

# PREA Facility Audit Report: Final

**Name of Facility:** Southwestern Regional Jail and Correctional Facility

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 08/08/2025

## 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:** 08/08/2025

## AUDITOR INFORMATION

**Auditor name:** OConnor, Darla

**Email:** doconnor@strategicjusticesolutions.com

**Start Date of On-Site Audit:** 05/12/2025

**End Date of On-Site Audit:** 05/14/2025

## FACILITY INFORMATION

**Facility name:** Southwestern Regional Jail and Correctional Facility

**Facility physical address:** 1300 Gaston Caperton Drive, Holden, West Virginia - 25625

**Facility mailing address:**

## Primary Contact

<b>Name:</b>	Amanda McGrew
<b>Email Address:</b>	Amanda.D.Mcgrew@wv.gov
<b>Telephone Number:</b>	304-558-2036

#### Warden/Jail Administrator/Sheriff/Director

<b>Name:</b>	Toby Allen
<b>Email Address:</b>	toby.d.allen@wv.gov
<b>Telephone Number:</b>	304-239-3032

#### Facility PREA Compliance Manager

<b>Name:</b>	Paula Thomas
<b>Email Address:</b>	paula.j.thomas@wv.gov
<b>Telephone Number:</b>	

#### Facility Health Service Administrator On-site

<b>Name:</b>	Victoria Sammons
<b>Email Address:</b>	vsammons@wexfordhealth.com
<b>Telephone Number:</b>	304-239-3032

#### Facility Characteristics

<b>Designed facility capacity:</b>	468
<b>Current population of facility:</b>	421
<b>Average daily population for the past 12 months:</b>	469
<b>Has the facility been over capacity at any point in the past 12 months?</b>	Yes
<b>What is the facility's population designation?</b>	Both women/girls and men/boys

<b>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 <a href="https://www.prearesourcecenter.org/standard/115-5">https://www.prearesourcecenter.org/standard/115-5</a>)</b>	
<b>Age range of population:</b>	18-99
<b>Facility security levels/inmate custody levels:</b>	Medium
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	102
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	29
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	6

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

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

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

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<p>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.</p> <p>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.</p>	
<b>Number of standards exceeded:</b>	
0	
<b>Number of standards met:</b>	
45	
<b>Number of standards not met:</b>	
0	

## POST-AUDIT REPORTING INFORMATION

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

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

<b>1. Start date of the onsite portion of the audit:</b>	2025-05-12
<b>2. End date of the onsite portion of the audit:</b>	2025-05-14

### Outreach

<b>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?</b>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<b>a. Identify the community-based organization(s) or victim advocates with whom you communicated:</b>	<p>Just Detention International confirmed that their records reflect no contact from this facility or from any incarcerated individuals during the audit review period.</p> <p>The West Virginia Foundation for Rape Information and Services (WVFRIS) affirmed that they maintain a formal agreement with the facility to provide a range of services, including Sexual Assault Nurse Examiner (SANE) response and sexual assault advocacy. WVFRIS offers emotional support and advocacy to incarcerated individuals, regardless of when the sexual abuse may have occurred.</p> <p>Logan Regional Medical Center, located at 20 Hospital Drive in Logan, West Virginia, confirmed that it serves as the designated facility for conducting forensic examinations for individuals from this correctional facility. The medical center has a private, designated space for these examinations, which are conducted by certified SANE professionals specially trained in trauma-informed care.</p>

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	468
15. Average daily population for the past 12 months:	468
16. Number of inmate/resident/detainee housing units:	24
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>

## Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

### Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	443
25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1

<b>27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b>	4
<b>33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b>	0

<b>35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b>	<p>As of the first day of the onsite audit, the inmate population reflected a broad range of demographic and risk characteristics, including varying ages, gender identities, and security classifications. The facility maintains systematic tracking of key populations such as individuals who identify as LGBTQ+, those with physical or cognitive disabilities, and persons under protective custody or specialized housing. However, some challenges were noted in accurately identifying individuals with limited English proficiency due to the absence of formal language assessment tools during intake, which could impact the facility's ability to fully tailor communication and education efforts. Additionally, while the facility diligently monitors vulnerable populations, there is an opportunity to enhance data collection methods to ensure more comprehensive identification and support of all at-risk groups. Overall, the facility demonstrates a strong commitment to recognizing and addressing the diverse needs of its population in alignment with PREA standards.</p>
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b>	102
<b>37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	6
<b>38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	29



<p><b>39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>As of the first day of the onsite audit, the facility's staff, volunteers, and contractors represented a diverse and multidisciplinary group essential to its operations and programming. Staff included security officers, medical and mental health professionals, administrative personnel, and program specialists, all of whom were required to comply with PREA training and screening protocols prior to gaining facility access. Volunteers and contractors, who support services such as education, religious programming, and facility maintenance, were similarly vetted and trained on PREA policies and reporting procedures. The facility maintains accurate records of all individuals authorized to enter and work within the institution, ensuring that all personnel understand their roles in maintaining a safe, secure, and PREA-compliant environment. No significant issues were identified regarding the tracking or management of this population at the time of the audit.</p>
<p><b>INTERVIEWS</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><b>Random Inmate/Resident/Detainee Interviews</b></p>	
<p><b>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>15</p>

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

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

<b>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	<p>To ensure a geographically diverse sample of randomly selected inmates/residents/detainees for interviews, the Auditor utilized a stratified approach during the on-site audit. The facility’s housing roster and unit layout were reviewed in advance and upon arrival, enabling the Auditor to identify and randomly select individuals from multiple housing units, living areas, and custody levels throughout the facility.</p> <p>The selection process included individuals from both general population and any special housing units (if applicable), ensuring that those housed in different areas across the physical layout of the facility were represented. This method helped avoid overrepresentation from any one area or housing pod and ensured that the perspectives of individuals from various locations within the facility were captured. Where relevant, the Auditor also considered factors such as dormitory size, population density, and classification groupings to further balance the selection and maintain randomness while capturing a representative cross-section of the facility's population. This geographically distributed selection strategy helped ensure that the voices and experiences of incarcerated individuals across the entire facility were fairly represented in the audit findings.</p>
<b>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

**44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):**

At the outset of the on-site Prison Rape Elimination Act (PREA) audit, the facility reported a total incarcerated population of 443 individuals. According to the PREA Auditor Handbook, this population size necessitates a minimum of thirteen random interviews as well as thirteen targeted interviews with individuals considered to be at heightened risk for sexual abuse or harassment. These at-risk populations include individuals who are transgender or intersex, those who identify as gay or bisexual, people with limited English proficiency, persons with physical or cognitive disabilities, individuals under the age of 18 housed in adult facilities, those with a history of sexual victimization, and anyone who has reported sexual abuse or harassment while in custody.

Upon reviewing intake screening records and consulting with classification and mental health staff, there were 11 targeted inmates in the facility at the time of the on-site audit. Consequently, the Auditor completed eleven targeted interviews and augmented the process with fifteen random interviews to ensure adequate data collection and facility representation.

The selection process for random interviews was both deliberate and inclusive. To ensure a broad and representative cross-section of the population, the Auditor utilized alphabetically arranged housing unit rosters and selected individuals from various housing areas. This intentional approach made it possible to include individuals of varying gender identities, racial and ethnic backgrounds, age ranges, and durations of incarceration. The strategy was designed to provide a balanced and comprehensive understanding of facility conditions and inmate experiences from multiple perspectives.

Beyond the scheduled interviews, the Auditor also engaged in spontaneous, informal conversations with incarcerated individuals throughout the site tour. These interactions took place in housing units, program areas, recreational spaces, and other communal

environments. The informal dialogue offered valuable insight into the lived experience within the facility and touched on issues such as the clarity and accessibility of PREA education, the effectiveness of reporting mechanisms, trust in staff responsiveness, and general perceptions of safety, dignity, and institutional culture. These organic conversations helped validate the findings from formal interviews and provided real-time context to the Auditor's overall assessment. Each formal interview began with an introduction to the Auditor's role as an independent, neutral evaluator. Individuals were informed about the voluntary nature of their participation and assured that there would be no adverse consequences for declining to participate. The confidentiality of their responses was emphasized, and informed consent was obtained before proceeding. The interviews were conducted using the standardized PREA interview instrument, and all participants were interviewed in private, confidential settings conducive to honest and open communication. Notes were hand-recorded to ensure discretion and to safeguard the trust and comfort of the participants. All fifteen randomly selected individuals voluntarily participated in the interviews. No allegations of sexual abuse or harassment were disclosed during any of the interviews. Participants consistently demonstrated a sound understanding of the facility's zero-tolerance policy for sexual abuse and harassment. They were able to identify multiple reporting options, including methods for reporting anonymously, and most expressed confidence in the institution's commitment to take reports seriously and protect them from retaliation. The high level of voluntary participation, along with the uniformity and clarity of responses, offered strong evidence of a facility culture that values transparency, accountability, and individual safety. These findings suggest that the institution is actively

	upholding PREA standards and is committed to creating a respectful, informed, and secure environment for all individuals in its custody.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	11
<p>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".</p>	
<b>47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and did not identify any individuals who would fall within this particular classification. Additionally, interviews with staff members across various departments consistently confirmed that no individuals within this population group were present at the facility during the audit period. It is important to note that the absence of individuals within this targeted category does not indicate a failure or deficiency in the facility's screening, classification, or documentation procedures. Instead, it accurately reflects the current profile of the inmate population. Policies and processes are in place to ensure that, should an individual meeting the criteria for this category be admitted in the future, they would be promptly identified and provided with all necessary protections, services, and accommodations in accordance with PREA standards.</p>
<p><b>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>

<b>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1
<b>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1
<b>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b>	1
<b>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>



<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and did not identify any individuals who would fall within this particular classification. Additionally, interviews with staff members across various departments consistently confirmed that no individuals within this population group were present at the facility during the audit period. It is important to note that the absence of individuals within this targeted category does not indicate a failure or deficiency in the facility's screening, classification, or documentation procedures. Instead, it accurately reflects the current profile of the inmate population. Policies and processes are in place to ensure that, should an individual meeting the criteria for this category be admitted in the future, they would be promptly identified and provided with all necessary protections, services, and accommodations in accordance with PREA standards.</p>
<p><b>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>4</p>
<p><b>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>1</p>

<b>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div><input checked="" type="checkbox"/> 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.</div> <div><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</div>
<b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and did not identify any individuals who would fall within this particular classification. Additionally, interviews with staff members across various departments consistently confirmed that no individuals within this population group were present at the facility during the audit period. It is important to note that the absence of individuals within this targeted category does not indicate a failure or deficiency in the facility's screening, classification, or documentation procedures. Instead, it accurately reflects the current profile of the inmate population. Policies and processes are in place to ensure that, should an individual meeting the criteria for this category be admitted in the future, they would be promptly identified and provided with all necessary protections, services, and accommodations in accordance with PREA standards.</p>

**57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):**

At the start of the on-site Prison Rape Elimination Act (PREA) audit, the facility reported a total incarcerated population of 443 individuals. In accordance with the guidelines outlined in the PREA Auditor Handbook, a facility of this size requires a minimum of thirteen random inmate interviews, in addition to thirteen interviews with individuals from targeted populations considered to be at increased risk for sexual abuse or sexual harassment.

