, staff would sign up on a training sheet, verifying their attendance at the required training. The Auditor viewed copies of each training session for the past twelve months, reflecting training

	completed by facility staff. The policy which addresses this provision is West Virginia Division of Correctional and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 9, C, states each facility shall document through a Certificate of Understanding that staff, volunteers, and contract employees have received and understand the training they have received. Documentation will be kept in the employee's training file and a copy will be sent to the Office of PREA Compliance. <u>CONCLUSION</u> Based on the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets every provision of the standard which addresses policies regarding employee training.
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENTS</u> The following documents were reviewed to assess compliance with this standard: • Pre-Audit Questionnaire (PAQ) • West Virginia Division of Correctional and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 • Volunteer/Contractor PREA Training Curriculum • Volunteer/Contractor Training Documentation <u>INTERVIEWS</u> Contractors During the interview process, a contractor confirmed receiving PREA training, noting that the training was specific to their roles and responsibilities within the facility. When asked about their understanding of PREA, the contractor was able to accurately describe what PREA is and, more importantly, articulate their specific role and responsibilities in the event they encountered an incident involving sexual abuse or sexual harassment. Volunteers Similarly, a volunteer interviewed recalled having received PREA training that was tailored to their role in the facility. The volunteer demonstrated a clear understanding of PREA and was able to articulate their responsibilities in situations involving sexual abuse or sexual harassment.

PROVISIONS

Provision (a)

According to the PAQ, the facility reported that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures for the prevention, detection, and response to sexual abuse and sexual harassment. The facility identified a total of 49 volunteers and contractors, with 29 currently active. All active individuals with inmate contact received PREA training within the past 12 months. This was confirmed through interviews with both volunteers and contractors.

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

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

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

Provision (b)

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

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

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

Provision (c)

The PAQ also reported that the agency maintains documentation verifying that volunteers and contractors understand the training they received.

As outlined in Provision (b), each volunteer and contractor file includes a signed acknowledgment of PREA training. This meets the requirement to maintain documentation confirming that the training was received and understood.

	Policy 430.00, Section C, further supports this requirement, stating that facilities must document staff, volunteer, and contractor understanding through a Certificate of Understanding. These certificates are retained in the training file and a copy is forwarded to the Office of PREA Compliance. <u>CONCLUSION</u> Based on the review and analysis of the available evidence, including documents, interviews, and agency policy, the Auditor has determined that the facility meets all provisions of the standard related to volunteer and contractor training.
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENTS</u> The Auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation including: • West Virginia Division of Corrections and Rehabilitation Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022. • PREA Education Brochures in English and Spanish. • Inmate PREA Educational Materials. <u>OBSERVATIONS</u> During the facility tour, the Auditor observed PREA informational postings prominently displayed in housing units and other shared areas. PREA educational materials were available in both English and Spanish and were reviewed by the Auditor for content and accessibility. <u>INTERVIEWS</u> Intake Staff confirmed that inmates receive the A&O (Admission and Orientation) Handbook, which includes PREA information. Inmates sign an acknowledgment form that is retained in their institutional file. Random Inmates (30 total interviewed) all reported that they received PREA materials upon arrival, including information about the facility's zero-tolerance policy and methods for reporting sexual abuse or harassment. <u>PROVISIONS</u>

Provision (a)

Inmates receive information at intake explaining:

- The agency's zero-tolerance policy on sexual abuse and sexual harassment.
- How to report incidents or suspicions of sexual abuse or harassment.
- The PAQ and intake staff confirm that this information is provided within 24 hours of arrival. Auditor-reviewed records for 50 inmates confirmed 100% received PREA intake materials within 24 hours.

Policy 430.00, Section IV(A), affirms that inmates are to receive this information during intake, and annually thereafter if applicable, using verbal, written, and clearly understood formats.

Provision (b)

Comprehensive education is provided to inmates with a stay longer than 30 days. The PAQ states 1,075 inmates met this criterion over the past year, all of whom received:

- PREA brochures (rights, zero-tolerance, retaliation protections, reporting procedures).
- Orientation handbook (agency policies and response procedures).
- Intake staff confirmed additional topics covered, including staff gender presence in housing units and basic investigation processes.

Provision (c)

Comprehensive PREA education is delivered within 30 days of arrival. The PAQ and interviews confirm this requirement is consistently met, regardless of whether the inmate is a new intake or transfer.

Policy 430.00, Section IV(B), mandates this education upon facility transfer, with provision of a handbook and PREA training.

Provision (d)

The facility ensures PREA education is accessible to all inmates:

- Limited English Proficient inmates receive materials in Spanish; LanguageLine is available for other languages, including ASL.
- Hearing Impaired inmates receive visual materials and Video Remote Interpreting.
- Visually Impaired inmates receive audio materials and Braille documents.
- Cognitively impaired or inmates with limited reading skills receive information audibly from staff or videos.

Policy 430.00 requires education to be communicated verbally, in writing, and in a language clearly understood by the offender.

	Provision (e) Documentation of PREA education is maintained: • Auditor-reviewed 50 inmate records for both intake and 30-day education confirmed 100% compliance. • PCM also verified maintenance of this documentation. Policy 430.00, Section N, requires accommodations for disabilities and alternative formats, with ongoing availability of key information. Provision (f) PREA policy information is continuously and readily available through: • Posters throughout the facility. • Inmate handbooks. • Additional written formats. The Auditor verified this during the facility tour. <u>CONCLUSION</u> Based on the review of policy, documentation, interviews, and facility observations, the Auditor concludes that the agency/facility meets all requirements of Standard §115.33 – Inmate Education.
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENTS:</u> • Pre-Audit Questionnaire (PAQ) and supporting documentation • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 • Investigative Staff Training Records • Investigative Staff Training Curriculum <u>INTERVIEWS</u> Investigative Staff The Auditor conducted interviews with assigned investigative staff and reviewed

corresponding training records and curricula. Through this process, it was confirmed that all investigators assigned to conduct sexual abuse investigations within the facility have received the required specialized training and meet all training requirements outlined in PREA standards and agency policy.

PROVISIONS

Provision (a):

The PAQ affirms that, in addition to the general PREA training provided to all staff, the agency ensures that any investigators who conduct sexual abuse investigations in confinement settings receive specialized training. This includes topics specific to confinement environments and the unique dynamics of sexual abuse within them.

The Auditor verified through the review of sign-in sheets and training materials that investigative staff completed both the general PREA training required of all WVDCR employees, contractors, and volunteers, as well as specialized investigative training. This was corroborated by documentation reviewed and is in alignment with the requirements outlined in WVDCR Policy 430.00, PREA Compliance (October 7, 2022).

According to Policy 430.00 (pp. 9–10, Section F), in addition to general PREA training provided under §115.31, WVDCR ensures that investigative personnel receive additional specialized training focused on conducting sexual abuse investigations within confinement settings. The policy specifies that the Corrections Investigation Division (CID) is responsible for ensuring this specialized instruction, which must be documented in each investigator's training file, with a copy submitted to the Office of PREA Compliance. The required training includes, but is not limited to:

- Interviewing sexual abuse victims
- Proper use of Miranda and Garrity warnings
- Sexual abuse evidence collection in confinement settings
- Criteria and evidentiary standards required for substantiating cases for administrative or prosecutorial action

Provision (b):

The PAQ confirms that the specialized training curriculum covers all four required content areas: victim interviewing techniques, legal warnings (Miranda and Garrity), evidence collection within confinement, and criteria for case substantiation. See Provision (a) for full policy reference and training content details.

Provision (c):

The agency maintains documentation verifying the completion of this specialized training by all investigative staff. During the audit, the Auditor reviewed individual training records and certifications to confirm that investigators received and completed all required instruction. See Provision (a) for documentation and policy details.

Provision (d):

	This provision is not applicable to the audit and was not assessed. <u>CONCLUSION:</u> Based on a thorough review of the PAQ, agency policy, training records, curriculum content, and interviews with investigative staff, the Auditor has determined that the agency/facility fully meets the requirements of Standard §115.34 – Specialized Training: Investigations. All investigators assigned to investigate allegations of sexual abuse and sexual harassment within the facility have completed the required specialized training, and the agency maintains adequate documentation to support compliance with this standard
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENTS:</u> The Auditor reviewed the following documentation relevant to this standard: • Pre-Audit Questionnaire (PAQ) and accompanying supporting materials. • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022. • Medical Training Curriculum. • Medical and Mental Health Training Certificates. <u>INTERVIEWS:</u> Medical/Mental Health Practitioners Interviews were conducted with medical and mental health staff members assigned to the facility. The Auditor confirmed through these interviews, along with a review of training documents, that each practitioner had received the appropriate training required under PREA and agency policy. <u>PROVISIONS</u> Provision (a): The facility reported in the PAQ that WVDCR maintains a policy addressing the specialized training of medical and mental health care staff. According to facility records, there medical and mental health practitioners work regularly at the facility, and all were reported to have completed the required PREA training.

Policy 430.00, Section G (page 10), outlines that all full-time and part-time medical and mental health employees must receive, in addition to general PREA orientation, specialized training focused on responding to sexual abuse and harassment. This training must be provided by a qualified individual and completed no later than one month from the employee's date of hire. Importantly, the policy also states that contractual medical staff are not authorized to perform forensic examinations.

Specialized training is required to cover the following topics:

- How to preserve physical evidence of sexual abuse.
- How to respond effectively and professionally to victims of sexual abuse and sexual harassment.
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.
- Interviews, combined with supporting documentation, confirmed the medical/ mental health practitioners' staff received both general and specialized PREA training.

Provision (b):

This provision is not applicable. According to agency policy and facility procedures, all medical staff are prohibited from conducting forensic medical examinations. This responsibility refers to appropriate external medical professionals trained in forensic evidence collection.

Provision (c):

The PAQ indicates that the agency retains documentation verifying completion of specialized training by all medical and mental health staff.

Interviews and a review of available training records confirmed that medical and mental health practitioners recalled attending the required training sessions. Training documentation is maintained in individual employee files as required by WVDCR policy.

Provision (d):

In addition to specialized training, medical and mental health staff are also required to receive the general PREA training mandated for all WVDCR employees, contractors, and volunteers. This was verified through both documentation and staff interviews.

The Auditor reviewed sign-in sheets and training materials, which confirmed that medical and mental health personnel received this general training. The content of this training aligns with PREA standards and agency policy requirements.

	<u>CONCLUSION:</u> After reviewing the PAQ, supporting documentation, training materials, and conducting staff interviews, the Auditor finds that the facility and the agency are in compliance with PREA Standard §115.35 – Specialized Training: Medical and Mental Health Care.
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENTS</u> The following documents were reviewed in relation to compliance with PREA Standard §115.41 – Screening for Risk of Victimization and Abusiveness. • Pre-Audit Questionnaire (PAQ) and supporting documentation • West Virginia Division of Corrections and Rehabilitation (WVDCR), Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 • WVDCR Policy 401.13 – Special Attention & Special Needs Alerts, dated August 29, 2022 • Risk Screening Instrument • 30-Day Risk Reassessment Instrument <u>OBSERVATIONS</u> During the on-site audit, the Auditor engaged in informal discussions with facility staff regarding intake procedures and risk screening practices <u>INTERVIEWS</u> PREA Director of Compliance (DPC) The DPC confirmed that medical, mental health, classification staff, and the PREA Compliance Manager (PCM) have access to risk screening information on a need-to-know basis. This information is used strictly for purposes related to treatment, housing, security, and management decisions such as work, education, and program assignments. The DPC also affirmed that WVDCR does not detain individuals solely for civil immigration purposes. Risk Screening Staff Staff responsible for conducting risk screenings reported that the initial screening is completed within 24 hours of an inmate’s arrival. Factors considered include prior sexual victimization, convictions for violent offenses, and institutional history of

violence or abuse. A follow-up screening is conducted within 30 days. Additional reassessments occur when there is a PREA-related allegation, when an inmate returns to the facility, or when new safety-related information arises. Transgender individuals are assessed within 24 hours, within the first 30 days, and every six months thereafter.

Screening staff emphasized that inmates are not disciplined for refusing to answer assessment questions. Instead, staff attempt to explain the purpose of the question and re-engage the inmate, but no punitive action is taken for non-responsiveness.

PREA Compliance Manager (PCM)

The PCM stated the risk assessment process is used to enhance inmate safety by identifying those at elevated risk for sexual victimization or abusiveness. Information gathered during screening informs decisions about housing, program participation, and supervision. Medical, mental health, and classification staff are permitted to access this information, strictly on a need-to-know basis for treatment and security purposes.