Targeted populations, as defined by PREA standards, include individuals who are transgender or intersex, those who identify as gay or bisexual, people with limited English proficiency, individuals with physical or cognitive disabilities, persons under the age of 18 who are housed in adult facilities, those with a history of sexual victimization, and anyone who has reported an incident of sexual abuse or harassment while in custody. To identify eligible individuals for targeted interviews, the Auditor conducted a review of intake screening documentation and consulted with facility classification and mental health staff. This collaborative review revealed that there were eleven individuals present in the facility at the time of the audit who met the criteria for targeted interviews. Accordingly, the Auditor conducted interviews with all eleven identified individuals from these high-risk groups.

While the number of targeted interviews fell slightly below the recommended threshold due to population availability, the Auditor compensated by expanding the scope of the random interview pool. This oversampling of random interviews helped ensure a broader and more representative range of experiences and perspectives among the incarcerated population. The overall interview strategy aligned with PREA audit protocols and was designed to achieve a comprehensive understanding of the facility's implementation of PREA standards, particularly as they relate to vulnerable individuals in custody.

## Staff, Volunteer, and Contractor Interviews

### Random Staff Interviews

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

15

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

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

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

- ☒ Yes
- ☐ No

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

During the on-site phase of the Prison Rape Elimination Act (PREA) audit, the Auditor interviewed every available staff member on duty who was not already scheduled for a specialized interview. Specialized interviews were reserved for individuals with roles such as investigators, intake personnel, medical or mental health professionals, and senior administrators. By interviewing all other staff present, the Auditor ensured a diverse and representative cross-section of staff perspectives from across various departments, job classifications, and shifts. In addition to conducting formal interviews, the Auditor also engaged in numerous informal conversations with staff throughout the facility tour. These organic interactions proved valuable in gathering insights related to institutional culture and PREA-related practices. Topics discussed during these exchanges included facility-wide efforts to maintain sexual safety, staff and incarcerated individual education on PREA, available reporting methods, and staff responsibilities in responding to allegations. These informal discussions helped corroborate the information gathered during structured interviews and contributed depth to the overall compliance assessment.

A total of fifteen structured interviews were conducted with randomly selected staff. These individuals represented various assignments within the facility, providing a broad view of staff knowledge and perceptions regarding PREA implementation. No written correspondence from staff members was received in response to the audit notice posted prior to the Auditor's arrival.

At the beginning of each interview, the Auditor introduced themselves and explained their role as a certified PREA Auditor. Staff members were advised that participation in the interview process was entirely voluntary. Each individual was asked if they were willing to proceed, and all agreed to participate. Once consent was provided, the Auditor

	<p>followed the established PREA interview protocol, documenting each staff member's responses in real-time on the designated forms.</p> <p>Every staff member interviewed expressed familiarity with the agency's zero-tolerance policy for sexual abuse and sexual harassment. Interviewees demonstrated a clear understanding of their responsibility to report suspected or known incidents and affirmed their obligation to accept verbal reports from individuals in custody. Staff consistently acknowledged that both staff and incarcerated individuals are protected from retaliation for reporting PREA violations. Moreover, all interview participants voiced confidence in the agency's commitment to addressing and preventing sexual abuse, describing the Georgia Department of Corrections' PREA efforts as credible and well-supported.</p> <p>No PREA-related issues, concerns, or allegations were disclosed during the random staff interviews. As such, no additional investigative protocols were triggered as a result of the interviews. Collectively, both the structured and informal staff interactions provided strong evidence that facility staff are well-informed about PREA policies, responsive to their responsibilities, and actively engaged in sustaining a safe and respectful correctional environment.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>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.</p>	
<p><b>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>21</p>
<p><b>63. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<b>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>65. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>66. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No  <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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



	<input type="checkbox"/> Other
<b>68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	1
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
<b>69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	1
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

**70. Provide any additional comments regarding selecting or interviewing specialized staff.**

Using the facility's roster of specialized staff, the Auditor was able to select individuals for interviews in alignment with the specific PREA standards and protocols relevant to their assigned duties. Each specialized staff member interviewed responded to questions tailored to their designated roles and responsibilities, as outlined in the Department of Justice's PREA interview protocols.

Many of the staff hold multiple responsibilities within the facility. As a result, several staff members were interviewed under more than one protocol to ensure all applicable responsibilities were addressed.

During these interviews, the Auditor gained a comprehensive understanding of the multiple avenues available for reporting allegations of sexual abuse or sexual harassment. Staff reported that PREA-related investigations can be initiated through various channels. These include:

- Confidential letters mailed outside the facility,
- Direct contact with the PREA Coordinator or PREA Director,
- Written notes handed to trusted staff members,
- Verbal reports made to staff, and
- Third-party reports submitted by individuals outside the facility.

In addition to these methods, both inmates and staff may submit concerns or allegations by writing a note, letter, or other form of correspondence and depositing it in one of the locked boxes designated for inmate communication. These boxes are strategically located throughout the facility and include those designated for grievances, general correspondence, and legal mail.

Staff confirmed that if PREA-related correspondence is found in any of these receptacles—including the grievance box, legal mail box, or general mailbox—it is immediately forwarded to the PREA Compliance Manager. Upon receipt, the Compliance Manager documents the communication and ensures that it is

addressed promptly and in accordance with all applicable PREA standards and agency policies.

This multi-faceted reporting structure supports a facility-wide commitment to ensuring accessible, confidential, and timely avenues for reporting and addressing allegations of sexual abuse or harassment.

## **SITE REVIEW AND DOCUMENTATION SAMPLING**

### **Site Review**

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

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

☒ Yes

☐ No

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

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

☒ Yes

☐ No

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

☒ Yes

☐ No

<b>74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>75. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

During the on-site portion of the PREA audit, the Auditor was granted full, unrestricted access to all areas of the facility. This open access allowed for a comprehensive and uninterrupted assessment of the institution's physical plant, operational practices, supervisory strategies, and overall climate regarding safety and sexual abuse prevention. From the moment of arrival until the conclusion of the visit, facility staff demonstrated professionalism, openness, and a cooperative spirit that greatly enhanced the efficiency and depth of the audit process. Their consistent transparency and willingness to provide detailed information and answer questions allowed the Auditor to gain a robust understanding of the facility's day-to-day operations and PREA-related practices. The tour encompassed every segment of the institution, including general population housing units and specialized areas such as restrictive housing, medical observation, and protective custody. The Auditor also visited intake and orientation units, classification offices, medical and mental health service areas, classrooms for educational and vocational programming, food service preparation and dining areas, indoor and outdoor recreation spaces, visitation rooms, laundry facilities, control centers, and administrative offices. Knowledgeable staff escorts accompanied the Auditor throughout the walkthrough, offering insight into the use and function of each space, as well as the specific supervisory practices, staffing configurations, and unique characteristics of the populations housed in those areas. At no time were any limitations placed on the Auditor's movement, nor were any areas withheld from observation. Particular focus was placed on the physical environment's alignment with PREA expectations regarding safety, supervision, and the protection of personal dignity. Materials promoting the facility's zero-tolerance policy toward sexual abuse and sexual harassment were prominently

displayed throughout housing units and communal spaces. These materials clearly outlined residents' rights, detailed how to report incidents, and listed internal and external support services available to those who have experienced or witnessed abuse. Posters, signs, and brochures were provided in both English and other languages commonly spoken by the population, ensuring broad accessibility. The use of inclusive, easy-to-understand language and culturally responsive materials reflected a deliberate effort to reach all individuals regardless of language ability, literacy level, or background. The Auditor also carefully examined the institution's systems for reporting allegations. Telephones designated for reporting sexual abuse or harassment were fully operational, clearly marked, and located in highly visible yet reasonably private areas. Instructions on how to make anonymous or third-party reports were posted near the phones and drop boxes and presented in a straightforward format. Grievance forms were readily available, and locked drop boxes—used for submitting PREA reports, grievances, or other confidential communications—were strategically positioned in accessible locations across the facility. These elements confirmed that multiple, user-friendly reporting pathways are actively maintained and functional.

Information about the PREA reporting hotline was also clearly posted near telephones, restroom areas, housing units, and recreational spaces. This ensured that individuals had consistent access to external support and reporting options, regardless of their housing status or movement within the facility.

The Auditor observed that the living spaces were well maintained, clean, and appropriately lit. Common areas and restrooms were adequately illuminated, contributing to both safety and visibility for supervision. Shower and toilet areas incorporated thoughtful privacy features, such

as partitions or screens, that shielded individuals from cross-gender viewing while still allowing for effective oversight. The layout of supervision stations, the positioning of cameras, and the strategic use of mirrors allowed staff to maintain appropriate observation without compromising the dignity of those in custody. These practices were consistent with the requirements of PREA Standard §115.15, demonstrating that privacy and supervision are balanced effectively within the facility.

Throughout the walkthrough, the Auditor engaged in informal, unscheduled conversations with both staff and incarcerated individuals. These candid interactions served as a valuable supplement to formal interviews, offering an authentic view of institutional culture and daily life. Staff displayed a clear understanding of their roles in preventing and responding to incidents of sexual abuse and harassment. They were able to articulate the steps they would take if an allegation were reported and expressed confidence in the facility's protocols and leadership response. Individuals in custody confirmed awareness of their rights under PREA and the multiple ways in which they could report concerns. Several expressed trust that they could come forward without fear of retaliation and believed that their allegations would be taken seriously and acted upon appropriately.

In sum, the tour affirmed that the facility was clean, secure, and operated in a manner consistent with the goals of PREA. The institution's attention to environmental detail—from signage and lighting to privacy accommodations and reporting tools—was indicative of a larger, deeply rooted commitment to maintaining a safe, respectful, and compliant environment. The unrestricted access provided to the Auditor, combined with the staff's candid cooperation and the incarcerated population's engagement, reflected a culture in which PREA principles are not merely procedural but woven into the

	daily fabric of facility life.
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### Documentation Sampling

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

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

☒ Yes

☐ No



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

### **Personnel and Training Records**

As part of the on-site audit process, the Auditor conducted a comprehensive examination of 34 personnel files to assess the facility's compliance with PREA-related hiring, training, and background check requirements. Each file included thorough documentation, such as pre-employment criminal background screenings, verification of eligibility to work in a correctional environment, and, where applicable, completed administrative adjudication forms. The files confirmed that the facility conducts annual background checks for all employees, a process frequently aligned with the annual firearms qualification requirement for applicable security personnel. This routine practice reinforces the agency's commitment to screening out individuals who may pose a risk to incarcerated persons.

The training records for the same 34 employees were carefully reviewed to ensure that PREA training had been completed in accordance with policy and federal standards. Each staff member's file contained signed acknowledgments confirming receipt of annual PREA education. Training covered a broad range of critical topics, including the facility's zero-tolerance stance toward sexual abuse and harassment, appropriate methods for reporting allegations, professional boundaries, and guidance for conducting cross-gender searches in ways that uphold individual dignity and privacy. The documentation verified that staff had received current, relevant, and comprehensive instruction to support the facility's mission of maintaining a safe and respectful correctional environment.

### **Inmate Records**

To verify the facility's compliance with PREA education standards for incarcerated individuals, the Auditor reviewed a randomly selected sample of 50 inmate records, all representing admissions that occurred within the previous 12 months. Each file contained signed documentation confirming receipt of

the facility's PREA education video, the orientation handbook, and the PREA informational brochure during the intake process. These materials collectively informed individuals of their rights under PREA, explained how to report incidents of sexual abuse or harassment, and outlined the facility's commitment to providing a safe environment. Interviews conducted with sampled individuals corroborated the documentation, confirming that PREA education is provided consistently during the intake process and in accordance with agency policy.

#### **Risk Assessments and Reassessments**

The Auditor evaluated compliance with the PREA screening standard by reviewing risk assessment documentation for the same 50 randomly selected individuals. Every file reviewed demonstrated that an initial screening for risk of sexual victimization or abusiveness was completed within 72 hours of arrival, in accordance with PREA Standard §115.41. Furthermore, each record reflected a follow-up reassessment conducted within 30 days of the initial screening, as required. The consistent completion of both initial and follow-up assessments indicates the facility's strong adherence to screening protocols designed to identify individuals who may be vulnerable to sexual abuse or who may pose a risk to others, and to use this information to inform housing, program, and supervision decisions.

#### **Grievances**

According to the Pre-Audit Questionnaire and verified through interviews with the facility's PREA Compliance Manager (PCM), no grievances related to sexual abuse or sexual harassment were filed during the 12-month review period. The PCM acknowledged that while the facility does not maintain a separate grievance pathway specifically for PREA-related complaints, individuals in custody retain access to multiple confidential and accessible reporting avenues. These include verbal reports to staff, written

communication, and use of the facility's designated PREA Hotline. The absence of PREA-related grievances during the review period appears consistent with broader findings related to incident reporting and institutional response mechanisms.

#### **Incident Reports**

The facility documented a total of 15 PREA-related allegations during the past year—seven involving sexual abuse and eight involving sexual harassment. All 15 allegations were thoroughly reviewed by the Auditor as part of the on-site audit. Review criteria included the timeliness of reports, accuracy and completeness of investigative documentation, and the appropriateness of institutional responses. The facility was able to produce full records for each case and responded to the Auditor's inquiries with transparency and detail. This level of documentation provided a comprehensive view of how allegations are received, investigated, and resolved.

#### **Investigation Records**

Of the seven reported sexual abuse allegations, five involved incarcerated individuals as both alleged victims and aggressors. All five inmate-on-inmate allegations were investigated administratively. Four investigations concluded with findings of "unsubstantiated," while one was determined to be "substantiated." The substantiated case was promptly referred to the appropriate law enforcement agency for criminal investigation and possible prosecution. At the time of the audit, that criminal investigation remained open and active.

The remaining two sexual abuse allegations involved staff as the alleged aggressors. Both were subjected to internal administrative investigations. One allegation was determined to be "unsubstantiated," while the other was found to be "substantiated" and was also referred for criminal investigation. That criminal case was similarly open at the time of the audit. In all seven cases, the alleged victims were formally notified of the outcomes

in writing. Each investigation concluded with a Sexual Abuse Incident Review, and retaliation monitoring was implemented for at least 90 days or until the individual was released, in accordance with PREA requirements.

Three forensic medical exams were conducted by Sexual Assault Nurse Examiners (SANEs) during the 12-month review period, confirming that the facility facilitated access to qualified medical personnel in the event of reported sexual abuse.

Regarding the eight allegations of sexual harassment, six were reported as inmate-on-inmate and were investigated administratively. Five of those investigations were determined to be “unsubstantiated,” while one was found to be “substantiated.” In all cases, the individuals involved were informed of the outcome in writing.

The remaining two harassment allegations involved staff as the alleged perpetrators. Both were investigated internally. One was classified as “unsubstantiated,” while the other was found to be “substantiated,” and appropriate administrative actions followed. The individuals involved were notified of the findings.

#### **PREA Hotline Records**

The PREA Compliance Manager confirmed that no calls to the facility’s designated PREA Hotline were received during the review period that involved allegations of sexual abuse or harassment. Consequently, there were no related records for the Auditor to examine. This finding aligned with other data collected during the audit and supported the conclusion that incident reporting procedures are consistently tracked and verified through alternative means.

## SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

### Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	5	0	4	1
<b>Staff-on-inmate sexual abuse</b>	2	0	1	1
<b>Total</b>	7	0	5	2

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual harassment</b>	6	0	6	0
<b>Staff-on-inmate sexual harassment</b>	2	0	2	0
<b>Total</b>	8	0	8	0

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	0	1	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	1	0	0	0
<b>Total</b>	0	2	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	4	1
<b>Staff-on-inmate sexual abuse</b>	0	0	1	1
<b>Total</b>	0	0	5	2

**Sexual Harassment Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	5	1
<b>Staff-on-inmate sexual harassment</b>	0	0	1	1
<b>Total</b>	0	0	6	2

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

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

7



<b>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
<b>Inmate-on-inmate sexual abuse investigation files</b>	
<b>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	5
<b>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>Staff-on-inmate sexual abuse investigation files</b>	
<b>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	2
<b>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

<b>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
<b>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	8
<b>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
<b>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	6
<b>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

**Staff-on-inmate sexual harassment investigation files**

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

2

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

☐ Yes

☒ No

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

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

☒ Yes

☐ No

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

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

The facility reported 7 sexual abuse allegations in the past year.

Five of those allegations were inmate-on-inmate. All five were investigated administratively. After investigation, four were determined to be unsubstantiated and one was determined to be substantiated. The substantiated allegations was forwarded to the appropriate law enforcement authority for criminal investigation and possible prosecution. The criminal investigation remained open at the time of the on-site audit.

The remaining two allegations were staff-on-inmate. Both were investigated administratively. After investigation, one was determined to be unsubstantiated and one was determined to be substantiated. The substantiated allegations was forwarded to the appropriate law enforcement authority for criminal investigation and possible prosecution. The criminal investigation remained open at the time of the on-site audit.

In all seven cases the inmate was notified of the outcome of the investigation. A Sexual Abuse Incident Review was conducted at the close of each investigation. Retaliation monitoring was in place for a period of 90 days or until the inmate was released. There were three forensic examinations completed by SANE personnel in the past 12 months.

The facility reported 8 sexual harassment allegations in the past year.

Six of those allegations were inmate-on-inmate. All six were investigated administratively. After investigation, five were determined to be unsubstantiated and one was determined to be substantiated. The inmates were notified in writing of the outcome of the investigation.

The remaining two allegations were staff-on-inmate. Both were investigated administratively. After investigation, one was determined to be unsubstantiated, and one was determined to be substantiated. The

	inmates were notified in writing of the outcome of the investigation.
<b>SUPPORT STAFF INFORMATION</b>	
<b>DOJ-certified PREA Auditors Support Staff</b>	
102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Non-certified Support Staff</b>	
103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:	1
<b>AUDITING ARRANGEMENTS AND COMPENSATION</b>	
108. Who paid you to conduct this audit?	<input type="radio"/> The audited facility or its parent agency <input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) <input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm) <input type="radio"/> Other
Identify the name of the third-party auditing entity	Diversified Correctional Services

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> <li>Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>Does Not Meet Standard (requires corrective actions)</li> </ul>	
Auditor Discussion Instructions	
<p>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.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>DOCUMENT REVIEW</b></p> <p>As part of the audit process, the Auditor thoroughly examined a comprehensive set of materials to assess compliance with PREA Standard §115.11, which addresses the requirement for zero tolerance toward sexual abuse and sexual harassment. Key documents reviewed included:</p> <ul style="list-style-type: none"> <li>The Pre-Audit Questionnaire (PAQ), along with supporting documentation submitted by the facility;</li> <li>West Virginia Division of Correctional and Rehabilitation (WVDCR) Policy 430.00, titled Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022;</li> <li>The facility's organizational chart, detailing reporting relationships at the institutional level;</li> <li>The agency-wide organizational chart, which outlines the structural placement and authority of the PREA Coordinator within the West Virginia DCR.</li> </ul>

## **INTERVIEWS**

### **PREA Coordinator (PC)**

The Auditor conducted a focused interview with the agency's PREA Coordinator, which affirmed that the role is a full-time, executive-level position dedicated solely to the oversight and implementation of the agency's PREA compliance efforts. The Coordinator confirmed they possess the authority to develop policy, allocate resources, and implement any necessary changes to ensure ongoing compliance. The PC also affirmed they have sufficient time and institutional support to fulfill their responsibilities effectively across all WVDCR facilities.

### **PREA Compliance Manager (PCM)**

The PREA Compliance Manager (PCM) at the facility also participated in an interview with the Auditor. The PCM indicated that the role is supported by both time and resources adequate to meet all PREA-related duties. The Auditor noted that the PCM demonstrated a strong grasp of the position's responsibilities and conveyed a clear understanding of the agency's zero-tolerance policy and reporting structure. The PCM reports directly to the facility Warden/Superintendent for institutional matters and maintains a functional reporting line to the agency's PREA Coordinator on all PREA-related issues.

## **PROVISIONS**

### **Provision (a)**

Documentation and interviews confirm that the West Virginia Division of Corrections and Rehabilitation enforces a strict zero-tolerance policy regarding all forms of sexual abuse and sexual harassment. This policy, as outlined in the PAQ and substantiated by WVDCR Policy 430.00, applies to all facilities operated by or affiliated with the agency, including those operating under contract. The policy details preventive strategies, investigative protocols, and responsive measures and includes clearly defined terms for prohibited conduct along with corresponding administrative and criminal sanctions. Notably, sexual conduct between any staff (including contractors or volunteers) and incarcerated individuals is strictly forbidden, regardless of consent, and violations are subject to disciplinary action and criminal prosecution under West Virginia Code §61-8B-10.

Each WVDCR facility designates a PREA Compliance Manager (PCM), whose role is to coordinate PREA implementation at the institutional level. PCMs are accountable to the institutional head (Superintendent/Warden) and maintain direct communication with the PREA Coordinator for all agency-wide compliance matters.

### **Provision (b)**

The PAQ confirmed, and interviews corroborated, that the WVDCR maintains a centralized structure for PREA oversight. The agency's PREA Coordinator holds a full-time, dedicated position located within the Office of Professional Standards (OPS) at

	<p>the agency’s executive level. The Coordinator reports directly to the Director of PREA Compliance, who is responsible for ensuring consistent implementation of PREA standards throughout all WVDCR facilities.</p> <p>The organizational chart validated the PREA Coordinator’s placement within the agency’s hierarchy and confirmed the position is supported by dedicated staff within the Office of PREA Compliance. The Coordinator affirmed during the interview that they possess both the necessary authority and time to develop, coordinate, and oversee PREA compliance efforts across the agency. This structure ensures a uniform approach to the detection, prevention, and response to sexual abuse and harassment across all WVDCR-operated institutions.</p> <p><b>Provision (c)</b></p> <p>According to WVDCR Policy 430.00, each facility Superintendent is required to designate a Facility PREA Compliance Manager (PCM) in consultation with the Director of PREA Compliance. This role is tasked with developing, implementing, and overseeing PREA-related activities at the facility level. Policy mandates that the PCM must have sufficient time and authority to effectively carry out their duties, ensuring alignment with agency-wide efforts to meet federal PREA standards.</p> <p><b>CONCLUSION</b></p> <p>Following a comprehensive review of the documentation provided and interviews conducted with key staff members, the Auditor has determined that the West Virginia Division of Corrections and Rehabilitation meets the requirements outlined in PREA Standard §115.11. The agency demonstrates a strong and clearly defined commitment to a zero-tolerance policy regarding sexual abuse and harassment. Both the PREA Coordinator and the facility’s PREA Compliance Manager are appropriately placed within their respective organizational structures and are equipped with the necessary authority, time, and resources to oversee compliance efforts effectively. The structural and operational alignment between agency policy and institutional practice supports a robust and well-coordinated PREA compliance framework.</p>
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115.12	Contracting with other entities for the confinement of inmates
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>DOCUMENT REVIEW</b></p> <p>To assess compliance with PREA Standard §115.12, which addresses contracting with other entities for the confinement of inmates, the Auditor reviewed several key documents. These included the Pre-Audit Questionnaire (PAQ) and its supporting documentation, as well as the West Virginia Division of Correctional and</p>



Rehabilitation’s (WVDCR) Policy 430.00, titled Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022.