Random Inmates

Randomly selected inmates recalled being asked screening questions related to sexual safety concerns, self-harm, previous victimization, incarceration history, sexual orientation, and gender identity. They reported having received the initial assessment within 72 hours and a 30-day reassessment within a few weeks of arrival.

PROVISIONS

Provision (a)

The PAQ and staff interviews confirmed that all inmates are screened upon admission or transfer using a standardized process for identifying risk of sexual victimization or abusiveness. Inmate interviews corroborated that they were asked questions aligned with the screening criteria. Relevant policies include:

WVDCR Policy 430.00, Sections V.A and V.C, require that all offenders are screened individually in a private setting during intake or transfer, using a standardized tool that covers 10 key risk factors, including LGBTI identification, history of victimization, perceived vulnerability, age, physical build, criminal history, and immigration status. WVDCR Policy 401.13, Section I, mandates alerts in the Offender Information System (OIS) for individuals identified as needing special attention, including due to risk factors identified through PREA screening.

Provision (b)

The PAQ states that screenings are completed within 72 hours of intake. Facility data indicated that 100% of 4,849 inmates in the last 12 months were screened within this timeframe. This practice aligns with:

WVDCR Policy 430.00, Section V.B.1.

Provision (c)

The facility uses an objective screening instrument, verified through review of the screening tool (PREA Manual Attachment 3DCR). Reassessments are conducted within 30 days of intake.

Provision (d)

The screening instrument includes, at a minimum, assessment of mental/physical/developmental disability, age, physical build, incarceration history, nonviolent criminal history, sex offense history, LGBTI status, prior sexual victimization, and self-perceived vulnerability.

Provision (e)

The assessment considers prior acts of sexual abuse, violent offense convictions, and institutional history, as known to the agency. These were confirmed through both interviews and review of the screening tool.

Provision (f)

Per the PAQ and staff interviews, reassessments occur within 30 days of arrival and upon receipt of new relevant information. This is supported by:

WVDCR Policy 430.00, Section V.G, which outlines the reassessment timeline and criteria, including use of additional records, interviews, and medical/mental health screenings.

Provision (g)

Risk reassessments are triggered by events such as referrals, requests, sexual abuse incidents, or new information. This practice is confirmed by:

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

Provision (h)

The PAQ and staff interviews verified that inmates are not disciplined for refusing to answer screening questions. Housing decisions in such cases are based on available information. Policy reference:

WVDCR Policy 430.00, Section V.F.

Provision (i)

The PAQ indicates that 100% of inmates with a stay longer than 30 days were reassessed within that timeframe, based on additional information. This aligns with:

WVDCR Policy 430.00, Section V.F, which also prohibits inappropriate dissemination of sensitive information.

CONCLUSION

Based on comprehensive document review, staff and inmate interviews, and on-site observations, the Auditor concludes that the facility meets all provisions of PREA Standard §115.41 – Screening for Risk of Victimization and Abusiveness.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENTS</u> The following documents were reviewed to assess compliance with PREA Standard §115.42 – Use of Screening Information: • Pre-Audit Questionnaire (PAQ) and supporting documentation • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 • Inmate Records • Inmate Roster • Notes from interviews with the PREA Coordinator/Director of PREA Compliance (DPC), PREA Compliance Manager (PCM), risk screening staff, and a transgender inmate <u>INTERVIEWS</u> Director of PREA Compliance (DPC): The DPC explained that, per WVDCR policy, an inmate’s gender is initially recorded based on their legal sex assignment. However, all subsequent classification decisions are made individually to promote safety for all inmates. The DPC emphasized that transgender and intersex inmates’ personal views on their safety are given substantial weight in making housing and programmatic decisions. These assessments are re-evaluated at least every six months or after any incident involving sexual abuse or misconduct. No dedicated unit exists for LGBTI inmates, and such placements would only occur based on individualized risk—not solely on identity. Risk Screening Staff: Risk screening personnel consistently reported that decisions involving transgender and intersex inmates are guided by individualized assessments and consideration of each inmate’s self-identified safety concerns. These determinations are informed by formal screening tools, personal interviews, and regular reassessments occurring no less than twice per year, or as needed following any incident or new information. PREA Compliance Manager (PCM): The PCM confirmed that screening outcomes directly impact housing, work, educational, and program assignments. Particular attention is given to separating inmates at high risk of victimization from those at risk of being sexually abusive. The PCM further confirmed that the facility takes transgender and intersex inmates’ views seriously when evaluating safety and security considerations.

Transgender Inmate:

The transgender inmates interviewed reported satisfaction with current housing and shower accommodations. They indicated that they had not been segregated based on their identity and were housed within the general population. Their statements aligned with the current housing data reviewed by the Auditor.

PROVISIONS**Provision (a):**

The PAQ, Policy 430.00 (p. 14, Section I), and interviews with staff confirm that information from risk screenings is used to guide housing, work, education, and program assignments. The facility uses this information to appropriately separate inmates at high risk of victimization from those with a history or risk of abusiveness.

Provision (b):

Individualized determinations for housing and placement are a routine part of the facility's practice. This is confirmed in interviews with the PCM and screening staff and supported by policy.

Provision (c):

Housing and program assignments for transgender and intersex inmates are made on a case-by-case basis, with efforts focused on safety and the avoidance of undue management complications. This is confirmed by the PAQ, interviews, and Policy 430.00 (p. 14, Section K).

Provision (d):

Transgender and intersex inmates undergo classification reassessments at least every six months or more frequently if a safety concern or incident arises. This process is validated by staff interviews, the PAQ, and is explicitly detailed in Policy 430.00 (p. 14, Section L).

Provision (e):

The facility places significant weight on the expressed safety concerns of transgender and intersex inmates. The risk screening process incorporates these views, and this practice is upheld by both policy and direct staff reports.

Provision (f):

Transgender and intersex inmates are allowed the opportunity to shower separately. The PCM and risk screening staff confirmed this, and it was validated through interviews with transgender inmates. Policy 430.00 (p. 14, Section L) mandates these privacy accommodations.

Provision (g):

The PAQ, interviews, and Policy 430.00 affirm that the facility does not house LGBTI inmates in separate or dedicated housing units solely based on their sexual orientation or gender identity. Segregated housing may only be used if a legitimate safety concern exists and only after individualized assessment. This was also confirmed during the review of the inmate roster.

	<u>CONCLUSION</u> Based on the thorough review of documentation, interviews, facility practices, and policy, the Auditor concludes that the agency/facility meets all provisions of PREA Standard §115.42 – Use of Screening Information. The facility demonstrates a clear and consistent commitment to ensuring inmate safety through individualized, policy-driven screening and placement processes that take into account known risk factors and the expressed safety concerns of vulnerable populations, including transgender and intersex individuals.
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENTS</u> The following documents were reviewed to assess compliance with PREA Standard §115.43 – Protective Custody: • Pre-Audit Questionnaire (PAQ) and supporting documentation were reviewed. • West Virginia Division of Corrections and Rehabilitation Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, was examined for provisions relevant to this standard. <u>INTERVIEWS</u> Facility Head or Designee The Facility Head confirmed during interviews that all placements into segregated housing are documented and reviewed at least every 30 days, regardless of the reason for placement. Staff Supervising Inmates in Segregated Housing Through formal interviews and informal discussions, staff consistently reported that no inmates had been involuntarily placed in segregation due to sexual abuse or retaliation concerns. Inmates in Segregated Housing At the time of the on-site audit, there were no inmates in segregation due to allegations of sexual abuse. All individuals in the segregation unit were housed there either administratively or as a result of disciplinary action. PREA Compliance Manager (PCM) The PCM affirmed that in the past 12 months, no inmates had been placed in protective custody or in administrative/punitive segregation due to sexual

victimization or risk thereof.

PROVISIONS

Provision (a):

The PAQ and facility interviews confirmed the facility adheres to a strict policy prohibiting the placement of inmates at risk for sexual victimization in involuntary segregation unless no alternative exists. The agency's policy (Policy 430.00, p. 14, Section M) requires an assessment of all alternatives prior to placement. If immediate assessment is not feasible, temporary placement in involuntary segregation is limited to no more than 24 hours. The PCM and Facility Head verified that no such placements had occurred in the past 12 months.

Provision (b):

The PAQ indicated that if placement in segregated housing is necessary for protection, the inmate will retain access to programs, privileges, education, and work to the extent possible. This is supported by Policy 430.00 (p. 15, Section O), which also requires documentation when limitations occur. The Facility Head verified that these requirements would be followed in the event of such a placement.

Provision (c):

The facility reported zero instances in the past year of inmates at risk for sexual victimization being held in involuntary segregation beyond 30 days while awaiting alternative placement. This was verified by the PCM. See Provision (b) for relevant policy guidance.

Provision (d):

There were no placements in involuntary administrative or punitive segregation beyond 30 days related to risk of sexual victimization, as reported in the PAQ and verified by staff. Policy 430.00 (pp. 14-15, Section N, 1-3) mandates specific documentation for such cases, including the basis for concern, alternatives considered, and reasons alternatives were not viable.

Provision (e):

The facility reported no placements in protective custody during the past year in accordance with this standard, confirmed by the PCM. Policy 430.00 (p. 15, Section O) outlines expectations for ongoing review every 30 days and mandates reporting such placements to the PCM within 24 hours.

CONCLUSION

Based on the thorough review of policy documents, the PAQ, and interviews with facility leadership, staff, and the PREA Compliance Manager, the Auditor concludes that the facility meets all provisions of PREA Standard §115.43 – Protective Custody. The facility has demonstrated a strong commitment to ensuring that inmates at risk of sexual victimization are not placed in involuntary segregation except as a last resort, and has clear policy and procedural safeguards in place to uphold the standard.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENTS</u> The following documents were thoroughly reviewed to assess the facility's compliance with PREA Standard §115.51 – Inmate Reporting: • Pre-Audit Questionnaire (PAQ) and accompanying documentation. • West Virginia Division of Corrections and Rehabilitation Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022. • Offender Orientation Materials in both English and Spanish. • Contractual Agreement between the agency/facility and the West Virginia Foundation for Rape Information and Services (WV FRIS) to provide inmate access to a confidential, external emotional support <u>OBSERVATIONS</u> During the on-site audit, the Auditor observed that PREA-related information was widely posted and easily accessible throughout the facility. Notices were displayed in English and Spanish in housing units, communal areas, the intake and booking areas, hallways, the dining area, and other shared spaces. Inmate telephone access was also assessed. The Auditor tested phones in multiple housing units, confirming that all units had working telephones that inmates could use to make outgoing calls, including calls to the confidential external PREA hotline. <u>INTERVIEWS</u> PREA Compliance Manager (PCM): The PCM confirmed that inmates may report sexual abuse, harassment, or retaliation to the State PREA Director, WV Fusion Center or through internal reporting channels. The PCM emphasized the availability of multiple avenues for inmates to report confidentially to both internal and external sources. Random Staff: Staff interviews reflected a strong understanding of their responsibilities under this standard. Staff consistently reported that they would immediately accept and report allegations from inmates, whether verbal, written, anonymous, or third-party. Staff also identified multiple reporting options available to inmates, including telling any staff member, using the PREA hotline, informing a family member, or writing to the PREA Director. Staff additionally recognized the availability of private reporting mechanisms for employees to report sexual abuse or harassment, including direct contact with supervisors, the PCM, or external agencies.

Random Inmates:

Inmates interviewed demonstrated clear awareness of the facility's reporting options. Common responses included reporting through the hotline, informing staff, asking a family member to call, or writing to the posted address (PREA Director). Inmates also acknowledged awareness of an external organization (WV FRIS), which they identified as providing emotional support

PROVISIONS**Provision (a):**

The PAQ, corroborating documentation, and interviews confirm that the facility offers multiple, confidential avenues for reporting sexual abuse, harassment, retaliation, or staff misconduct. These include both internal contacts and external reporting options, such as toll-free calls to the WV Fusion Center by dialing #01 from any inmate phone

Policy Reference: Policy 430.00, p. 15, VI, A – affirms inmates are provided multiple internal and external means to privately report sexual abuse and related concerns. It also includes provisions for civil immigration detainees to contact relevant officials.

Provision (b):

The agency provides inmates with a method to report abuse or harassment to an external public or private organization unaffiliated with the agency. This includes the contracted services of WV Fusion Center which offers a toll-free, confidential hotline. The PCM confirmed this relationship and reporting mechanism.

Policy Reference: Policy 430.00, p. 15, VI, A – requires at least one external reporting option that maintains offender anonymity if requested.

Provision (c):

The facility ensures staff are trained to accept reports through multiple formats, including verbal, written, anonymous, and third-party. Staff are required to document all verbal reports without delay. Interviews with random staff confirmed these practices are understood and implemented consistently.

Policy Reference: Policy 430.00, p. 15, VI, B – mandates that all employees, contractors, volunteers, and interns are mandatory reporters who must accept and document reports regardless of the source or method.

Provision (d):

The PAQ and PCM interview confirmed that the agency has procedures in place for staff to make private reports of inmate sexual abuse or harassment. Staff may report directly to supervisors, the facility PCM, the State PREA Director, or the external partner (WV Fusion Center)

Policy Reference: Policy 430.00, p. 15, VI, B – outlines staff responsibilities and provides mechanisms for private reporting.

CONCLUSION

	Based on document review, facility observations, and interviews with staff and inmates, the Auditor concludes that the agency/facility fully meets the requirements of PREA Standard §115.51 – Inmate Reporting. The facility has implemented multiple, accessible, and confidential methods for both inmates and staff to report sexual abuse and harassment. The agency’s policy aligns with the standard, and evidence supports consistent application in practice
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENTS</u> The following documents were reviewed to assess the agency/facility’s compliance with PREA Standard §115.52 – Exhaustion of Administrative Remedies: • Pre-Audit Questionnaire (PAQ) and supporting documentation. • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022. <u>INTERVIEWS</u> Random Staff: During staff interviews, employees consistently demonstrated knowledge of the procedures regarding the submission of grievances related to sexual abuse and imminent risk of sexual abuse. Staff verified: • Inmates are permitted to submit grievances to report allegations of sexual abuse, including those involving an imminent threat. • Emergency grievances are addressed in accordance with established timeframes. • Supervisors are aware of and comply with the required timelines for responding to emergency grievances alleging an imminent risk of sexual abuse. Random Inmates: Inmate interviews confirmed the following: • Inmates are aware they may file grievances to report incidents of sexual abuse or to report the risk of imminent sexual abuse. • All inmates interviewed demonstrated familiarity with the grievance process,

although none reported having submitted a PREA-related grievance.

- Inmates reported that notifying a staff member immediately was the quickest method of reporting abuse.
- Several inmates also indicated they would use the PREA hotline for privacy.
- Inmates were aware that they could submit reports anonymously.

Inmates Who Reported Sexual Abuse:

At the time of the on-site audit, there were no inmates in the facility who had reported sexual abuse. As a result, no interviews were conducted in this category.

PROVISIONS

Provision (a):

The facility confirmed in the PAQ that sexual abuse and sexual harassment are recognized as grievable issues. When an allegation of sexual abuse is submitted via grievance form, it is treated as a formal report and forwarded immediately for investigation, bypassing the standard grievance process. Staff interviews confirmed this practice.

Policy Reference: WVDCCR Policy 430.00, p. 16, Section D – States that offenders may report sexual abuse via the grievance process, and such grievances are forwarded directly to the Superintendent or designee for immediate action. There is no time limit for submitting a grievance related to sexual abuse.

Provision (b):

The PAQ confirms that the agency permits inmates to:

Submit grievances related to sexual abuse without time restrictions.

Bypass any informal grievance resolution requirements when reporting sexual abuse.

Policy Reference: Policy 430.00, p. 16, Section D – States the DCR shall not require an offender to use any informal grievance process or to otherwise attempt to resolve an incident with staff before submitting a formal grievance related to sexual abuse.

Provision (c):

The facility ensures that grievances alleging sexual abuse:

Do not have to be submitted to the staff member who is the subject of the complaint.

Are never referred to the staff member who is the subject of the allegation.

Policy Reference: Policy 430.00, p. 16, Section D (1-2) – Affirms that grievances may be submitted without involvement from the staff member named in the allegation.

Provision (d):

According to the PAQ, there were zero grievances alleging sexual abuse submitted in the past 12 months.

Policy Reference: Policy 430.00, p. 16, Section E – Requires the DCR to issue a final agency decision on the merits of any portion of a grievance related to sexual abuse within 90 days of initial filing.

	Provision (e): The PAQ further notes that in the past 12 months, no grievances were submitted by third parties on behalf of inmates that resulted in a documented declination of third-party assistance. Policy Reference: Policy 430.00, p. 16, Section F – Allows third parties, including family, staff, and advocates, to assist with or file grievances on behalf of inmates. Declination of such assistance must be documented, and allegations are referred to CID for potential investigation. Provision (f): No emergency grievances alleging substantial risk of imminent sexual abuse were reported during the past 12 months. Policy Reference: Policy 430.00, p. 16, Section G – Requires that emergency grievances be forwarded for immediate action. An initial response must be provided within 48 hours, and a final decision must be rendered within five calendar days, documenting the risk assessment and actions taken. Provision (g): The PAQ confirms there were zero instances in the past 12 months where an inmate was disciplined for filing a grievance related to sexual abuse in bad faith. Policy Reference: Policy 430.00, p. 16, Section H – States that offenders may only be disciplined for filing such grievances when it can be demonstrated that they did so in bad faith. <u>CONCLUSION</u> Based on the review of relevant documentation, facility observations, and interviews with staff and inmates, the Auditor concludes that the agency/facility meets all provisions of PREA Standard §115.52 – Exhaustion of Administrative Remedies. The facility’s policy and practice align with the standard's intent to ensure safe, confidential, and unrestricted access to the grievance process for reporting sexual abuse and related concerns.
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENTS</u> To assess the agency/facility’s compliance with PREA Standard §115.53, the following documents were reviewed:

- Pre-Audit Questionnaire (PAQ) and all supporting documentation
- West Virginia Division of Corrections and Rehabilitation Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022
- Executed contract between the agency/facility and the West Virginia Foundation for Rape Information and Services (FRIS)
- “Reporting is the First Step” informational materials provided to inmates
- Outside Confidential Support Services Agency informational flyer
- Inmate Intake Package detailing PREA education and access to support services

These documents collectively demonstrate the agency’s efforts to ensure inmates are informed of and have access to outside emotional support services following incidents of sexual abuse or harassment.

OBSERVATIONS

During the onsite facility tour, the Auditor observed that PREA-related information, including instructions for reporting and access to confidential support services, was prominently displayed throughout inmate-accessible areas. Notices were posted in housing units, dayrooms, intake areas, and near telephones.

Inmate telephones were inspected and tested. The Auditor verified that the telephones were functional and successfully placed a test call to the West Virginia Foundation for Rape Information and Services hotline (*9088). The call connected without requiring the input of personal identifying information, and an advocate responded without requesting such details. This confirmed the accessibility and confidentiality of the service.

INTERVIEWS

Random Inmates:

All inmates interviewed were aware of the toll-free hotline and mailing address to contact an external organization in the event of sexual abuse or harassment. Each inmate affirmed the confidentiality of calls placed to outside support agencies, specifically referencing FRIS and HOPE, Inc.

PREA Compliance Manager (PCM):

The PCM confirmed that the facility does not detain individuals solely for civil immigration purposes. The PCM also stated the agency has a formal agreement with FRIS, which provides emotional support services via hotline (*9088). The hotline is recorded and monitored, as disclosed to inmates during intake.

Intermediate- or Higher-Level Staff:

Staff interviews and informal conversations confirmed that facility staff perform routine checks on inmate telephones to ensure functionality. Staff were aware of inmates' rights to access outside support agencies and the importance of preserving

confidentiality to the extent possible.

PROVISIONS

Provision (a):

The facility demonstrates compliance with this provision by ensuring that inmates have access to outside victim advocates for emotional support services related to sexual abuse. This is accomplished through:

- Providing inmates with mailing addresses and toll-free numbers for local and state rape crisis centers, including FRIS and HOPE, Inc.
- Allowing inmates to make confidential calls from any facility telephone to the FRIS hotline (*9088).
- Offering additional emotional support resources through HOPE, Inc., via a toll-free hotline (304-367-1100).
- Posting PREA support service information throughout the facility and including it in the inmate intake package.
- The FRIS hotline provides 24-hour access to trained advocates and allows inmates to call anonymously. No personal details are required for the call. According to the
- “Reporting is the First Step” material, these calls are free of charge.

Relevant policy excerpts from West Virginia DCR Policy 430.00 include:

Page 11, Section 5: Facilities must provide immigrant detainees contact information for immigration service agencies and allow confidential communication when applicable.

Page 11, Section 3: Inmates must be informed of the extent to which communications with outside support organizations are monitored and whether reports are subject to mandatory reporting requirements.

Provision (b):

The facility fulfills this requirement by informing inmates, before granting access to support services, of the limits to confidentiality. These limits are clearly outlined in the HOPE, Inc. informational materials and reiterated during intake.

Specifically, inmates are advised that support agency staff are mandated to report disclosures involving:

Suspected abuse or neglect of a child or vulnerable adult

Intent to harm oneself or others

During interviews, all inmates demonstrated awareness of these confidentiality limitations.

The PAQ and interviews confirm that the facility has communicated this information effectively and in accordance with PREA requirements. Policy 430.00, p. 15, VI(A), further mandates that inmates be given at least one method to report abuse anonymously to an outside public or private entity capable of forwarding such reports

	to DCR officials. Provision (c): The facility maintains an active contract with the West Virginia Foundation for Rape Information and Services, which serves as the designated outside victim support agency. FRIS provides trained advocates and a monitored hotline, available via inmate phones. The following policies support this provision: Policy 430.00, p. 16, Section I: The DCR shall maintain or pursue memoranda of understanding with community organizations capable of providing confidential emotional support to offenders. Policy 430.00, p. 16, Section I (continued): Facilities detaining immigrant populations are required to provide contact information for consular and immigration officials. A current copy of the FRIS contract is on file and confirms the scope of services provided, including access to confidential emotional support services for sexual abuse, both past and present. <u>CONCLUSION</u> Based on document review, facility observations, and interviews with staff and inmates, the Auditor concludes that the agency/facility meets all provisions of PREA Standard §115.53 – Inmate Access to Outside Confidential Support Services. The facility has successfully implemented policies, procedures, and contractual relationships that ensure inmates are provided confidential access to victim support services. These services are clearly communicated, readily available, and administered in compliance with federal PREA standards.
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENTS</u> To assess the agency/facility’s compliance with PREA Standard §115.54 – Third-Party Reporting, the Auditor reviewed the following documents: • Pre-Audit Questionnaire (PAQ) and all associated supporting documentation submitted by the facility • 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 official website: www.dcr.wv.gov

INTERVIEWS

Random Inmates:

Inmate interviews demonstrated a general awareness of third-party reporting options. When asked about the concept of third-party reporting, inmates expressed an understanding that it refers to someone else—typically a family member or outside party—reporting abuse or harassment on their behalf.

Several inmates identified specific individuals, such as a grandmother or mother, whom they would feel comfortable asking to report an incident if they were unable or unwilling to do so themselves. This suggests that the concept has been effectively communicated and that inmates recognize viable third-party avenues for reporting.

PROVISIONS

Provision (a):

The Pre-Audit Questionnaire indicates that the facility enables and supports third-party reporting through multiple channels, including prominently posting instructions and maintaining relevant information on the West Virginia DCR website.

The DCR website explicitly states:

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

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

In your email, please include the following details:

- A description of the incident
- Name of the victim (if known)
- Name of the suspected perpetrator (if known)
- Date and time of the alleged incident

If requested, your anonymity will be protected."

This public-facing guidance ensures that third-party individuals can confidentially report incidents involving sexual abuse or harassment, regardless of whether they are inside or outside the correctional system.