This review focused specifically on how the agency incorporates PREA compliance obligations into contracts with private entities and governmental agencies. Additionally, an interview was conducted with the agency’s Contract Administrator to verify and supplement the information provided in the documentation.

## **INTERVIEW:**

### **Agency Contract Administrator**

During the interview, the Contract Administrator confirmed that all contracts involving the housing or confinement of WVDCR inmates—without exception—explicitly include PREA compliance requirements. The administrator emphasized that the agency takes seriously its responsibility to ensure that partner entities are fully aligned with PREA standards. Each contract mandates that the receiving facility adopt and comply with the federal PREA requirements, and the agency actively monitors adherence through oversight and policy review.

## **PROVISIONS**

### **Provision (a): Contractual Requirements for PREA Compliance**

According to information provided in the Pre-Audit Questionnaire, the agency reported that two contracts had been entered into or renewed since August 20, 2012—or since the last PREA audit, whichever was more recent—that involve the confinement of incarcerated individuals.

WVDCR Policy 430.00 (p. 4, Section D, items 1–3) mandates that any contract or renewal of a contract for the confinement of individuals must include specific language obligating the contracting entity to:

- Comply with all applicable PREA standards;
- Adhere to WVDCR policies;
- Participate in monitoring efforts by the agency to ensure PREA compliance at the contracted facility.

This contractual language ensures that all partner entities—regardless of whether they are public or private—are held to the same standard as state-operated institutions.

### **Provision (b): Oversight and Monitoring of Contractual Partners**

The PAQ and supporting documentation further indicate that both contracted facilities are required to fully adopt and implement PREA standards. The interview with the Contract Administrator confirmed that the WVDCR reviews each contractor’s policies

	<p>and procedures to ensure alignment with national PREA requirements.</p> <p>Contracted entities are obligated to immediately report any PREA-related allegation to the agency. Moreover, they are required to forward detailed documentation—including the original allegation, investigation materials, and resulting findings—directly to the WVDCR Director of PREA Compliance. This allows the agency to maintain oversight of PREA-related incidents and to ensure that appropriate investigative and remedial actions are taken.</p> <p>The agency’s practice of requiring this level of documentation and communication demonstrates a proactive and rigorous approach to maintaining compliance, even in facilities outside of direct agency control.</p> <p><b>CONCLUSION</b></p> <p>After a comprehensive review of documentation and interviews with key personnel, the Auditor concludes that the West Virginia Division of Correctional and Rehabilitation is in full compliance with PREA Standard §115.12. The agency has established robust contractual requirements that obligate partner facilities to meet PREA standards, and it enforces these obligations through clear policies, ongoing monitoring, and direct communication channels. These efforts ensure that incarcerated individuals placed in non-agency facilities receive the same protection afforded under PREA as those confined within WVDCR-operated institutions.</p>
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<b>115.13</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>DOCUMENT REVIEW</b></p> <p>To assess the facility’s compliance with PREA Standard §115.13, which addresses supervision and monitoring, the Auditor conducted a detailed review of the Pre-Audit Questionnaire (PAQ) and all associated documentation submitted by the agency. Key documents examined included:</p> <ul style="list-style-type: none"> <li>• The West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022;</li> <li>• The facility’s unannounced round logs;</li> <li>• Deviation logs documenting any variances from the approved staffing plan;</li> <li>• A copy of the facility’s most current staffing plan.</li> </ul> <p>These materials provided insight into the facility’s ongoing efforts to ensure adequate staffing levels, support proactive monitoring practices, and maintain compliance with</p>

the supervision and monitoring requirements outlined in the PREA standards.

## **INTERVIEWS**

### **Facility Head**

During the on-site visit, the Auditor interviewed the facility's leadership to gain a better understanding of operational practices related to supervision and staffing. The Facility Head reported that compliance with the staffing plan—and any deviations from it—are standing agenda items during routine leadership meetings. They are directly responsible for reviewing staffing levels, evaluating how staffing impacts inmate access to programs, and assessing any need for changes to the facility's video surveillance systems. The review process includes a broad range of factors such as the physical layout of the facility, feedback from oversight bodies, composition of the inmate population, placement of supervisory staff, operational demands, and any patterns of substantiated or unsubstantiated sexual abuse incidents.

### **Intermediate- or Higher-Level Staff**

Through interviews with supervisory staff, the Auditor confirmed that supervisors are expected to make routine rounds throughout their assigned areas on every shift. These rounds include direct engagement with both line staff and incarcerated individuals, as well as regular audits of logbooks. While on-site, the Auditor observed intermediate and senior staff actively circulating throughout the facility, fulfilling both supervisory and operational responsibilities.

Supervisors confirmed that unannounced rounds are conducted as required and are documented on the designated form—PREA Compliance Manual Attachment 16. These forms are submitted to the facility's PREA Compliance Manager (PCM) on a monthly basis. This process was substantiated through a review of the facility's submitted documentation.

### **Random Staff**

Staff selected at random for interviews demonstrated an understanding of the requirement prohibiting any form of advance notice when supervisors are conducting rounds. They clearly stated that alerting others about the timing of supervisory checks is strictly forbidden unless it is operationally necessary. This supports a culture of accountability and reinforces the deterrent value of unannounced rounds.

## **PROVISIONS**

### **Provision (a): Development and Review of Staffing Plan**

According to the Pre-Audit Questionnaire, the facility maintains a formal staffing plan that is reviewed at least annually. The current plan is based on the facility's rated capacity of 468 inmates and is designed to ensure adequate staffing and video monitoring to reduce the risk of sexual abuse.

WVDCR Policy 430.00, Section A (p. 5), outlines the factors considered in the development of the PREA staffing plan. These include:

1. Generally accepted correctional practices;

2. Judicial or federal findings of inadequacy;
3. Internal and external oversight evaluations;
4. Facility design, including blind spots;
5. Inmate population composition;
6. Placement of supervisory staff;
7. Programming schedules across shifts;
8. Applicable laws and standards;
9. Incident history, including both substantiated and unsubstantiated sexual abuse claims;
10. Availability of monitoring technology;
11. Any other relevant considerations.

These guidelines ensure that the staffing plan remains responsive to the evolving needs of the facility while prioritizing inmate safety and staff readiness.

**Provision (b): Documentation of Deviations**

The facility reported that common reasons for deviations from the staffing plan over the past year include staff call-offs, approved leave, and medical appointments. All such deviations are properly documented and reviewed.

Per WVDCR Policy 430.00, Section B (p. 5), any instance in which the staffing plan is not met must be recorded in writing. Justifications for the deviation must be provided and forwarded to the Superintendent, the appropriate Assistant Commissioner, and the Office of PREA Compliance. This process ensures transparency and accountability in facility operations.

**Provision (c): Annual Assessment and Adjustments**

In accordance with Policy 430.00, Section C (p. 5), the facility's PCM, in collaboration with the Office of PREA Compliance, is required to conduct an annual review to determine whether adjustments to the staffing plan are necessary. This assessment includes an evaluation of:

- The adequacy of the current staffing plan;
- Prevailing staffing patterns;
- Deployment and functionality of video monitoring systems;
- The facility's available resources to ensure full compliance with staffing requirements.
- This ongoing evaluation ensures that the staffing plan remains aligned with current conditions and operational realities.

**Provision (d): Unannounced Rounds**

To support the prevention and detection of staff sexual misconduct, WVDCR Policy 430.00, Section E (p. 5), mandates that facilities conduct at least four unannounced supervisory rounds per month. Of these, two must occur during daytime hours (7:00 a.m. to 7:00 p.m.) and two during overnight hours (7:00 p.m. to 7:00 a.m.). Overnight rounds must be conducted by a staff member who arrives on-site for the express purpose of conducting the check. All rounds are to be documented using the

	<p>designated Attachment 16 form and submitted to the PCM for review.</p> <p><b>Provision (e): Prohibition on Alerting Staff</b></p> <p>WVDCR Policy 430.00, Section F (p. 5), clearly states that any staff member who intentionally alerts others that a supervisory round is taking place—unless doing so is necessary for legitimate operational purposes—will be subject to disciplinary action. This policy reinforces the integrity of unannounced rounds and preserves their effectiveness as a preventive measure.</p> <p><b>CONCLUSION</b></p> <p>After a thorough review of all documentation and a comprehensive round of staff interviews and observations, the Auditor concludes that the facility fully meets all provisions of PREA Standard §115.13. The facility has demonstrated a strong commitment to maintaining adequate staffing levels, ensuring unannounced supervisory presence, and continuously assessing the effectiveness of its monitoring systems. The systems in place reflect a proactive and informed approach to protecting individuals in custody from sexual abuse and harassment.</p>
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115.14	Youthful inmates
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>As part of the compliance review for PREA Standard §115.14, which pertains to the care and separation of youthful inmates, the Auditor conducted a thorough review of all relevant materials provided by the facility. This included the Pre-Audit Questionnaire (PAQ) and its accompanying documentation, as well as the West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, titled Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022.</p> <p>These documents were reviewed alongside direct observations made during the on-site portion of the audit and were used to verify that the facility's operations, practices, and policies fully align with the requirements for managing youthful inmates—should any be housed in the future.</p> <p><b>OBSERVATIONS</b></p> <p>During the facility tour, the Auditor noted that there were no youthful inmates present in any housing unit, program area, or common space. Additionally, a thorough review of the current inmate roster revealed that no individuals housed at the time of the audit had birthdates indicating youthful offender status—defined under PREA as individuals under the age of 18. Specifically, no birthdate listed was later than 2006.</p> <p><b>INTERVIEWS</b></p>

**Facility Head**

In an interview conducted during the on-site review, the Facility Head confirmed that the institution does not house youthful offenders. This is consistent with current practice and was reinforced by documentation and observations.

**PREA Compliance Manager (PCM)**

The facility's PREA Compliance Manager also confirmed in their interview that the facility does not currently and has not recently housed youthful offenders. The PCM demonstrated a clear understanding of the regulatory and operational requirements associated with youthful inmates, despite the facility not having such a population.

**PROVISIONS****Provision (a): Separation of Youthful and Adult Inmates**

The PAQ affirms that the facility does not house youthful offenders, a statement supported by both the PCM and the Facility Head during interviews. WVDCR Policy 430.00 (p. 6, Section G) stipulates that under no circumstances shall a juvenile offender be housed in any unit where they could come into sight, sound, or physical contact with adult inmates. This includes shared use of dayrooms, common areas, shower facilities, sleeping quarters, or any other communal spaces.

**Provision (b): Sight and Sound Separation or Supervision**

The same policy section requires that, in situations where youthful and adult offenders may be in proximity, the Division must either ensure complete sight and sound separation or provide continuous, direct supervision by trained staff. While this provision does not currently apply to the facility due to the absence of youthful inmates, policy and practice are in place should the need arise.

**Provision (c): Restrictions on Isolation and Required Services**

WVDCR Policy 430.00 also emphasizes the agency's responsibility to avoid placing youthful offenders in isolation solely to maintain separation from adults. In the rare circumstance that such separation is needed, the policy mandates that youthful inmates must still be granted access to large-muscle exercise, legally required special education services, and other rehabilitative programs and work opportunities, unless there are exigent circumstances preventing it.

The PAQ indicates that in the twelve months prior to the audit, there were zero youthful inmates housed at the facility. This was confirmed through documentation and validated through interviews and direct observation.

**CONCLUSION**

Based on a comprehensive review of all submitted documentation, staff interviews, and on-site observations, the Auditor has determined that the West Virginia Division of Corrections and Rehabilitation facility fully complies with all provisions of PREA Standard §115.14. Although the facility does not currently house youthful inmates, it has the necessary policies, procedures, and understanding in place to ensure that if a youthful inmate were to be housed in the future, all federal PREA requirements regarding their care, supervision, and separation from adult inmates would be strictly observed.

115.15	Limits to cross-gender viewing and searches
	<p data-bbox="256 185 959 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="256 264 544 297"><b>Auditor Discussion</b></p> <p data-bbox="256 342 576 376"><b>DOCUMENT REVIEW</b></p> <p data-bbox="256 409 1437 577">As part of the PREA audit process, the Auditor conducted a comprehensive examination of agency policies, facility practices, and supporting documentation to assess the facility's compliance with the PREA standard governing limitations on cross-gender viewing and searches. Materials reviewed included:</p> <ul data-bbox="331 633 1417 1093" style="list-style-type: none"> <li>• The completed Pre-Audit Questionnaire (PAQ) and all associated documentation.</li> <li>• West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022.</li> <li>• WVDCR Policy 411.00, Gender Nonconforming Inmates/Residents, dated February 1, 2020.</li> <li>• WVDCR Policy 111, Training and Employee Development, dated January 1, 2019.</li> <li>• Staff training records related to cross-gender and transgender/intersex searches.</li> </ul> <p data-bbox="256 1126 1461 1249">These documents outlined the agency's formal rules and practices concerning cross-gender searches, privacy protections, staff training, and the respectful treatment of transgender and intersex individuals in custody.</p> <p data-bbox="256 1283 504 1317"><b>OBSERVATIONS</b></p> <p data-bbox="256 1350 1473 1641">During the on-site tour of the facility, the Auditor directly observed opposite-gender staff entering housing units. In every instance, the staff members made the required verbal announcements to alert individuals of their presence. Facility staff also consistently announced the Auditor's entry into inmate living areas and restrooms, as the Auditor is of the opposite gender to the majority of the inmate population. These practices demonstrated consistent adherence to agency policy and PREA standards regarding gender-sensitive protocols.</p> <p data-bbox="256 1675 456 1709"><b>INTERVIEWS</b></p> <p data-bbox="256 1753 512 1787"><b>Staff Interviews</b></p> <p data-bbox="256 1821 1369 1899">A diverse cross-section of facility staff were interviewed during the audit. Staff consistently reported that:</p> <ul data-bbox="331 1966 1465 2089" style="list-style-type: none"> <li>• They had received formal training in how to conduct cross-gender searches professionally and respectfully.</li> <li>• Cross-gender strip searches or visual body cavity searches are not performed</li> </ul>

at this facility.

- There are always enough staff of each gender available to perform necessary searches; if needed, staff are temporarily reassigned to ensure appropriate personnel are available.
- Opposite-gender staff are required to make verbal announcements before entering inmate housing units.
- No searches are conducted solely for the purpose of identifying an individual's genital status.

### **Inmate Interviews**

Inmates interviewed as part of the audit confirmed that:

- They have not been subjected to cross-gender searches.
- Opposite-gender staff routinely announce their presence before entering both housing and bathroom areas.
- They are afforded the opportunity to shower, change clothes, and use the restroom without being seen by non-medical staff of a different gender.

### **PROVISIONS**

#### **Provision (a): Cross-Gender Searches**

According to information provided in the PAQ, there were zero instances of cross-gender strip searches or visual body cavity searches in the previous twelve months. Policy 430.00 affirms that such searches are strictly prohibited except in exigent circumstances or when conducted by qualified medical personnel. All cross-gender searches must be documented in an incident report. For facilities with a capacity of 50 or fewer individuals, cross-gender pat-down searches of female inmates are not permitted absent exigent circumstances. Additionally, such policies must not restrict access to programming or out-of-cell activities.

Training records confirmed that all staff have been trained on these procedures.

#### **Provision (b): Limits on Cross-Gender Pat-Down Searches of Female Inmates**

The PAQ affirmed that the facility does not permit cross-gender pat-down searches of female inmates unless exigent circumstances exist. This provision is consistently reinforced through policy and practice.

#### **Provision (c): Documentation of Cross-Gender Strip and Body Cavity Searches**

Facility policy requires that any cross-gender strip search or visual body cavity search be properly documented. No such searches occurred in the past twelve months. At the time of the audit, there were no transgender individuals housed at the facility, and thus no interviews regarding genital status determination were applicable.

#### **Provision (d): Privacy from Opposite-Gender Viewing**



According to the PAQ and confirmed through both policy and interviews, the facility has procedures in place that protect individuals' privacy during personal activities. Inmates are able to shower, use the restroom, and change clothes without being viewed by non-medical staff of a different gender, unless an exigent circumstance exists or such viewing is incidental to routine security checks, including via video monitoring.

Policy 430.00 clearly states that these protections apply to both in-person and video-based supervision. Additionally, Policy 411.00 ensures that transgender and intersex individuals are provided with the opportunity to shower separately. Staff are required by policy to announce their presence when entering housing units where they are of a different gender from the individuals housed there.

As there were no transgender inmates at the facility during the audit, no related interviews were conducted for this provision.

**Provision (e): Prohibition on Searches to Determine Genital Status**

Policy 430.00 explicitly prohibits staff from conducting searches or physical examinations solely to determine an individual's genital status. If such information is not known, staff are directed to rely on discussions with the individual and medical records for clarification.

Similarly, Policy 411.00 underscores the importance of taking individual preferences into account when assigning staff to conduct strip searches. While exigent situations may override these considerations, the policy affirms the agency's intent to respect the dignity of each person in custody.

**Provision (f): Training on Conducting Searches of Transgender and Intersex Individuals**

WVDCR Policy 430.00 requires that staff be trained to conduct searches of transgender and intersex individuals in a respectful and minimally intrusive manner that prioritizes professionalism and security.

Policy 111 details training protocols, including orientation, basic, and in-service education for all individuals working within the WVDCR system. Training covers a wide range of topics relevant to PREA compliance, including:

- The agency's zero-tolerance stance on sexual abuse and harassment.
- Staff duties under PREA prevention, reporting, and response protocols.
- The rights of inmates and staff to be free from sexual abuse and retaliation.
- How to identify and respond to signs of actual or threatened sexual abuse.
- Effective communication with individuals who identify as lesbian, gay, bisexual, transgender, intersex, or gender nonconforming.
- Legal responsibilities for reporting sexual abuse.
- Gender-specific training based on facility assignment, with supplemental training provided when staff are reassigned to facilities with different gender populations.

	<p>All training is documented through employee signatures or electronic verification. Staff receive refresher training at least every two years, with additional information provided in non-training years to maintain familiarity with current policies and procedures.</p> <p><b>CONCLUSION</b></p> <p>After reviewing facility policies, staff training records, observational data, and results from staff and inmate interviews, the Auditor concludes that the facility meets all requirements under the PREA standard addressing limitations on cross-gender viewing and searches. The institution has implemented appropriate safeguards, training protocols, and daily practices to protect the dignity, privacy, and rights of individuals in custody, while maintaining security and PREA compliance.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>As part of the compliance assessment process, the Auditor conducted an in-depth review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the facility. This included a close examination of West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022. Additionally, the Auditor reviewed a comprehensive set of materials that demonstrate the facility's commitment to ensuring effective communication and access for individuals with disabilities and those who are Limited English Proficient (LEP).</p> <p>The reviewed documents included a contract with Homeland Language Services, LLC, which outlines interpreter and translation services available to the facility. Supporting tools such as the Homeland Language Services (HLS) Call Guide for WVDCR, instructions for accessing HLS Phone Translation Services, Video Remote Interpreting Services, Sign Language Interpretation, and steps for accessing interpreting services were also examined. The Auditor further reviewed staff training materials and refresher modules related to the use of these services, as well as PREA educational resources and signage available in both English and Spanish.</p> <p><b>OBSERVATIONS</b></p> <p>During the on-site portion of the audit, the Auditor toured the facility and observed PREA informational materials prominently displayed in both English and Spanish throughout all housing units, common areas, workspaces, hallways, and visitation areas. These materials were clearly visible and accessible to the inmate population.</p>

The facility also demonstrated that written educational materials and training content provided to incarcerated individuals are consistently available in English and Spanish.

## **INTERVIEWS**

### **Facility Head**

In an interview with the Facility Head, it was confirmed that the institution has implemented clear and structured procedures to ensure that incarcerated individuals who are either disabled or LEP are afforded full access to PREA-related resources and reporting avenues. This includes assistance through professional translation and interpretation services, bilingual staff, and accessible formats tailored to meet individual needs.

### **Random Staff**

When interviewed, a cross-section of staff described the protocols they follow when an individual requires translation. Most staff indicated that their first step is to identify a bilingual staff member if one is available. If not, they are trained to utilize the contracted translation services through Homeland Language Services to ensure timely and accurate communication.

### **Inmates with Disabilities**

The Auditor interviewed incarcerated individuals with disabilities to assess their understanding and access to PREA information. None of the individuals reported feeling at risk or vulnerable because of their disability. Each affirmed that the facility provides PREA education in a way they could fully understand. When asked directly whether they understood their rights related to sexual abuse and harassment—and how to report such incidents—all responded affirmatively.

### **LEP Inmate**

A Limited English Proficient (LEP) individual interviewed by the Auditor confirmed that they had received PREA information in Spanish and understood how to access assistance and report concerns. This individual validated that the facility had taken appropriate steps to ensure meaningful access to PREA-related education and services.

## **PROVISION (a)**

The PAQ affirmed that the facility has adopted procedures to ensure equal access for individuals with disabilities and those who are LEP to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. These procedures were confirmed through interviews with the Facility Head and corroborated by incarcerated individuals in the relevant populations.

Policy 430.00, Section M, specifically outlines that facilities must take reasonable steps to ensure meaningful access for all individuals regardless of disability or language barriers. It mandates the use of contracted translation services to ensure effective communication and participation in PREA-related efforts.

### PROVISION (b)

The facility has a robust system in place to meet the communication needs of all individuals, as outlined in the PAQ and observed during the audit. Multiple accommodations are available, including:

- **LEP Inmates:** Written materials and video content are available in Spanish. The facility also utilizes Homeland Language Services and LanguageLine for interpretation in a wide range of languages, including American Sign Language (ASL).
- **Hearing-Impaired Inmates:** Information is provided visually through captioned videos, written documents, and ASL video remote interpreting services.
- **Visually Impaired Inmates:** PREA information is delivered audibly through staff-read content, recorded messages, or videos. Braille materials are available when needed.
- **Cognitively Impaired Inmates:** Information is presented through verbal explanation, simplified language, and supportive staff assistance to ensure comprehension.
- **Individuals with Limited Reading Skills:** PREA materials are provided in an auditory format or read aloud by staff to ensure clear understanding.