Relevant Policy Language:

West Virginia DCR Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, p. 5,

	Section b, states: "All employees, contractors, volunteers, and interns are mandatory reporters and shall accept verbal, written, anonymous, and third-party allegations from offenders who observe, are involved in, or have any knowledge, information, or suspicion of sexual abuse, harassment, or an inappropriate relationship. All reports shall be promptly documented and reported to the Superintendent and facility PREA Compliance Manager. Staff may be subject to disciplinary action for failure to report such conduct. Unless otherwise precluded by federal, state, or local law, medical and mental health practitioners shall be required to report sexual abuse." This policy aligns with the PREA standard by clearly mandating the acceptance and documentation of third-party reports. It also emphasizes staff responsibility and reinforces the agency's zero-tolerance stance. Inmate interviews, facility documentation, and posted materials within the facility reflect that third-party reporting is both available and actively supported by the institution. The reviewed materials confirmed that the agency has clearly established and communicated third-party reporting mechanisms. These mechanisms are accessible to family members, friends, attorneys, advocacy organizations, and others who may wish to report sexual abuse or harassment on behalf of an incarcerated individual. The DCR website outlines reporting procedures for third parties and provides specific contact information for the state's PREA Coordinator, as well as detailed instructions for submitting allegations electronically or by phone. <u>CONCLUSION</u> Based on the review of agency policies, public information on the DCR website, and interviews with staff and inmates, the Auditor concludes that the agency/facility meets all provisions of PREA Standard §115.54 – Third-Party Reporting. The agency has implemented appropriate procedures to ensure that third-party individuals have the ability to confidentially report allegations of sexual abuse or harassment. The mechanisms are clearly posted, accessible, and have been communicated effectively to the inmate population.
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115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENTS

To assess compliance with PREA Standard §115.61, the following documents were reviewed:

- Pre-Audit Questionnaire (PAQ) completed by the facility, including supporting materials and self-reported compliance measures.
- West Virginia Division of Corrections and Rehabilitation Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022.

These documents outline the agency's mandatory reporting requirements, staff training expectations, and processes for handling allegations of sexual abuse and sexual harassment, including third-party and anonymous reports. They also establish guidelines for medical and mental health practitioners regarding their obligations under mandatory reporting laws.

INTERVIEWS

PREA Director / PREA Coordinator (DPC)

The Director of PREA Compliance confirmed that the facility promptly reports all allegations of sexual abuse or sexual harassment, regardless of the source—including third-party, anonymous, and verbal reports. The DPC emphasized that all such reports are forwarded to the facility's designated PREA investigator, in alignment with agency policy and PREA requirements.

Medical and Mental Health Practitioners

Licensed medical and mental health staff demonstrated a clear understanding of their legal and ethical responsibilities to report any allegations of sexual abuse. Each practitioner consistently reported that they inform inmates of the limits of confidentiality prior to delivering services. They were also able to articulate their role as mandatory reporters under both state law and agency policy.

Facility Head

The Facility Head confirmed their knowledge of and adherence to PREA policy regarding immediate reporting of all sexual abuse and sexual harassment allegations. The Facility Head stressed that any report, suspicion, or knowledge of sexual misconduct, retaliation, or staff negligence must be reported directly to the PREA Compliance Manager (PCM) or other designated officials without delay.

Random Staff

Interviews with randomly selected staff revealed a consistent and comprehensive understanding of their reporting duties under PREA. All staff stated they would immediately report allegations to their supervisor or the PCM. Each interviewee

affirmed that PREA-related information is kept confidential and only shared with individuals directly involved in the treatment, investigative, or facility management processes. Staff unanimously (100%) verified that all allegations, including third-party and anonymous reports, are routed to the PCM, who then ensures appropriate investigative follow-up.

PROVISIONS

Provision (a):

The PAQ and staff interviews confirm that all employees, contractors, volunteers, and interns are required to report immediately any knowledge, suspicion, or information regarding sexual abuse, sexual harassment, or retaliation against inmates or staff.

Supporting Policy: Policy 430.00, p.15, Section VII, B states that all reports, whether verbal, written, anonymous, or made by third parties, must be accepted, documented, and forwarded to the Superintendent and the PCM. Staff who fail to follow this requirement are subject to disciplinary action.

Provision (b):

The facility ensures that information related to allegations of sexual abuse or harassment is disclosed only on a need-to-know basis.

Supporting Policy: Policy 430.00, p.17, Section VII, A affirms that staff are prohibited from revealing any information related to a sexual abuse report except to those involved in treatment, investigation, or facility management, as necessary for operational or investigative purposes.

Provision (c):

Medical and mental health staff are required to inform inmates, at the outset of services, of their duty to report sexual abuse and the limitations of confidentiality.

Interviews and documentation confirm compliance with this provision. Staff clearly communicate this information during initial patient encounters and before any disclosures are made.

Supporting Policy: Referenced throughout Policy 430.00 and affirmed through consistent staff practices and interviews.

Provision (d):

If the alleged victim is under the age of 18 or a vulnerable adult, the agency is required to report the allegation to the appropriate state or local service agencies.

Supporting Policy: Policy 430.00, p.22, Section XI, A mandates that such reports be made and also specifies that informed consent must be obtained prior to reporting past victimization, unless the inmate is under the age of 18.

	Provision (e): The agency ensures that all allegations of sexual abuse or sexual harassment, including third-party and anonymous reports, are forwarded immediately to the facility's designated investigator. This was confirmed through interviews with the DPC and line staff, who all verified that any report, regardless of the source, is taken seriously and routed according to agency procedures and PREA mandates. <u>CONCLUSION</u> Based on the comprehensive review of facility documentation, applicable agency policy, and interviews with the PREA Director, facility leadership, medical and mental health practitioners, and a representative sample of staff, the Auditor concludes that the West Virginia Division of Corrections and Rehabilitation is in full compliance with PREA Standard §115.61 – Staff and Agency Reporting Duties. All five provisions of the standard are clearly addressed in policy and are consistently implemented in practice. Staff are well-trained, informed of their responsibilities, and equipped to ensure timely, confidential, and appropriate reporting of all sexual abuse and harassment allegations.
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENTS</u> To assess compliance with PREA Standard §115.62 – Agency Protection Duties, the following documentation was reviewed: • 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 responsibilities and procedures for protecting inmates who are identified as being at substantial risk of imminent sexual abuse. They also establish protocols for staff action when allegations of sexual abuse, harassment, or misconduct are received. <u>INTERVIEWS</u>

Agency Head (AH)

The Agency Head demonstrated comprehensive knowledge of the agency's responsibilities under PREA. During the interview, the AH confirmed that any time the agency becomes aware of information suggesting an inmate is at substantial risk of imminent sexual abuse, immediate action is taken. This includes notifying the facility head of the inmate's current location without delay. The AH further explained that a victim could be temporarily relocated to another housing unit or transferred to a different facility if needed for their protection. In situations where the perpetrator is identified, that individual is promptly placed in administrative segregation pending the outcome of the investigation.

Facility Head

The Facility Head affirmed that protecting the victim is the facility's first priority upon receiving any information alleging sexual abuse, harassment, or misconduct. Immediate measures are taken to separate the victim and the alleged perpetrator. The Facility Head confirmed that the victim may be relocated within the current facility or transferred to another facility entirely if such a move is deemed necessary to ensure their safety. The alleged perpetrator, if known, is placed in segregated housing as a protective and investigative measure.

Random Staff

Interviews with randomly selected staff demonstrated a strong understanding of the agency's protection protocols. Staff consistently reported that if they received an allegation of sexual abuse, they would:

- Immediately separate the victim from the alleged perpetrator,
- Take steps to ensure the victim's safety,
- Notify their immediate supervisor or the shift commander, and
- Preserve any evidence by securing the scene and advising the victim not to shower, change clothes, or use the restroom until medical staff arrive.
- Staff responses were consistent across all interviews and aligned with agency policy and PREA standards.

PROVISION**Provision (a):**

The facility reported on the PAQ that, within the past 12 months, there were zero incidents in which an inmate was determined to be at substantial risk of imminent sexual abuse. Nevertheless, the facility demonstrated, through policy and interviews, that appropriate systems are in place to ensure that should such a determination be

	made, immediate protective actions would be taken without delay. According to WVDCR Policy 430.00, when an inmate is identified as being at risk, staff are required to take swift and appropriate action to separate the victim and alleged perpetrator and ensure the safety of the at-risk inmate. This may include a change in housing assignment, referral to medical or mental health services, or transfer to another facility, as necessary. <u>CONCLUSION</u> Based on the review of relevant documentation and the consistent information provided during interviews with the Agency Head, Facility Head, and random staff members, the Auditor has determined that the West Virginia Division of Corrections and Rehabilitation meets the requirements of PREA Standard §115.62 – Agency Protection Duties. The facility has effective policies and practices in place to ensure the immediate protection of inmates who may be at risk of imminent sexual abuse. Staff at all levels understand and are capable of executing their duties to safeguard inmates promptly and effectively, even though no such cases were reported in the past 12 months.
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENTS</u> To assess the facility’s compliance with PREA Standard §115.63, Reporting to Other Confinement Agencies, the following documents were reviewed: • Pre-Audit Questionnaire (PAQ) and all associated supporting documentation submitted by the facility. • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022. Policy 430.00 outlines the agency’s responsibilities to notify appropriate personnel in other confinement agencies when it receives allegations of sexual abuse that occurred in a different facility. The policy also mandates that such notifications be made in writing within 72 hours and that the allegation be investigated according to PREA standards. <u>INTERVIEWS</u>

Agency Head (AH)

The Agency Head confirmed that all allegations of sexual abuse, sexual harassment, or staff sexual misconduct that occur within any WVDCR facility are subject to thorough investigation. The AH further acknowledged the agency's responsibility to promptly notify the head of another facility or agency if a report is received concerning alleged abuse that occurred in that facility.

Facility Head

The Facility Head stated that if an allegation is received from another confinement agency regarding sexual abuse or sexual harassment that occurred elsewhere, the report is immediately assigned to a unit investigator. The facility head confirmed that the agency policy mandates timely written notification to the appropriate official at the facility where the alleged abuse occurred.

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

The DPC confirmed that when an allegation of sexual abuse is received involving conduct that allegedly occurred in another facility, it is promptly assigned to a unit investigator to conduct a full investigation, per policy. The DPC also affirmed that the facility complies with the 72-hour written notification requirement outlined in agency policy.

PREA Compliance Manager (PCM)

The PCM affirmed that any allegation of sexual abuse, harassment, or staff misconduct that occurred in a WVDCR facility is investigated in accordance with PREA standards. The PCM also verified awareness of the agency's responsibilities to report allegations to other confinement agencies when applicable.

PROVISION**Provision (a):**

The facility reported on the PAQ that in the past 12 months, it had received zero allegations that an inmate was sexually abused while confined at another facility. This was confirmed during the interview with the Facility Head. However, policy and interviews demonstrate the facility is prepared to comply with this requirement.

According to WVDCR Policy 430.00, p. 15, Section C, within 72 hours of receiving an allegation that an offender was sexually abused while confined in another correctional facility, the Superintendent of the receiving facility must:

- Notify in writing the head of the facility or appropriate agency where the

	alleged abuse occurred. • Notify the Office of PREA Compliance. • Document the notification using the appropriate attachment from the PREA Manual. • Initiate telephone contact with the other facility as a preliminary step if necessary. The policy ensures timely notification and proper documentation for accountability and oversight. Provision (b): In line with policy, when the facility receives an allegation that an inmate was sexually abused while confined at another agency or facility, the head of the receiving facility is responsible for notifying the head of the facility or appropriate agency office where the abuse is alleged to have occurred. This process was confirmed during the interview with the Facility Head. Provision (c): According to the PAQ, all notifications made to other confinement agencies are conducted in writing within 72 hours of becoming aware of the allegation. The Facility Head confirmed this protocol is followed, and this requirement is explicitly outlined in WVDCR Policy 430.00. Provision (d): The PAQ indicated that in the past 12 months, the facility had received zero allegations of sexual abuse from other confinement agencies regarding incidents alleged to have occurred in this facility. This was also confirmed during the interview with the Facility Head. Nevertheless, the facility has policies and procedures in place to investigate such allegations, should they be received in the future. <u>CONCLUSION</u> Based on the review of relevant documentation, facility policies, and the consistency of information provided in staff interviews, the Auditor concludes that the West Virginia Division of Corrections and Rehabilitation is in full compliance with PREA Standard §115.63 – Reporting to Other Confinement Agencies. Although no such allegations were received in the past 12 months, the agency has well-defined policies, a clear chain of responsibility, and staff training to ensure immediate and appropriate notification and response should such reports occur.
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

The following documents were reviewed in support of the assessment of this standard:

- 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;
- WVDCR Coordinated Response Plan, Attachment 4-DCR, dated August 2019.

These documents collectively outline the agency's expectations, policies, and procedures regarding first responder duties in the event of a sexual abuse allegation, and provide a framework for both security and non-security staff actions during such incidence

INTERVIEWS

Facility Head

During the interview, the Facility Head confirmed that all first responders, including both security and non-security staff, receive regular and ongoing PREA training. This includes formal annual in-service training, on-the-job instruction, staff briefings, and other training mechanisms. The Facility Head affirmed that staff are familiar with their responsibilities and have been given access to the Coordinated Response Plan (Attachment 4-DCR) to guide their actions during a sexual abuse incident.

Security Staff - First Responders

Security staff interviewed consistently confirmed they had received comprehensive PREA training through annual in-service sessions, daily shift briefings, and real-time response drills. They demonstrated a clear understanding of their first responder responsibilities, including securing the scene, preserving evidence, and separating the alleged victim and abuser. All reported familiarity with and access to Attachment 4-DCR, which reinforces their response obligations.

Non-Security Staff - First Responders

Non-security staff described their response protocols with consistency and clarity. They stated that upon receiving a report or witnessing a potential incident of sexual abuse, they would:

Immediately notify security staff;

- Separate the alleged victim and perpetrator (if applicable);
- Instruct the involved parties not to take actions that might destroy physical evidence (e.g., changing clothes, washing, eating, drinking);

- Secure the area until relieved by security personnel.

These staff also expressed a strong understanding of the importance of confidentiality and the need to treat all such matters with sensitivity and professionalism.

Random Staff

Randomly selected staff were able to articulate the required first responder steps in the event of a PREA incident. These steps included:

- Separating the victim from the alleged perpetrator;
- Preserving physical evidence and securing the scene;
- Ensuring medical assistance is provided if needed;
- Immediately notifying the appropriate supervisory personnel.
- Staff also demonstrated awareness of their duty to report, the need to follow policy protocols, and the overarching goal of protecting the safety and dignity of all individuals involved.

PROVISIONS

Provision (a):

According to the PAQ, the agency has a formal policy in place that clearly defines first responder responsibilities for addressing allegations of sexual abuse. Both security and non-security staff confirmed during interviews that they have been trained on these procedures and understand their responsibilities under policy.

The facility reported one allegation of sexual abuse within the past 12 months. Of these incidents, security staff were the first responders in each case, and in eight instances, the first responding staff member successfully separated the alleged victim from the abuser.

In one instance, staff were notified in a timeframe that allowed for the preservation and collection of physical evidence.

Relevant policies include:

WVDCR Policy 430.00, PREA Compliance (10/7/2022), Section VII, D (p. 17), which mandates that the first responding staff member:

Separate the alleged victim and abuser;

Preserve the crime scene and prevent contamination of physical evidence;

Request the involved parties refrain from activities that could destroy evidence (e.g., washing, brushing teeth, urinating, eating, drinking, etc.);

Follow the Coordinated Response Plan (Attachment 4-DCR).

WVDCR Coordinated Response Plan, Attachment 4-DCR (8/2019), which directs first responders to separate the victim and abuser and maintain that separation until the

	investigation concludes. Provision (b): As reported in the PAQ, there were no instances in the past 12 months where a non-security staff member was the first to respond to an allegation of sexual abuse. Nevertheless, non-security staff are trained and prepared to act if they are the initial recipient of such a report. Policy and training materials emphasize that all staff, regardless of classification (including contractors and volunteers), may serve as first responders. In these cases, non-security staff are instructed to: • Request that the alleged victim avoid actions that might destroy physical evidence; • Immediately notify security personnel. The Auditor confirmed that PREA training materials provided to all staff address this protocol in detail. Staff are trained to secure the scene, isolate the individuals involved, and relay information to supervisory staff without delay. (See Provision (a) for relevant policy references.) <u>CONCLUSION</u> Based on the review of documentation, agency policy, and the consistent responses obtained during staff interviews, the Auditor finds that the facility fully complies with PREA Standard §115.64 – Staff First Responder Duties. Staff at all levels demonstrated a clear understanding of their responsibilities, and relevant policies are in place to guide appropriate responses. The facility meets all provisions of this standard
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENTS</u> To assess compliance with PREA Standard §115.65, Coordinated Response, the following documents were reviewed: • 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.
- WVDCR Coordinated Response Plan, Attachment 4-DCR, dated August 2019.
- The Coordinated Response Plan outlines the roles and responsibilities of facility personnel in responding to incidents of sexual abuse. It includes specific procedures for first responders, supervisory staff, medical and mental health professionals, investigators, and facility leadership.

INTERVIEWS

Facility Head

The Facility Head confirmed that the institution has developed and implemented a written Coordinated Response Plan in accordance with PREA standards. The plan clearly outlines the responsibilities of each key staff position in the event of a sexual abuse allegation. The Facility Head noted that staff are trained on the response procedures during annual in-service training, regular monthly staff meetings, and through ongoing on-the-job training. First responders are provided access to the Coordinated Response Plan and are familiar with its contents.

First Responders

Interviews with first responders revealed a clear understanding of the required procedures when responding to an allegation of sexual abuse. Each individual interviewed was able to accurately articulate the appropriate response steps, including:

- Separating the alleged victim and abuser.
- Preserving physical evidence.
- Securing the crime scene.
- Notifying the appropriate supervisory personnel.
- First responders affirmed that they had received adequate training and had access to the Coordinated Response Plan for reference when needed. Their responses demonstrated a consistent and thorough understanding of their roles in responding to PREA-related incidents.

PROVISIONS

Provision (a):

The facility reported on the PAQ that it has developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual

	abuse. This was verified during interviews with the Facility Head and confirmed through review of the documentation. The WVDCR Coordinated Response Plan (Attachment 4-DCR, August 2019) outlines the responsibilities of each position involved in the response to a sexual abuse allegation. Specifically, for first responders, the plan includes the following directives: • Separate the alleged victim and abuser and maintain separation until the investigation is complete. • Secure and preserve the crime scene until investigative personnel arrive and evidence can be collected. • Notify the Shift Supervisor immediately upon learning of the incident. • Instruct the alleged victim not to take actions that could destroy physical evidence (e.g., bathing, brushing teeth, changing clothes, etc.). • Ensure the alleged abuser does not take actions that could destroy physical evidence, typically by placing the individual under direct observation. The plan provides a clear, institution-specific guide for ensuring a prompt, coordinated, and effective response to sexual abuse allegations, in alignment with PREA requirements. <u>CONCLUSION</u> Based on the review of the institutional Coordinated Response Plan, relevant policies, staff interviews, and supporting documentation, the Auditor concludes that the facility meets all requirements of PREA Standard §115.65 – Coordinated Response. The facility has a comprehensive, written plan that is well-integrated into staff training and daily practice. Staff, particularly first responders, demonstrated a strong understanding of their roles in protecting victims, preserving evidence, and notifying appropriate personnel. The agency has taken appropriate steps to ensure a timely, consistent, and effective institutional response to all allegations of sexual abuse
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENTS</u> To assess compliance with PREA Standard §115.66, the following documentation was reviewed:

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

Policy 430.00 outlines the agency's zero tolerance toward all forms of sexual abuse and sexual harassment and describes steps for responding to such allegations, including those involving staff misconduct.

INTERVIEWS

Agency Head or Designee

The Agency Head's designee confirmed during the interview that the State of West Virginia does not engage in collective bargaining with staff. As a result, there are no labor union agreements that could potentially restrict the facility's ability to separate inmates from staff alleged to have committed sexual abuse or harassment.

Administrative Staff (Human Resources)

The Human Resources representative confirmed that management retains full authority to take immediate and appropriate action when a staff member is the subject of a sexual abuse or sexual harassment investigation. This includes temporarily reassigning the employee or restricting their duties to prevent any further contact with the alleged victim during the course of an investigation. HR staff indicated that such action is standard practice and is implemented to protect the safety of the inmate population while maintaining the integrity of the investigative process.

PROVISIONS

Provision (a):

According to the PAQ, the West Virginia Division of Corrections and Rehabilitation does not participate in collective bargaining agreements with its employees. This was confirmed through interviews with the Agency Head Designee.

As such, there are no contractual limitations that would restrict WVDCR from removing or reassigning a staff member accused of misconduct in order to protect inmates. The agency maintains full discretion to separate inmates from suspected staff abusers without delay.

This is supported by WVDCR Policy 430.00 (dated October 7, 2022), page 15, section

	E, which states: “DCR does not have the authority to enter into collective bargaining agreements pursuant to WV State Code.” This policy ensures that the agency’s ability to protect inmates is preserved and that no external agreements impede immediate response efforts. Provision (b): This provision applies only to agencies that enter into collective bargaining agreements after August 20, 2012, which WVDCR does not. As such, auditors are not required to audit this provision. <u>CONCLUSION</u> Based on the review of documentation, agency policy, and staff interviews, the Auditor concludes that the facility meets all requirements of PREA Standard §115.66 – Preservation of Ability to Protect Inmates from Contact with Abusers. The agency retains unrestricted authority to take immediate and appropriate action to protect inmates from staff alleged to have committed sexual abuse or harassment. There are no collective bargaining agreements in place that would hinder this ability, and internal procedures are clear, proactive, and fully compliant with PREA expectations.
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENTS</u> To assess compliance with PREA Standard §115.67, the following documentation was 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 <u>INTERVIEWS</u> Agency Head or Designee The Agency Head Designee confirmed that retaliation monitoring lasts for a period of

90 days following an allegation. Monitoring begins the day of the allegation and continues for 90 days unless the allegation is deemed unfounded, at which point monitoring ceases. Anyone involved in the allegation who expresses fear of retaliation is subject to monitoring.

Facility Head

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

Retaliation Monitor

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

PROVISIONS

Provision (a)

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

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

Provision (b)

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

This is addressed in West Virginia Division of Corrections and Rehabilitation Policy 430.00, PREA Compliance, p. 17, Section F. The policy outlines protective measures, including changes in housing, work assignments, and the provision of emotional

	support for individuals who fear retaliation. Provision (c) The PAQ indicated that the agency/facility monitors the conduct of inmates or staff who report sexual abuse or harassment, or who cooperate with investigations, to detect any signs of retaliation. This monitoring lasts for 90 days, with extensions if needed. The PAQ also noted that there were zero reported instances of retaliation in the past 12 months. The Retaliation Monitor verified this. Refer to Provisions (a) and (b) for policy details. Provision (d) The PAQ confirmed that retaliation monitoring for inmates includes periodic status checks. The Retaliation Monitor verified this practice. Refer to Provisions (a) and (b) for policy details. Provision (e) The PAQ confirmed that if any individual who cooperates with an investigation expresses fear of retaliation, the facility will take appropriate measures to protect them. The Retaliation Monitor verified this. Refer to Provisions (a) and (b) for policy details. Provision (f) The PAQ confirmed that if an allegation is deemed unfounded after a thorough investigation, retaliation monitoring will be discontinued. Refer to Provisions (a) and (b) for policy details. CONCLUSION Based on the review and analysis of the available documentation and interviews, the Auditor concludes that the agency/facility meets all provisions of the standard related to agency protection against retaliation.
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENTS</u> To assess compliance with PREA Standard §115.68, the following documentation was reviewed: • Pre-Audit Questionnaire (PAQ) and all accompanying supporting documentation.

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

This documentation outlines the agency's procedures and policies for ensuring compliance with PREA standards, including those specifically related to protective custody and alternatives to segregation for inmates at risk of sexual abuse or those who allege such abuse.

INTERVIEWS

Facility Head:

During the interview, the Facility Head confirmed that inmates housed in protective custody due to risk of sexual victimization are not automatically restricted from participating in facility programs. Inmates in such circumstances are still allowed access to work assignments, educational opportunities, and programming, provided it does not compromise institutional safety and security. The Facility Head emphasized that any limitations placed on these opportunities are based on individualized assessments aligned with operational needs.

Staff Who Supervise Inmates in Segregated Housing:

Segregated Housing Staff stated during interviews that the facility utilizes a range of housing options and does not automatically assign inmates who allege sexual abuse to involuntary segregation. The use of segregated housing for protective purposes is considered a last resort. Staff reported that alternative placements are always assessed and prioritized to avoid the potentially harmful effects of segregation. The team confirmed that when segregation is used, it follows a documented assessment process and ongoing review.

Inmates in Segregated Housing for Risk of Sexual Abuse:

At the time of the on-site audit, the facility reported that no inmates were housed in segregated housing due to risk of sexual victimization or as a result of having alleged sexual abuse. This report was confirmed through interviews and supporting documentation.