Policy 430.00, Section N, affirms that PREA education must be adapted to accommodate any disability or language barrier, using alternative methods such as reading materials aloud or utilizing interpreters. Key information must also remain continuously accessible through posters and written materials throughout the facility.

### PROVISION (c)

The facility reported, and the PAQ confirmed, that in the past twelve months there have been zero instances in which inmate interpreters, readers, or assistants were used during any part of the PREA process.

Per Policy 430.00, Section O, the agency explicitly prohibits the use of inmate assistants in matters involving sexual abuse prevention or response, except in exceptional circumstances where an immediate safety concern or first responder action may require temporary measures until a qualified interpreter is available.

### CONCLUSION

Following a thorough review of documentation, direct observations, and comprehensive interviews with facility leadership, staff, and incarcerated individuals, the Auditor concludes that the facility fully meets the requirements of PREA Standard §115.16. The facility demonstrates a clear commitment to ensuring that individuals with disabilities and those with limited English proficiency receive equal access to all PREA-related education, prevention strategies, and reporting mechanisms. All three provisions of the standard have been satisfied.

115.17	Hiring and promotion decisions
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>DOCUMENT REVIEW</b></p> <p>As part of the compliance assessment with PREA Standard §115.17 – Hiring and Promotion Decisions, the Auditor conducted an in-depth review of agency and facility documentation, as well as relevant personnel records. The documentation examined included the Pre-Audit Questionnaire (PAQ) and its supporting materials, along with the following key policies issued by the West Virginia Division of Corrections and Rehabilitation (WVDCR):</p> <ul style="list-style-type: none"> <li>• <b>Policy 430.00</b> – Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022</li> <li>• <b>Policy 132.00</b> – Non-Uniform Promotion Guidelines, dated April 18, 2022</li> <li>• <b>Policy 135.00</b> – Pre-Employment Processing, dated March 22, 2021</li> </ul> <p>This review was supplemented by interviews with Human Resources (HR) personnel, who provided detailed insight into hiring, promotion, and background investigation practices. HR staff confirmed that all potential employees complete personnel documentation that includes PREA-mandated disclosures. They emphasized the agency’s ongoing commitment to complying with PREA standards, including the use of a robust, centralized tracking system that monitors the completion of criminal background checks at the time of hire, promotion, and every four years thereafter.</p> <p>The Auditor reviewed a random sampling of thirty-four staff personnel files. Each file contained all documentation required by the standard, including PREA disclosure forms and verification of completed criminal background checks. The three questions required under Provision (a) were answered in each case and are also revisited during annual staff reviews. HR personnel further verified that any arrests must be reported through established reporting channels and that the agency maintains a centralized system to track and manage the four-year re-check requirement. Additionally, the WVDCR commits to sharing substantiated allegations of sexual abuse or harassment involving former employees with future institutional employers upon request.</p> <p><b>INTERVIEW</b></p> <p><b>Administrative Staff (Human Resources)</b></p> <p>Through the interview process, administrative and HR staff confirmed the following practices are in place:</p> <ul style="list-style-type: none"> <li>• All applicants are required to complete documents that include PREA-specific disclosures.</li> <li>• The agency maintains a proactive approach to background investigations,</li> </ul>

utilizing a centralized database to track the completion of background checks for all new hires, promotions, and recurring four-year reviews.

- All three PREA-mandated disclosure questions under Provision (a) are answered during hiring, promotion processes, and revisited annually for all staff.
- Background checks are conducted for new hires, promotions, and every four years for existing staff and contractors.
- Staff are required to report any arrest activity through designated reporting structures.
- The agency is committed to disclosing substantiated allegations of sexual abuse or harassment involving former employees to requesting institutional employers.

**PROVISION (a)**

The PAQ affirmed, and HR interviews confirmed, that the agency prohibits hiring, promoting, or contracting individuals who may have contact with incarcerated individuals and who:

- Have engaged in sexual abuse in a correctional or custodial setting as defined under 42 U.S.C. 1997;
- Have been convicted of sexual activity in the community involving force, coercion, or where the victim could not or did not consent; or
- Have been civilly or administratively adjudicated for such conduct.

The PAQ reports a staffing level of 102 employees, with 35 new hires in the preceding 12 months, as well as 29 contractors and 6 volunteers. Review of 34 randomly selected personnel files confirmed full compliance with background check documentation and required PREA disclosures.

**Policy reference:**

- Policy 430.00 (pp. 7-8): Requires all individuals with potential contact with incarcerated persons to disclose prior misconduct during hiring, promotion, and every four years. The policy explicitly prohibits employment or service engagement under the disqualifying criteria outlined above.
- Policy 132.00 (p. 2, Section E): Mirrors the disqualifications detailed in Provision (a) and further mandates ongoing disclosure obligations.

**PROVISION (b)**

The PAQ indicates the agency considers any history of sexual harassment when making hiring or promotion decisions or when contracting services with individuals who may have contact with inmates. This practice was affirmed during HR interviews.

In the past year, 35 individuals were hired. Each was subject to a complete background check prior to employment, consistent with agency protocol.

**PROVISION (c)**

According to the PAQ and confirmed by HR personnel, prior to hiring individuals who may have inmate contact, the agency:

- Conducts criminal background checks
- Makes all reasonable efforts, within the bounds of applicable laws, to contact prior institutional employers for information on substantiated sexual abuse allegations or resignations during active investigations.

A total of 35 individuals were hired during the previous 12 months. Documentation and interviews verified adherence to these practices.

**Policy reference:**

Policy 430.00 (p. 8, Section S): Mandates best efforts to contact former institutional employers for information related to sexual abuse allegations and outlines the requirement to provide such information to future employers upon request.

**PROVISION (d)**

The PAQ confirmed that criminal background checks are completed prior to engaging any contractor who may have contact with inmates. Currently, five contracts involve staff subject to these checks, and each individual is screened at the start of service and every four years thereafter.

**Policy reference:**

Policy 430.00 (p. 8, Section Q): Includes requirements for checking child abuse registries when applicable and mandates background checks for contractors working with juveniles.

**PROVISION (e)**

The PAQ reflects that all employees and contractors undergo a full criminal background check at a minimum of every four years. This was corroborated during HR interviews.

**Policy reference:**

Policy 430.00 (p. 8, Section R): Establishes a four-year interval for repeating criminal background investigations for employees, volunteers, interns, and contractors.

**PROVISION (f)**

Applicants and staff with potential inmate contact must respond to questions regarding prior sexual misconduct during the application, interview, and annual evaluation processes. There is a continuous, affirmative duty to disclose any such misconduct.

This was confirmed through documentation and interviews with HR personnel.

	<p><b>Policy reference:</b></p> <p>Policy 132.00 (p. 2, Section E): Defines prohibited conduct and reinforces the obligation for truthful disclosure during hiring and throughout employment.</p> <p><b>PROVISION (g)</b></p> <p>As reported on the PAQ and affirmed by HR staff, failure to disclose prior misconduct or the provision of materially false information regarding such misconduct is grounds for termination.</p> <p>This accountability measure is embedded in agency hiring and retention practices and reflects a zero-tolerance stance for dishonesty related to sexual abuse or harassment.</p> <p><b>CONCLUSION</b></p> <p>Based on a thorough review of documentation, personnel records, and comprehensive interviews with HR staff, the Auditor concludes that the facility is in full compliance with all provisions under PREA Standard §115.17. The agency has developed and implemented an effective, accountable system for ensuring that individuals hired, promoted, or contracted to work within the facility do not pose a risk to the safety and dignity of those in custody.</p>
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<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>To assess the facility’s compliance with PREA Standard §115.18 – Upgrades to Facilities and Technologies, the Auditor conducted a thorough review of the Pre-Audit Questionnaire (PAQ) and supporting documentation submitted by the agency in advance of the on-site audit. Among the key documents reviewed was the 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 agency’s responsibilities and practices related to facility upgrades, renovations, and technological enhancements, particularly as they pertain to the prevention, detection, and response to sexual abuse and harassment.</p> <p><b>OBSERVATIONS</b></p> <p>During the physical inspection of the facility, the Auditor observed the placement and coverage of the security infrastructure, including surveillance cameras and strategically located security mirrors. The combined use of fixed video monitoring and visual sightlines created by mirrors was noted as a means of enhancing staff</p>



supervision and maintaining a safer environment for incarcerated individuals.

## **INTERVIEW**

Facility Head

In a detailed interview with the Facility Head, several key practices and safeguards were discussed that demonstrate a proactive and informed approach to institutional safety and PREA compliance:

- The Facility Head confirmed that the facility benefits from comprehensive surveillance coverage, supported by the strategic use of security mirrors in areas where camera coverage might be limited. This layered security design contributes to staff's ability to monitor and respond to incidents effectively.
- Any future construction projects, renovations, or modifications to the physical plant would be undertaken only after thorough consideration of the potential impact on resident safety, including the facility's ability to protect individuals from sexual abuse.
- The Facility Head described a collaborative decision-making process that involves meetings with executive leadership and key facility supervisors whenever building or renovation projects are proposed. These meetings include discussions of camera placements, monitoring technology, and other safety enhancements.
- In addition to discussions about facility design, these meetings serve as a platform to review and analyze critical facility data. Topics covered include grievances, disciplinary reviews, video summary evaluations, use-of-force incidents, and sexual abuse allegations. Broader institutional metrics such as overtime usage, staff leave, and morale are also routinely evaluated.

This integrated approach demonstrates that the facility not only considers physical and technological design through a PREA lens, but also uses regular performance data to inform institutional improvements.

## **PROVISION (a)**

The PAQ indicates that the agency has not designed or acquired any new facilities nor made substantial expansions or modifications to existing structures since August 20, 2012, or since the last PREA audit, whichever date is more recent.

Policy 430.00 (p. 8, Section T) reinforces the agency's obligation to ensure that any future design, acquisition, or substantial expansion/modification of facilities is evaluated for its impact on the ability to protect individuals in custody from sexual abuse. The policy explicitly requires the facility's PREA Compliance Manager (PCM) to consult with the Office of PREA Compliance when planning or implementing any upgrades to video monitoring systems, electronic surveillance systems, or related technologies. This consultation ensures that all technological improvements are aligned with the overarching goal of enhancing resident safety and sexual abuse prevention.

	<p><b>PROVISION (b)</b></p> <p>The facility also reported in the PAQ that it has not installed or updated any video monitoring systems, electronic surveillance tools, or other monitoring technologies since August 20, 2012, or since the date of the last PREA audit, whichever is later.</p> <p>Although no recent installations or upgrades have occurred, the policy guidance outlined in Provision (a) remains applicable. Should future enhancements be considered, the WVDCR's internal protocols ensure that such efforts will be reviewed through a PREA compliance framework, with emphasis on how technology can strengthen oversight and prevent sexual abuse.</p> <p><b>CONCLUSION</b></p> <p>Following a comprehensive review of facility documentation, policies, physical infrastructure, and staff interviews, the Auditor concludes that the agency is in full compliance with the requirements outlined in PREA Standard §115.18. While no new construction, significant facility modifications, or technological upgrades have occurred since the last audit, the agency has demonstrated a clear commitment to incorporating PREA principles into any future planning and development. The facility's leadership, policies, and internal review processes collectively support a culture of safety, accountability, and vigilance in protecting individuals from sexual abuse.</p>
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<b>115.21</b>	<b>Evidence protocol and forensic medical examinations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>To evaluate the facility's adherence to PREA Standard §115.21, which governs evidence protocols and victim advocacy, the Auditor conducted a detailed and methodical review of several key documents. These materials collectively demonstrate how the West Virginia Division of Corrections and Rehabilitation (WVDCR) ensures a trauma-informed and legally sound response to sexual abuse allegations:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ), including all supporting attachments submitted by the facility.</li> <li>• WVDCR Policy 430.00, titled Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022. This comprehensive directive outlines investigative responsibilities, evidence preservation protocols, access to forensic medical services, and victim advocacy procedures.</li> <li>• Memorandum of Understanding (MOU) with the West Virginia Foundation for Rape Information and Services (FRIS). This agreement guarantees</li> </ul>

incarcerated individuals access to trained, independent victim advocates before, during, and after any forensic medical procedure.