PROVISIONS

Provision (a):

The agency's policy, as stated in the PAQ and confirmed during staff interviews, prohibits the placement of inmates in involuntary segregated housing solely based on allegations of sexual abuse, unless an assessment determines that no alternative means of separation from potential abusers is available. According to the PAQ and corroborated by housing staff, in the past 12 months:

- Zero inmates were involuntarily placed in segregated housing for 1 to 24 hours while awaiting assessment.
- Zero inmates were held involuntarily in segregated housing for more than 30

	days while awaiting an alternative placement. • When involuntary segregated housing is used, policy mandates that each case is reviewed every 30 days to determine whether continued separation is necessary. The Facility Head verified that these reviews are conducted in accordance with policy and maintained in facility records. <u>CONCLUSION</u> Based on the comprehensive review of facility documentation, interviews with facility leadership, line staff, and relevant inmate populations, and the information provided in the PAQ, the Auditor concludes that the agency and facility are in full compliance with the requirements of this standard. The facility has demonstrated appropriate use of alternatives to segregation and adherence to policy and practice in instances where protective custody is necessary. All provisions of the standard regarding post-allegation protective custody have been met...
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENTS</u> To assess compliance with PREA Standard §115.71, the following documentation was reviewed: • 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, dated October 7, 2022. This documentation outlines the investigative procedures, training standards, evidence handling protocols, and long-term retention of investigative materials as required by the PREA standards. <u>INTERVIEWS</u> Investigative Staff: Investigative staff provided detailed insight into the facility’s investigation procedures related to allegations of sexual abuse or harassment. Key points confirmed during the interview included:

- Investigations are initiated immediately upon notification of an incident, regardless of how the report is received (e.g., in-person, phone, mail, third-party, or anonymous).
- All investigations are conducted using consistent protocols and procedures, regardless of the reporting method.
- Investigators receive both general and specialized training, verified through a review of training records by the Auditor.
- When evidence supports a possible criminal prosecution, compelled interviews are conducted only after consultation with prosecutorial authorities to avoid jeopardizing potential charges.
- Miranda warnings are provided in criminal cases.
- Credibility assessments are made individually for all parties involved, including victims, alleged abusers, and witnesses, based on facts and without bias related to custodial or staff status.
- Polygraph examinations are not used in the course of PREA-related investigations.
- Administrative investigations evaluate whether staff actions or omissions contributed to the incident.
- All investigations culminate in a comprehensive written report summarizing evidence, findings, and credibility assessments.
- If evidence of criminal conduct is identified, the case is referred to the West Virginia State Police for criminal investigation.
- Should the State Police determine a crime occurred, the case is forwarded to a grand jury for possible indictment.
- The facility retains detailed documentation including supervisory and responder checklists, 30-day incident reviews, retaliation monitoring forms, and housing decision acknowledgments.
- The departure of an involved party (whether alleged victim or perpetrator) does not affect the continuation or completion of the investigation.
- The facility works cooperatively with the West Virginia State Police and judicial entities to stay informed and ensure due process is followed.

PREA Director of Compliance (DPC):

The DPC confirmed that all administrative and criminal investigation records are retained for the duration of the alleged abuser's incarceration or employment with the agency, plus an additional five years.

PREA Compliance Manager (PCM):

The PCM affirmed that the agency does not terminate investigations due to the departure of either the alleged victim or the alleged abuser from the facility or agency.

Facility Head:

The Facility Head reported that, within the 12 months preceding the on-site audit, there were no substantiated allegations of sexual abuse that were referred for criminal prosecution.

Inmates Who Reported Sexual Abuse:

At the time of the on-site audit, there were no reports of sexual abuse in the previous 12 months; therefore, no inmates were interviewed under this standard.

PROVISIONS**Provision (a):**

The PAQ and investigative staff confirmed that all allegations of sexual abuse and harassment are investigated promptly, thoroughly, and objectively.

Supporting Policy: WVDCR Policy 430.00, p. 19, A.6 – Requires all staff to cooperate with investigations, with disciplinary consequences for failure to do so.

Provision (b):

Investigators receive specialized training on handling sexual abuse cases in confinement settings. Training records verified this during the audit.

Supporting Policy: WVDCR Policy 430.00, pp. 9-10, Section F.

Provision (c):

Investigators are trained to gather and preserve all available evidence, including physical, testimonial, and electronic evidence. The preponderance of the evidence standard is used in administrative investigations.

Supporting Policy: WVDCR Policy 430.00, p. 20, Section H.

Provision (d):

When criminal prosecution is possible, investigators consult with prosecutors before conducting compelled interviews to prevent interference with the legal process.

Supporting Policy: WVDCR Policy 430.00, p. 20, Section J.

Provision (e):

Credibility assessments are made independently for each person involved in the investigation, and polygraphs are not required or used.

Supporting Policy: Confirmed through practice and interview, aligned with PREA standards.

Provision (f):

Administrative investigations also include an analysis of staff behavior and whether any action or inaction contributed to the incident. Written reports contain detailed findings, credibility assessments, and supporting evidence.

Supporting Policy: WVDCR Policy 430.00, p. 19, Section B.

Provision (g):

All criminal investigations are thoroughly documented with physical, testimonial, and documentary evidence.

Supporting Policy: WVDCR Policy 430.00, p. 19, Section C.

Provision (h):

No substantiated allegations of criminal behavior requiring prosecution were reported in the previous 12 months.

	Supporting Policy: WVDCR Policy 430.00, pp. 19–20, Sections G and H. Provision (i): All investigative records are retained for the duration of incarceration or employment of the alleged abuser, plus an additional five years. Supporting Policy: WVDCR Policy 430.00, p. 19, Section D. Provision (j): Investigations are not terminated due to the departure of a victim or perpetrator. Supporting Policy: Verified through interviews and agency practice. Provision (k): This provision is not subject to audit as per the PREA Auditor Handbook. Provision (l): When outside agencies, such as the West Virginia State Police, conduct investigations, the facility fully cooperates and remains informed of the progress. Administrative investigations are conducted internally, while criminal matters are referred externally. Supporting Policy: WVDCR Policy 430.00, p. 19, Section E. <u>CONCLUSION</u> Following a comprehensive review of policy, documentation, and interviews with key personnel, the Auditor concludes that the facility is in full compliance with all applicable provisions under this standard. The investigative processes in place demonstrate a commitment to thorough, prompt, and unbiased investigation of all allegations, in alignment with PREA standards and agency policy
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENTS</u> To assess compliance with PREA Standard §115.72, the following documentation was reviewed: • 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, dated October 7, 2022. These documents collectively outline the agency’s standards, practices, and

expectations regarding the evidentiary threshold required to substantiate allegations of sexual abuse or sexual harassment in administrative investigations.

INTERVIEWS

Investigative Staff:

During interviews, investigative staff confirmed that in all administrative investigations of alleged sexual abuse or harassment, all available forms of evidence are actively collected and assessed. This includes:

- Testimonial evidence from the victim and alleged perpetrator
- Witness statements
- Physical and circumstantial evidence from the scene
- Review of available documentation and electronic records (e.g., video, logs)
- Investigative staff affirmed that no standard higher than the “preponderance of the evidence” is used when determining whether an allegation is substantiated. This standard, meaning that the evidence shows it is more likely than not that the incident occurred, is applied uniformly in all administrative investigations as per agency policy.

PROVISION

Provision (a):

According to the PAQ, the agency prohibits the imposition of a higher evidentiary standard than a preponderance of the evidence when substantiating allegations of sexual abuse or sexual harassment. This practice was confirmed during interviews with investigative staff, who consistently referenced the use of this standard in determining investigative outcomes.

Supporting Policy:

West Virginia Division of Corrections and Rehabilitation, Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, specifically addresses this requirement under:

Page 20, Section VIII, Paragraph H, which states:

“The Division shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.”

This policy ensures alignment with PREA Standard §115.72, which mandates the use of the preponderance of the evidence standard in all administrative investigations of sexual abuse or harassment allegations.

CONCLUSION

Based on a thorough review of the Pre-Audit Questionnaire, supporting

	documentation, relevant policy, and interviews with investigative staff, the Auditor concludes that the agency fully complies with the PREA standard regarding the evidentiary threshold for substantiating allegations. The facility appropriately applies the preponderance of the evidence standard in all administrative investigations, as required.
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTS The following documents were reviewed to assess compliance with PREA Standard §115.73 – Reporting to Inmates: • Pre-Audit Questionnaire (PAQ) and supporting documentation • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 12430.00 – Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022S • Random sample of PREA investigation records • PREA allegation tracking chart These materials outline the agency’s procedures regarding notification to inmates following investigations of sexual abuse or sexual harassment. <u>INTERVIEWS</u> Investigative Staff Investigative staff confirmed that upon conclusion of a PREA investigation, regardless of the finding, an investigative report is completed detailing the evidence collected, the credibility assessments, and the rationale for the final determination. This report is forwarded to the facility for recordkeeping and for appropriate notifications. If the case involves criminal allegations, the Criminal Operations Division (OPS) assumes responsibility for notifying both the inmate and the Facility Head of the outcome. Facility Head The Facility Head affirmed that when allegations of sexual abuse by a staff member are substantiated, the facility ensures that the inmate is informed when any of the

following occurs:

- The staff member is no longer assigned to the inmate's housing unit
- The staff are no longer employed at the facility
- The department has become aware that the staff member has been arrested or convicted on charges related to the incident
- The Facility Head reported that all staff-related allegations over the past twelve months were determined to be unfounded. In cases of inmate-on-inmate abuse, inmates (victims) are notified if the perpetrator is indicted, charged, or convicted.

Inmates Who Reported Sexual Abuse

At the time of the on-site audit, no inmates currently housed at the facility had reported sexual abuse in the past 12 months; therefore, interviews with inmates in this category were not conducted.

PROVISIONS

Provision (a):

The facility reported via the PAQ and confirmed in interviews that any inmate who reports sexual abuse is informed verbally or in writing of the outcome—whether the allegation is substantiated, unsubstantiated, or unfounded—provided the inmate remains in custody at the time the investigation concludes.

The facility completed eight investigations in the past 12 months. Of these, one was an unsubstantiated sexual abuse allegation. Seven were sexual harassment allegations; of which four were unfounded, one was unsubstantiated and 2 were substantiated.

The auditor reviewed each PREA investigation record and found that no alleged victims remained in custody at the time of the investigation's conclusion.

Supporting Policy:

WVDCR Policy 430.00, p. 20, Section VIII.L states that following an investigation into an offender's allegation of sexual abuse, the PCM (PREA Compliance Manager) shall inform the offender of the final determination. If the facility did not conduct the investigation, it must obtain findings from the investigating agency to inform the offender. All notifications must be documented.

Provision (b):

The PAQ indicated one investigation was conducted by an external agency in the past 12 months. Investigative staff confirmed that one inmate was notified of the results;

the rest had been released.

Supporting Policy:

Policy 430.00, p. 20, Section VIII.K outlines that the investigator must complete a report including all evidence and findings. Substantiated criminal cases are referred to for prosecution. If the investigation is external, those agencies are expected to meet the same reporting standards.

Provision (c):

The PAQ and interviews confirmed that inmates are notified whenever a staff member is named in a substantiated or unsubstantiated sexual abuse allegation:

It is no longer posted in the inmate's unit

Is no longer employed by the facility

Has been indicted or convicted on charges related to the abuse

Over the past 12 months, there were no staff-on-inmate allegations.

Supporting Policy:

Policy 430.00, p. 20, Section VIII.M.1-2 requires the facility to notify inmates of relevant employment or legal status changes involving implicated staff. This is in addition to the general outcome notification outlined in Section VIII.L.

Provision (d):

Consistent with staff-on-inmate protocols, the facility also ensures that victims of inmate-on-inmate abuse are informed if the perpetrator:

Is indicted on charges related to the abuse

Is convicted on such charges

The Facility Head's designee confirmed compliance with this notification process.

Supporting Policy:

Policy 430.00, p. 21, Section VIII.M.3-4, outlines the same obligations for inmate-on-inmate cases as for staff-related cases.

Provision (e):

In the past 12 months, no notifications were issued in writing following inmate-on-inmate sexual abuse investigations, as all involved inmates were released prior to the conclusion of the investigations. All such cases were found to be unsubstantiated.

Supporting Policy:

Policy 430.00, p. 21, Section VIII.O requires that all notification attempts be documented and sent to the offender's last known DCR placement or address. The facility's obligation to notify terminates upon the offender's release from custody.

	Provision (f): Per PREA guidelines, this provision is not subject to audit and was therefore not assessed. <u>CONCLUSION</u> Based on a comprehensive review of the Pre-Audit Questionnaire, agency policy, investigation records, and staff interviews, the Auditor concludes that the facility meets all applicable provisions of PREA Standard §115.73, Reporting to Inmates. The facility has established clear, consistent procedures for informing inmates of the outcome of sexual abuse investigations and complies with notification requirements related to both staff and inmate perpetrators, in accordance with agency policy and PREA standards.
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENTS</u> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022. <u>INTERVIEWS</u> . Facility Head • Through the interview process the Facility Head indicated: • All staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment or sexual misconduct policies. • In the past twelve months, there were zero staff who have violated agency sexual abuse or sexual harassment or sexual misconduct policies. • In the previous twelve months there had been zero terminations or resignations of staff for violation of the agency's sexual abuse or sexual harassment or sexual misconduct policies. • The presumptive disciplinary sanction for staff who have engaged in sexual abuse is termination.

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PROVISIONS

Provision (a)

The facility reported on the PAQ that facility staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. This was confirmed through the interview process with the Facility Head.

The policy which addresses this provision is West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 21 IX, A, The staff member shall be subject to disciplinary sanctions up to and including termination for violating DCR sexual abuse or sexual harassment policies, termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse. Disciplinary sanctions for violations of DCR policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of sexual abuse or harassment policies, or resignations by staff that would have been terminated if not for their resignation, will be documented and reported to law enforcement agencies, unless the act was clearly not criminal, and to any relevant licensing bodies. The departure of the alleged abuser or victim from the employment or control of the DCR shall not provide a basis for terminating an investigation.

Provision (b)

The facility reported on the PAQ that in the past 12 months, there were zero staff from the facility who have violated agency sexual abuse or sexual harassment policies. In the past twelve months there have been zero staff been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. Termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

This was verified through the interview process with the Facility Head.

See Provision (a) for policy details.

Provision (c)

The facility reported on the PAQ that the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Additionally, in

	the past 12 months there were zero staff from the facility who were disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than engaging in sexual abuse). This was confirmed through the interview process with the Facility Head. See Provision (a) for policy details. <u>Provision (d)</u> The facility reported on the PAQ that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. Additionally, in the past 12 months, there were zero staff members from the facility who were reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies. This was confirmed through the interview process with the Facility Head. See Provision (a) for policy details. <u>CONCLUSION</u> Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding disciplinary sanctions for staff.
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115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT • Pre-Audit Questionnaire (PAQ) and supporting documentation. • West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022. <u>INTERVIEW</u> Facility Head Through the interview process the Facility Head disclosed when an issue is brought to light, the matter is immediately referred for investigation and follow-up. During this time, the contractor or volunteer are not allowed access to the facility pending investigation and review of the matter.

	<u>PROVISION</u> Provision (a) The facility reported on the PAQ that the agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. Further any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates. However, in the past twelve months zero contractors and zero volunteers have been reported to law enforcement agencies and/or relevant licensing bodies for engaging in sexual abuse of inmates. The Facility Head verified this. The policy which addresses this provision is West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 2,\IX, B, states any contractor, volunteer, intern or any individual who conducts business with or uses the resources of the DCR, who engages in, fails to report, or knowingly condones sexual abuse or sexual harassment of an offender shall be subject to appropriate disciplinary action. Retaliatory action against any individual who reports or engages in a sexual abuse or sexual harassment investigation is prohibited. Any contractor, volunteer, intern, or any individual who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies and relevant licensing bodies. Provision (b) The facility reported on the PAQ that the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The Facility Head verified this. According to the PAQ the facility has had no remedial measures against a contractor or a volunteer to prohibit further contact with inmates due to a violation of agency sexual abuse or harassment policies, in the past twelve months. The Facility Head verified this. See provision (a) for policy details. <u>CONCLUSION:</u> Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding corrective action for contractors and volunteers.
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Document

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

Facility Head

Through the interview process the Facility Head indicated inmate discipline is based on the level of the violation. Penalties are imposed comparable to other inmate's penalties. Penalties might include change of housing assignment, loss of good time credit, and prosecution, when appropriate.

Through the interview process the Facility Head indicated if the inmate has a mental history, mental health staff will be involved to assist in determining appropriate sanctions.

Through the interview with the Facility Head confirmed in the past twelve months there had not been any disciplinary action taken against any inmate(s) for a report of sexual abuse made in good faith.

Medical Staff

Through the interview process medical staff confirmed they can make recommendations for referrals for inmates for therapy, counseling, or other interventions to address underlying issues related to abuse. The inmate's issues would be addressed during regular counseling sessions or group counseling sessions. Participation in interventions is not a condition for access to other programming or benefits.

Provision (a)

The PAQ reflects in the past twelve months there was zero administrative findings of inmate-on-inmate sexual abuse at the facility. The PAQ also reflects that in the past twelve months there has been zero criminal findings of inmate-on-inmate sexual abuse at the facility.

West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 22, IX, C, states all sexual contact, whether voluntary or forced, between offenders is prohibited and subject to disciplinary action. Any mutual sexual contact between offenders is a rule violation but shall not constitute sexual abuse. Offenders shall be subject to disciplinary sanctions pursuant to an investigation that concluded that the offender engaged in offender-on-offender sexual abuse. Offenders may be charged with a facility rule violation even if they are also being charged within the court system. Sanctions shall be commensurate with the nature and circumstances of the abuse or harassment, the offender's disciplinary history, and the sanctions imposed for

comparable offenses by other offenders with similar histories. The disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed. The facility may discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

Provision (b)

The PAQ indicates 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, inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process. The sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.

West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 22, IX, C, states in part that sanctions shall be commensurate with the nature and circumstances of the abuse or harassment, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories.

Provision (c)

The PAQ indicates when determining what types of sanction, if any, should be imposed, the disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to his or her behavior.

West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 22, IX, C, states in part that The disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed.

Provision (d)

The PAQ indicates the facility does offer therapeutic services and interventions to inmates.

West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 22, X, A, states when an adult offender is found guilty of misconduct related to sexual abuse and the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offender to participate in such interventions as a condition of access to programming or other benefits.

Provision (e)

The PAQ reflects the facility only disciplines inmates for sexual contact with staff when it is determined the staff member did not consent.

	West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 22, IX, C, states in part the facility may discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact. Provision (f) The PAQ reflects the facility prohibits disciplinary action for a report of sexual abuse made in good faith. West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 22, X, C, states a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. Provision (g) The PAQ indicates the facility prohibits all sexual activity between inmates. Further, it states it only considers sexual activity between inmates to be sexual abuse if it is coerced. West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, p. 22, IX, C, states in part that all sexual contact, whether voluntary or forced, between offenders is prohibited and subject to disciplinary action. Any mutual sexual contact between offenders is a rule violation but shall not constitute sexual abuse. <u>Conclusion:</u> Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding disciplinary sanctions for inmates.
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENTS</u> To assess compliance with PREA Standard §115.72, the following documentation was reviewed: • 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, dated October 7, 2022.

These documents collectively outline the agency’s standards, practices, and expectations regarding the evidentiary threshold required to substantiate allegations of sexual abuse or sexual harassment in administrative investigations.

INTERVIEWS

Investigative Staff:

During interviews, investigative staff confirmed that in all administrative investigations of alleged sexual abuse or harassment, all available forms of evidence are actively collected and assessed. This includes:

- Testimonial evidence from the victim and alleged perpetrator
- Witness statements
- Physical and circumstantial evidence from the scene
- Review of available documentation and electronic records (e.g., video, logs)
- Investigative staff affirmed that no standard higher than the “preponderance of the evidence” is used when determining whether an allegation is substantiated. This standard, meaning that the evidence shows it is more likely than not that the incident occurred, is applied uniformly in all administrative investigations as per agency policy.

PROVISION

Provision (a):

According to the PAQ, the agency prohibits the imposition of a higher evidentiary standard than a preponderance of the evidence when substantiating allegations of sexual abuse or sexual harassment. This practice was confirmed during interviews with investigative staff, who consistently referenced the use of this standard in determining investigative outcomes.

Supporting Policy:

West Virginia Division of Corrections and Rehabilitation, Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, specifically addresses this requirement under:

Page 20, Section VIII, Paragraph H, which states:

“The Division shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.”

This policy ensures alignment with PREA Standard §115.72, which mandates the use of the preponderance of the evidence standard in all administrative investigations of sexual abuse or harassment allegations.

	<u>CONCLUSION</u> Based on a thorough review of the Pre-Audit Questionnaire, supporting documentation, relevant policy, and interviews with investigative staff, the Auditor concludes that the agency fully complies with the PREA standard regarding the evidentiary threshold for substantiating allegations. The facility appropriately applies the preponderance of the evidence standard in all administrative investigations, as required.
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENTS</u> The following documents were reviewed to assess the facility's compliance with the standard: • Pre-Audit Questionnaire (PAQ) • West Virginia Division of Corrections and Rehabilitation (WVDCR), Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 <u>INTERVIEWS</u> Medical Staff Medical staff explained that upon an inmate's arrival in the medical unit following a report of sexual assault, the physician performs a cursory examination to assess injuries and determine whether a Sexual Assault Response Team (SART) is required or if emergency transport to a hospital is warranted. If a SART response is initiated, a nurse provides treatment recommendations before the inmate departs the facility. The physician issues the formal medical orders, and inmates are informed about available prophylaxis for sexually transmitted infections and other relevant care. Mental Health Staff Mental health staff reported that treatment is initiated immediately based on professional clinical judgment. Medical and mental health staff work collaboratively to ensure a comprehensive and coordinated response. Victims are offered access to emergency contraception and sexually transmitted disease prophylaxis, following

accepted medical standards and practices.

First Responders (Security and Non-Security Staff)

Security Staff: Confirmed that their first priority is protecting the victim and preserving evidence. They also ensure prompt notification of the appropriate medical and mental health practitioners.

Non-Security Staff: Stated their primary role is to protect the victim, notify security responders, and remain with the victim until relieved by security personnel.

Inmates Who Reported Abuse

At the time of the on-site audit, there were no inmates in the facility who had reported sexual abuse within the past 12 months. Accordingly, no inmate interviews specific to this standard were conducted.

PROVISIONS

Provision (a):

The PAQ and interviews confirm that inmate victims of sexual abuse are provided with immediate and unrestricted access to emergency medical treatment and crisis intervention services. These services are delivered based on the professional judgment of qualified practitioners. Forensic medical examinations are offered at outside facilities and, when available, performed by Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE). If these specialists are unavailable, other qualified practitioners may perform the examination.

Policy Reference:

WVDCR Policy 430.00, p. 23, Section XI, B

Provision (b):

The PAQ affirms that in situations where no qualified medical or mental health practitioners are on duty when a report of recent abuse is made, security first responders take preliminary actions to protect the victim and immediately notify the appropriate medical and mental health staff. Security staff interviews confirmed this process.

Policy Reference:

WVDCR Policy 430.00, p. 23, Section XI, C

Provision (c):

Medical staff confirmed that victims are promptly offered information about and access to emergency contraception and STI prophylaxis, as medically appropriate and in alignment with accepted standards of care.

	Policy References: WVDCR Policy 430.00, p. 23, Section XI, C WVDCR Policy 430.00, p. 23, Section XI, E These policies also ensure that victims who become pregnant as a result of sexual abuse involving vaginal penetration are provided comprehensive information on lawful pregnancy-related medical services. Provision (d): The PAQ and medical staff confirmed that all treatment services are offered to the victim at no financial cost. This policy applies regardless of the inmate's willingness to identify their abuser or participate in any investigation. The facility maintains a SAFE/ SANE log to document the provision or refusal of these services. Policy Reference: WVDCR Policy 430.00, p. 23, Section XI, B <u>CONCLUSION</u> Based on a thorough review of policy, documentation, and staff interviews, the Auditor concludes that the facility meets all provisions of PREA Standard §115.82. The institution demonstrates an appropriate, timely, and victim-centered response to reports of sexual abuse, ensuring that inmates have immediate access to medical and mental health services that are free of charge and provided in accordance with professional standards of care.
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENTS</u> The Auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation including: • Pre-Audit Questionnaire (PAQ) • West Virginia Division of Corrections and Rehabilitation (WVDCR), Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 <u>INTERVIEWS</u>

Medical and Mental Health Staff

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

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

These interviews confirmed that medical and mental health services in the facility are aligned with PREA standards and prioritize victim care.