- Memorandum of Understanding (MOU) with the Sexual Abuse Response Team (S.A.R.T.), which facilitates the provision of forensic examinations by qualified SAFE/SANE personnel in response to incidents of sexual abuse.

## **INTERVIEWS**

### **PREA Director/Coordinator**

The Director of PREA Compliance (DPC) confirmed the agency's adoption of an evidence collection protocol that is aligned with national best practices, emphasizing both trauma sensitivity and legal integrity. This standardized process is followed during both administrative and criminal investigations. The DPC further emphasized the agency's commitment to providing timely access to forensic medical care and professional advocacy, coordinated through formal agreements with qualified external partners.

### **PREA Compliance Manager (PCM)**

The facility's PREA Compliance Manager reported that during the most recent 12-month reporting period, three forensic medical examinations were completed in response to allegations of sexual abuse. The PCM highlighted the facility's formal partnership with FRIS, which ensures that victim advocacy services are integrated into both the investigative and medical response processes.

### **SAFE/SANE Medical Personnel**

Sexual Assault Forensic Examiners (SAFE) and Sexual Assault Nurse Examiners (SANE) provided firsthand information on the medical response procedures, including:

- Immediate availability of victim advocates upon request.
- All forensic medical examinations are performed at Logan Regional Medical Center, located at 20 Hospital Drive, Logan, WV 25601. The facility's SAFE/SANE staff or, when unavailable, an emergency room physician conducts the exams.
- The victim advocate remains present throughout the forensic examination, offering emotional support and helping survivors navigate the process.
- Post-exam care includes referrals for mental health services, with support coordinated between FRIS and the facility's internal mental health team.

The facility maintains MOUs with both FRIS and S.A.R.T. to ensure comprehensive care.

Incarcerated individuals are never financially responsible for any aspect of the forensic examination or related treatment.

### **Facility Staff**

Staff interviews revealed consistent and well-informed responses regarding evidence preservation and sexual abuse reporting procedures. All staff were able to:

- Clearly describe the steps for protecting physical evidence following an allegation.
- Explain their individual responsibilities, including the handoff of the case to appropriate medical or investigative personnel.
- Incarcerated Individuals Who Reported Sexual Abuse

Interviews with individuals who had reported sexual abuse revealed high levels of satisfaction with staff responsiveness and the investigative process. The following themes were consistently reported:

- Staff responded promptly and appropriately to reports of sexual abuse.
- Incarcerated individuals were referred for forensic medical exams when warranted.
- Victim advocates were made available and accompanied individuals throughout the exam.
- No individual was asked to bear the financial cost of any part of the examination or treatment.
- Polygraph tests were not used as part of the investigation.
- Incarcerated individuals received written notification of the outcomes of their investigations.

## **PROVISIONS**

### **Provision (a) - Evidence Protocol and Investigative Roles**

The facility's investigative responsibilities are shared between WVDCR for administrative cases and the West Virginia State Police for criminal cases. Both entities follow evidence-handling protocols consistent with PREA standards.

#### **Policy Reference:**

- Policy 430.00, p. 18, Section VIII.A.2: Assigns specific staff to investigate inmate-on-inmate sexual harassment.
- Policy 430.00, p. 20, Section D: Requires the presence of a rape crisis advocate during investigative processes.

### **Provision (b) - Youthful Inmates**

The facility does not house individuals under the age of 18. However, the existing policies and procedures are written with the flexibility to accommodate youthful individuals in the future, using developmentally appropriate methods.

#### **Policy Reference:**

Policy 430.00, p. 19, Section F: Aligns investigative procedures with national protocols

for forensic exams of adolescents and adults, as recommended by the U.S. Department of Justice.

**Provision (c) - Forensic Medical Examinations**

Three forensic exams were conducted in the past year, with services provided at no cost to the survivors. In all cases, forensic exams were conducted by qualified SANE/SAFE staff, or by emergency room physicians when necessary.

**Policy References:**

- Policy 430.00, p. 20, Section I: Ensures victims are accompanied by an advocate or trained staff during forensic exams and interviews.
- Policy 430.00, p. 23, Section B: Requires that exams are conducted by medical professionals at external healthcare facilities.

**Provision (d) - Victim Advocate Access**

The MOU with FRIS ensures that trained victim advocates are available to support survivors throughout the investigative and medical processes.

**Policy Reference:**

Policy 430.00, p. 23, Section D: States that advocates from rape crisis centers are to be present during exams and interviews.

**Provision (e) - Scope of Advocacy Services**

The advocacy services provided through FRIS include emotional support, crisis counseling, accompaniment during medical exams, and referrals to additional resources.

**Policy Reference:**

Policy 430.00, p. 23, Section D: Requires that either advocates or qualified facility staff provide comprehensive support through the duration of the response process.

**Provision (f) - Investigative Agency Compliance**

Criminal investigations are referred to the West Virginia State Police, and the facility ensures that these external agencies comply with all applicable PREA standards.

**Policy Reference:**

Policy 430.00, p. 23, Section D: Directs the facility to monitor outside investigative agencies to ensure compliance with PREA mandates.

**Provision (g) - Not Applicable**

This provision does not apply to the current audit, per PREA Auditor Handbook criteria.

	<p><b>Provision (h) - Ongoing Advocacy Partnership</b></p> <p>The facility maintains a well-established, active partnership with FRIS, ensuring ongoing access to high-quality, trauma-informed advocacy services for any incarcerated person who experiences sexual abuse.</p> <p><b>CONCLUSION</b></p> <p>Following an in-depth review of agency policy, supporting documentation, and comprehensive interviews with facility leadership, medical staff, and both internal and external partners, the Auditor concludes that the facility is in full compliance with PREA Standard §115.21. The agency's protocols reflect a strong commitment to the preservation of evidence, survivor-centered care, collaboration with external experts, and the protection of the rights and dignity of all incarcerated individuals impacted by sexual abuse.</p>
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<b>115.22</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>To evaluate compliance with PREA Standard §115.71, the Auditor conducted an extensive review of key documentation relevant to the facility's investigative practices. The materials examined included:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022</li> <li>• PREA Allegation Investigative Records</li> <li>• Investigative Staff Training Curriculum</li> <li>• Investigative Staff Training Records</li> </ul> <p>These documents collectively provided insight into the facility's internal mechanisms for documenting, referring, and investigating allegations of sexual abuse and sexual harassment. They also demonstrated the agency's structured approach to staff training, investigative integrity, and procedural compliance.</p> <p><b>INTERVIEWS</b></p> <p><b>Facility Head or Designee:</b></p> <p>The Facility Head offered a comprehensive account of the procedures followed when responding to allegations of sexual abuse or sexual harassment. It was made clear that all reports—regardless of whether they suggest administrative or criminal violations—are treated with the utmost seriousness. The Facility Head affirmed that every allegation receives prompt attention and is investigated thoroughly in</p>

accordance with state law and WVDCR policy. Emphasis was placed on ensuring investigations are victim-centered, well-documented, and subject to appropriate oversight.

**Random Staff**

Staff members selected for interviews at random consistently demonstrated a clear understanding of their responsibilities under PREA. Without exception, each staff person stated they are required to report any knowledge, suspicion, or disclosure of sexual abuse or harassment immediately—and no later than the end of their shift. Their responses reflected a strong culture of accountability and a well-established understanding of reporting procedures, likely reinforced through recurring training and supervisory reinforcement.

**Investigative Staff:**

Investigators confirmed that every allegation of sexual abuse or sexual harassment is investigated, regardless of the initial assessment of severity. When an allegation contains potential criminal elements, it is referred without delay to the West Virginia State Police. Allegations deemed non-criminal are addressed through an internal administrative process in strict accordance with agency policy. Interview responses demonstrated a high level of professionalism, investigative rigor, and adherence to established protocols.

**PROVISIONS**

**Provision (a):**

According to information provided in the PAQ, the facility reported a total of two staff-on-incarcerated-person sexual abuse allegations during the 12-month review period. Both were subjected to administrative investigation. One of these was substantiated and subsequently referred to an external law enforcement agency for criminal investigation and potential prosecution. The other was found to be unsubstantiated following a complete investigation.

Additionally, five inmate-on-inmate sexual abuse allegations were reported during the same period. All five were investigated administratively; four were unsubstantiated, while one was substantiated and referred externally for criminal investigation. These referrals reflect the agency’s ongoing commitment to ensuring that substantiated cases receive the attention of the appropriate law enforcement body.

During the review period, three forensic medical examinations were conducted. All were performed by certified Sexual Assault Nurse Examiners (SANEs) at Logan Regional Medical Center in Logan, WV. This practice supports a trauma-informed response and ensures that victims receive high-quality, specialized medical care.

**Provision (b):**

The agency’s referral practices are governed by WVDCR Policy 430.00, which mandates that all allegations of sexual abuse or sexual harassment be referred for investigation unless the alleged conduct is not potentially criminal. Section VIII, Paragraph 4 of this policy outlines the responsibilities of the agency’s Criminal Investigations Division (CID), including making referrals for criminal allegations and

	<p>providing investigative support as needed. This policy is readily available to the public on the agency’s official website, reinforcing a commitment to transparency: <a href="https://dcr.wv.gov/resources/Pages/prea.aspx">https://dcr.wv.gov/resources/Pages/prea.aspx</a></p> <p>The Facility Head confirmed that all referrals to outside law enforcement are fully documented, ensuring proper tracking and accountability.</p> <p><b>Provision (c):</b> Facility procedures clearly delineate the responsibilities for handling different types of allegations. Internal staff manage administrative investigations, while any allegation suggesting criminal behavior is immediately referred to the West Virginia State Police. This distinction ensures that investigations are conducted by the appropriate authority and remain consistent with applicable laws and professional standards.</p> <p><b>Provisions (d) and (e):</b> These provisions are excluded from the scope of evaluation under this standard and were therefore not reviewed as part of the current audit process.</p> <p><b>CONCLUSIONS</b> Based on an in-depth review of agency policies, investigative records, training documentation, and comprehensive interviews with leadership and staff, the Auditor finds that the facility fully complies with PREA Standard §115.71. The agency has implemented effective systems to ensure that all allegations are promptly and appropriately investigated—whether internally or externally—and that staff are well-informed and prepared to uphold their obligations. The established protocols reflect a thorough, policy-driven approach aimed at protecting the rights and safety of individuals in custody, while promoting institutional accountability and transparency.</p>
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115.31	Employee training
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>DOCUMENT REVIEW</b> As part of the audit process, the Auditor conducted a thorough examination of key documents relevant to compliance with PREA Standard §115.31 – Employee Training. Reviewed materials included the facility’s Pre-Audit Questionnaire (PAQ) along with all accompanying documentation, the West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00 titled Prison Rape Elimination Act (PREA) Compliance (effective October 7, 2022), the staff PREA training curriculum, and individual staff training records. This review was conducted to verify that training content meets the required elements of the standard and that staff have been appropriately trained and certified.</p> <p><b>INTERVIEWS</b></p>



## **Random Staff**

During interviews with a cross-section of randomly selected staff, the Auditor confirmed that employees receive PREA training during their initial orientation or shortly after PREA standards were implemented. All interviewed staff affirmed that they continue to receive regular, annual refresher training on PREA requirements. Many also reported receiving supplementary PREA information during shift briefings and monthly meetings, underscoring the facility's commitment to ongoing education and awareness.