PREA Compliance Manager (PCM)

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

Inmates Who Reported Abuse

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

PROVISIONS

Provision (a):

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

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

Provision (b):

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

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

Provision (c):

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

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

Provision (d):

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

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

Provision (e):

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

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

Provision (f):

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

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

Provision (g):

	Medical and mental health treatment services are provided free of charge to the victim, regardless of the level of cooperation with the investigation. This includes emergency treatment, forensic medical exams, and follow-up services. Policy Reference: Policy 430.00, p. 23, XI, B. Provision (h): Mental health evaluations are attempted for all known inmate-on-inmate abusers within 60 days of identification. Where appropriate, treatment is provided. Policy References: Policy 430.00, p. 24, XI Policy 430.00, p. 15, V, J <u>CONCLUSION</u> Based on comprehensive review of documentation, interviews with key staff, and policy verification, the Auditor has determined that the agency/facility meets all provisions of PREA Standard §115.83. The institution demonstrates a strong commitment to ensuring that sexual abuse victims receive ongoing, confidential, and community-level medical and mental health care, and that known abusers are appropriately evaluated and offered treatment.
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENTS</u> The following documents were examined to assess compliance with the standard related to sexual abuse incident reviews: 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 These documents establish the facility's policies and practices regarding the review of sexual abuse incidents and the composition, responsibilities, and decision-making processes of the Sexual Abuse Incident Review Team. <u>INTERVIEWS</u>

Facility Head

The Facility Head confirmed that the Sexual Abuse Incident Review Team is composed of upper-level management personnel. Additional input is obtained from key stakeholders such as line supervisors, investigative staff, and medical and/or mental health professionals. The Facility Head emphasized that the facility actively considers the feedback and recommendations provided by the review team and makes changes when appropriate to improve policy and practice.

PREA Compliance Manager (PCM)

The PCM stated that all Sexual Abuse Incident Review Team (IRT) reports are submitted directly to both the PCM and the Facility Head. The PCM confirmed that incident reviews are conducted in accordance with policy and within required timeframes.

Incident Review Team Member

An IRT member interviewed affirmed that the team includes upper-level management officials and that reviews are informed by relevant input from security supervisors, investigators, and clinical staff. The team considers all criteria outlined in PREA standards, and reports are consistently submitted to the Facility Head and PCM. The review process is conducted systematically and in accordance with policy.

PROVISIONS**Provision (a):**

According to the PAQ and verified by the Facility Head, the facility conducts a sexual abuse incident review following every sexual abuse investigation, except in cases determined to be unfounded. During the 12-month reporting period, one investigation involving inmate-on-inmate abuse was completed. The allegation was investigated criminally and determined to be unsubstantiated. A sexual abuse incident review was completed for this case, in compliance with policy.

Relevant Policy:

WVDCR Policy 430.00, p. 24, Section XII, A, mandates that a Sexual Abuse Incident Review be conducted within 30 days of the conclusion of every sexual abuse investigation, whether substantiated or unsubstantiated, but not if the allegation is determined to be unfounded. Reviews are conducted by the Office of PREA Compliance in coordination with the PCM and include upper-level facility staff and clinical or investigative input.

Provision (b):

The PAQ reports, and the Facility Head confirmed, that reviews are typically conducted within 30 days of the conclusion of the investigation. In the one qualifying case during the review period, the review was completed within this required

timeframe.

Relevant Policy:

WVDCR Policy 430.00, p. 24, Section XII, A reiterates the requirement for reviews to be completed within 30 days following the conclusion of an investigation.

Provision (c):

The PAQ, as well as interview responses, confirmed that the review team is comprised of upper-level management officials. The team also receives input from relevant professionals, including line-level supervisors, investigators, and qualified medical or mental health practitioners.

Relevant Policy:

WVDCR Policy 430.00, p. 24, Section XII, A specifies the composition of the review team as including upper-level facility staff, with professional input from supervisors, investigators, and clinical personnel.

Provision (d):

The PAQ outlines, and interviews corroborated, that the review team considers all required elements during their review, including:

- Whether the incident suggests a need to modify policies or practices;
- Whether motivations such as race, ethnicity, gender identity, sexual orientation, gang affiliation, or other dynamics were factors;
- Whether physical layout or barriers facilitated the incident;
- The adequacy of staffing levels at the time and location of the incident;
- The possible need for enhanced monitoring technology.
- Reports of the team's findings and any recommendations for improvement are submitted to both the Facility Head and the PCM.

Relevant Policy:

WVDCR Policy 430.00, p. 24, Section XII, B directs the team to consider these specific elements and submit formal findings and recommendations to facility leadership.

Provision (e):

The PAQ indicates, and the Facility Head confirmed, that recommendations resulting from Sexual Abuse Incident Reviews are either implemented or documented with justification when not implemented.

Relevant Policy:

WVDCR Policy 430.00, p. 24, Section XII, C requires the facility to act on the recommendations made by the review team or document specific reasons for not implementing suggested changes.

	<u>CONCLUSION</u> Based on the thorough review of documentation, staff interviews, and the facility’s demonstrated adherence to policy, the Auditor concludes that the agency/facility is in full compliance with the standard related to §115.86 – Sexual Abuse Incident Reviews. The facility has established a structured and timely process for conducting reviews, appropriately considers all required factors, and documents and acts upon recommendations in accordance with PREA standards and agency policy.
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115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENTS</u> The Auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation including: • Pre-Audit Questionnaire (PAQ) • West Virginia Division of Corrections and Rehabilitation, Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 2024 Agency Annual PREA Report, available at https://dcr.wv.gov/resources/Pages/prea.aspx <u>INTERVIEWS</u> Facility Head: The Facility Head affirmed that the agency/facility aggregates incident-based sexual abuse data at least annually, in accordance with agency policy. The Facility Head also confirmed that all required data is collected, reviewed, and maintained for each allegation of sexual abuse and that incident-based and aggregated data is obtained from contracted private facilities as well. PREA Compliance Manager (PCM): The PCM stated that they are responsible for ensuring the collection of accurate and uniform data for all allegations of sexual abuse—both offender-on-offender and staff-on-offender—within the facility on a monthly basis. This includes compiling data from incident reports, investigation outcomes, and sexual abuse incident reviews. <u>PROVISIONS</u>

Provision (a):

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

Provision (b):

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

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

Provision (c):

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

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

- Total number of allegations
- Investigation outcomes
- Data from incident reports, investigations, and reviews
- Data from contracted private facilities
- All data needed to complete the SSV

Provision (d):

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

Provision (e):

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

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

Provision (f):

	The PAQ and Facility Head confirm that the agency provides data from the previous calendar year to the U.S. Department of Justice upon request, as outlined in Policy 430.00, p. 25, Section H (see Provision b). <u>CONCLUSION</u> Based on review of documentation, interviews, and the most recent annual report, the Auditor finds that the facility fully complies with Standard §115.87 – Data Collection. The facility has a clear, consistent system for collecting, aggregating, and reporting data as required by PREA.
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENTS</u> The Auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation including: • 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 PREA webpage: https://dcr.wv.gov/resources/Pages/prea.aspx <u>INTERVIEWS</u> Facility Head: The Facility Head confirmed that the facility actively reviews incident-based sexual abuse data for patterns or trends, such as increased incidents in specific locations or disproportionately impacted populations (e.g., LGBTI inmates). Identified trends are used to inform changes to policy, procedure, or staff training. The Facility Head also reported that all PREA Annual Reports undergo thorough review prior to publication and are made publicly available on the agency’s website. The facility routinely evaluates data to strengthen prevention, detection, and response practices and uses this information to identify problematic areas and take corrective action as needed. PREA Compliance Manager (PCM): The PCM affirmed that data review is a consistent process at both the facility and agency levels. This review evaluates the effectiveness of existing sexual abuse prevention, detection, and response efforts. The agency prepares an annual report summarizing findings, corrective actions, and year-over-year comparisons, and posts

this report publicly on its website.

PROVISIONS

Provision (a):

The PAQ, staff interviews, and documentation confirm that the agency reviews collected and aggregated data to evaluate and improve the effectiveness of its sexual abuse prevention, detection, and response policies and practices. This process includes:

- Identifying problem areas
- Implementing corrective action
- Preparing an annual report that documents findings and corrective measures

This practice is mandated by Policy 430.00, p. 25, XII, G, which also requires secure retention of sexual abuse data for a minimum of ten (10) years.

Provision (b):

According to the PAQ and verified by the Auditor through review of the most recent annual report, the agency's report includes year-to-year comparisons of data and corrective actions taken. The report also assesses the agency's progress in addressing sexual abuse. These practices are required by Policy 430.00, p. 25, XII, H.

Provision (c):

The PAQ and staff interviews confirm that the agency's annual PREA report is reviewed and approved by the DCR Commissioner and then published on the agency's public website. This requirement is clearly outlined in Policy 430.00, p. 25, XII, H. The most recent report is accessible at <https://dcr.wv.gov/resources/Pages/-prea.aspx>

Provision (d):

The PAQ indicates, and the PCM confirmed, that the agency redacts content only when public release would present a clear and specific threat to facility safety and security. The nature of any redacted material is disclosed, consistent with Policy 430.00, p. 25, XII, H. Additionally, the agency complies with the requirement to provide prior-year data to the U.S. Department of Justice upon request.

CONCLUSION

Based on comprehensive review of the PAQ, supporting documentation, staff interviews, and the agency's PREA policy, the Auditor finds that the facility fully complies with Standard §115.88 – Data Review for Corrective Action. The facility and agency have implemented a thorough and transparent system for data review,

	improvement planning, and public accountability
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENTS</u> The Auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation including: • 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 PREA webpage: https://dcr.wv.gov/resources/Pages/prea.aspx <u>INTERVIEWS</u> Facility Head: The Facility Head confirmed that sexual abuse data is securely stored locally with access restricted to staff on a need-to-know basis. Additional data is retained at the agency level for compliance with federal reporting requirements, including the Survey of Sexual Violence (SSV-2). Aggregated data is made publicly available through the agency’s website. PREA Coordinator (PC): The PC confirmed secure data storage practices, with the local Risk Management System used to restrict access to authorized personnel. Aggregated and incident-based data are retained at the agency level for reporting and transparency purposes. The agency reviews data collected under §115.87 annually, ensuring any publicly posted data is stripped of personal identifiers. <u>PROVISIONS</u> Provision (a): The PAQ and interview with the PC confirm that both incident-based and aggregate data on sexual abuse are securely retained. Policy 430.00 (p. 25, XII, G) mandates that such data be stored securely for at least ten (10) years from the date of initial

	collection. Provision (b): The PAQ, supported by the PC's interview and Auditor's document review, confirms that the agency publishes aggregated sexual abuse data annually on its public website. Policy 430.00 (p. 25, XII, H) requires the Director of PREA Compliance to submit an annual report comparing current and historical data, detailing any corrective actions taken, and assessing agency progress. This report is reviewed and approved by the DCR Commissioner before public posting. Redactions may occur only when necessary to protect facility safety, and any redacted elements are disclosed in the report. The agency also commits to providing annual data to the U.S. Department of Justice upon request. Provision (c): The PAQ indicates and the PC confirmed that prior to publication, all personal identifiers are removed from the data. Per Policy 430.00 (p. 25, XII, H), redaction of personal or sensitive information is permitted only when disclosure poses a clear and specific threat to institutional safety. The policy further requires that the nature of any redacted content be clearly indicated. Provision (d): According to the PAQ and interview with the PC, the agency retains all sexual abuse data collected under §115.87 for a minimum of 10 years unless otherwise required by law. Policy 430.00 (p. 25, XII, G) explicitly affirms this retention period. <u>CONCLUSION</u> Based on a comprehensive review of agency policy, documentation, and staff interviews, the Auditor concludes that the agency/facility meets all requirements of Standard §115.89 – Data Storage, Publication, and Destruction.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENTS</u> The Auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation including: • 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>.

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

	determined that the agency/facility meets the standard regarding the contents and findings of audits.
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Appendix: Provision Findings**115.11 (a) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
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Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
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115.11 (b) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Has the agency employed or designated an agency-wide PREA Coordinator?	yes
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Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
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Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
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115.11 (c) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
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Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
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115.12 (a) Contracting with other entities for the confinement of inmates

If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
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115.12 (b) Contracting with other entities for the confinement of inmates

Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes
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	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

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

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

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

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

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

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

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.18 (b)	Upgrades to facilities and technologies	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b) Policies to ensure referrals of allegations for investigations		
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c) Policies to ensure referrals of allegations for investigations		
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a) Employee training		
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

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

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

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

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

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

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	no

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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