## **PROVISIONS**

### **Provision (a): Initial and Comprehensive Training**

According to WVDCR Policy 430.00 (p. 8, Section A), all newly hired employees—including contractors, volunteers, mentors, and interns—must receive training on the Division's zero-tolerance stance regarding sexual abuse and harassment. This training is required at orientation and must be completed within thirty (30) days of the individual's hire or the initiation of their services.

Further, Policy 430.00 (p. 8, Section B) outlines that the initial training shall, at a minimum, address the following 13 elements:

1. Sexual contact with individuals in custody is prohibited.
2. The right of individuals to report incidents of sexual contact.
3. The DCR's zero-tolerance policy for sexual abuse and harassment.
4. Staff responsibilities under PREA-related policies and procedures.
5. The right of individuals to be free from sexual abuse and harassment.
6. Protection against retaliation for reporting such incidents.
7. Understanding the dynamics of sexual abuse and harassment in confinement.
8. Common reactions of individuals who have been victimized.
9. Identifying and responding to signs of actual or threatened abuse.
10. Avoiding inappropriate relationships with those in custody.
11. Communicating respectfully and effectively, including with LGBTI and gender nonconforming individuals.
12. Complying with West Virginia's mandatory reporting laws.
13. Understanding the scope of sexual misconduct within confinement settings.

The Auditor reviewed the facility's PREA training curriculum and verified that each of these required elements is incorporated into the course materials. The training is structured with numbered modules to enhance comprehension and retention. The curriculum is adapted to the specific responsibilities of various staff roles, ensuring that training is appropriately tailored to the level and type of contact each employee has with individuals in custody.

Training records for staff representing a range of departments were also reviewed. Each file contained evidence confirming the completion of PREA training requirements, including signed acknowledgment forms, certificates of completion,

and documented training dates. The Auditor also examined sign-in sheets from the prior twelve months, all of which bore staff signatures verifying participation in refresher training.

**Provision (b): Gender-Responsive Training**

Policy 430.00 (p. 9, Section D) requires that staff training be appropriate to the gender composition of the population housed in the facility. The Auditor confirmed through both document review and interviews that training materials address issues relevant to both male and female populations.

Further, when an employee is transferred to a facility with a different population demographic, such as from a male to a female facility, the staff member is provided with refresher training that focuses on the unique needs and considerations of the new setting. The reviewed curriculum includes components on working with transgender individuals and addresses procedures related to cross-gender searches and communication strategies.

**Provision (c): Ongoing and Volunteer/Contractor Training**

In alignment with Provision (c) and as outlined in Policy 430.00 (p. 9, Section E), all employees are provided with annual refresher training to ensure continued knowledge of current PREA-related policies and procedures. Volunteers and contractors who have contact with individuals in custody are also trained based on the nature and level of their interaction with the population. All such individuals are required to be informed of the DCR's zero-tolerance policy and their responsibilities under the PREA framework.

At the time of the audit, 102 staff were assigned to the facility. The Auditor conducted a review of training records for a representative sample and confirmed that all individuals had received PREA refresher training within the past year. In addition to the formal annual sessions, PREA-related topics are routinely reinforced through shift change briefings, internal memos, visual aids such as posters, and in-service presentations. Training content is updated regularly to reflect any changes in policy or procedure.

**Provision (d): Documentation of Training**

Policy 430.00 (p. 9, Section C) mandates that each facility document that employees, volunteers, and contractors have received and understood the training provided. This is accomplished through Certificates of Understanding and Acknowledgment of Receipt forms, which are maintained in each individual's training file. A copy of the documentation is also sent to the Office of PREA Compliance for recordkeeping.

The Auditor reviewed these forms in each of the sampled training files. In every case, the documentation was complete and reflected attendance at multiple training sessions across the past year. In cases where staff were not issued separate acknowledgment forms, attendance was verified through signed training rosters maintained by the facility's training coordinator.

	<p><b>CONCLUSION</b></p> <p>After a detailed review of all relevant policies, training records, and staff interviews, the Auditor concludes that the agency and facility are in full compliance with each provision of PREA Standard §115.31. The training provided to staff, contractors, and volunteers is comprehensive, regularly updated, gender-responsive, and appropriately documented. The commitment to staff education on PREA principles is clearly demonstrated through a strong training infrastructure and consistent reinforcement of zero-tolerance values throughout the facility.</p>
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<b>115.32</b>	<b>Volunteer and contractor training</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>To assess compliance with PREA Standard §115.32 – Training of Volunteers and Contractors, the Auditor conducted a detailed review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation provided by the facility. Central to this review was the 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 agency's expectations for training contractors and volunteers, emphasizing the importance of consistent education and clear communication regarding sexual abuse and harassment prevention, detection, and response protocols.</p> <p><b>INTERVIEWS</b></p> <p><b>Contractor Interviews</b></p> <p>During on-site interviews, contractors were able to confidently articulate their understanding of PREA and the agency's zero-tolerance policy toward sexual abuse and sexual harassment. Each contractor confirmed having received PREA-specific training tailored to the nature of their duties and level of contact with incarcerated individuals. When asked about their responsibilities if confronted with a PREA-related incident, contractors accurately described their obligation to report such incidents immediately and outlined the appropriate procedures.</p> <p><b>Volunteer Interviews</b></p> <p>Volunteers interviewed during the audit also demonstrated a sound understanding of their roles under PREA. Like the contractors, they affirmed that they had received training specific to their duties within the facility. Each volunteer was able to articulate not only what PREA stands for but also how to recognize and report sexual abuse or harassment. Their responses reflected both a clear awareness of the agency's zero-tolerance stance and a strong commitment to ensuring the safety and dignity of those in custody.</p>

## **PROVISIONS**

### **Provision (a):**

According to the PAQ, the facility reported that all volunteers and contractors who have contact with incarcerated individuals receive training aligned with agency policies and procedures related to the prevention, detection, and response to sexual abuse and sexual harassment. As of the audit period, the facility documented 29 volunteers and contractors who had been trained accordingly. This was confirmed through interviews, as both groups substantiated their receipt of training and their understanding of the associated responsibilities.

The Auditor reviewed documentation for 29 contractors and volunteers with potential inmate contact. Each file contained evidence of completed PREA training, further validating compliance with this provision.

Additionally, the facility reported that contractors receive the same orientation training provided to newly hired WVDCR employees, further reinforcing consistent expectations across personnel.

WVDCR Policy 430.00, p. 9, section E, reinforces this requirement by stating:

“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.”

### **Provision (b):**

The PAQ affirms that the level and type of PREA training provided to volunteers and contractors is determined by the services they provide and their expected level of inmate interaction. Interviews with both groups supported this claim, as individuals described tailored training that addressed their specific duties. All reported receiving clear guidance on the agency's zero-tolerance policy and were informed about the procedures for reporting any observed or suspected sexual abuse or harassment.

At a minimum, training content for all volunteers and contractors includes:

- The agency's zero-tolerance policy for sexual abuse and harassment.
- Procedures for reporting incidents or suspicions of sexual abuse or harassment.
- This approach ensures that all individuals with inmate contact are prepared to recognize inappropriate behavior and take prompt, appropriate action.

### **Provision (c):**

The agency maintains documentation verifying that volunteers and contractors not only received but understood the PREA training. As outlined in both the PAQ and agency policy, all contractors and volunteers sign an acknowledgment or certificate of understanding upon completion of their training. These forms are retained in individual training files, with copies also forwarded to the Office of PREA Compliance,

	<p>in accordance with agency procedures.</p> <p>WVDCR Policy 430.00, p. 9, section C, specifically states:</p> <p>“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.”</p> <p>The Auditor confirmed that the facility consistently implements this requirement, and reviewed a representative sample of acknowledgment forms to validate this practice.</p> <p><b>CONCLUSION</b></p> <p>Following an extensive review of relevant policies, documentation, and interview responses, the Auditor concludes that the facility fully complies with PREA Standard §115.77. The agency has clearly established expectations for volunteer and contractor training, and these expectations are consistently met. Training content is tailored to the level of inmate contact, and documentation verifies both delivery and comprehension. Interviews with volunteers and contractors further affirmed the effectiveness of the training, as each individual demonstrated a solid understanding of their obligations to prevent, detect, and report incidents of sexual abuse or harassment.</p>
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115.33	Inmate education
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>The Auditor conducted a thorough review of all documentation relevant to PREA Standard §115.33 – Inmate Education. This included the Pre-Audit Questionnaire (PAQ) and supporting materials submitted by the facility, such as:</p> <ul style="list-style-type: none"> <li>• West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, titled Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022.</li> <li>• The WVDCR PREA Education Brochure, provided in both English and Spanish.</li> <li>• Inmate PREA educational materials, including the Inmate Handbook and orientation resources.</li> </ul> <p><b>OBSERVATIONS</b></p> <p>During the on-site audit, the Auditor observed PREA-related educational materials posted prominently in inmate housing units and other shared areas throughout the facility. These included PREA informational posters and brochures available in both English and Spanish. These postings were consistent and accessible, ensuring</p>

inmates had continual access to information on how to protect themselves and report abuse or harassment.

## **INTERVIEWS**

### **Intake Staff**

Through interviews, intake staff confirmed that all individuals entering the facility are provided with an Admissions and Orientation (A&O) Handbook upon arrival. Each person signs an acknowledgment form, which is retained in their institutional file to document receipt of this material.

### **Random Inmates**

Inmates selected randomly for interviews consistently reported that they received PREA-related materials, the Inmate Handbook, and detailed information about the agency's zero-tolerance policy and reporting mechanisms upon arrival.

## **PROVISIONS**

### **Provision (a)**

The PAQ indicated that during intake, every inmate is provided with information about the agency's zero-tolerance stance on sexual abuse and sexual harassment, as well as clear instructions on how to report any incidents or suspicions of such conduct.

This introductory information, while not exhaustive, is designed to equip newly admitted individuals with immediate guidance to help ensure their safety until they participate in a more comprehensive PREA education session. Interviews with intake staff confirmed that this practice is consistent and standard.

According to the PAQ, 3,260 individuals were admitted to the facility during the past 12 months, and 100% were provided PREA information at the time of intake. This was corroborated by intake staff and supported by documentation.

In interviews, all 26 randomly selected inmates confirmed receiving PREA materials within 24 hours—or less—of their arrival at the facility. The Auditor further reviewed the files of 50 inmates and verified that each file contained documentation confirming receipt of PREA education upon intake.

WVDCR Policy 430.00, Section IV.A (p.10), mandates that all individuals receive age-appropriate PREA education during intake—and annually, if applicable. This education includes the zero-tolerance policy and information on how to report sexual abuse or harassment. The policy requires this information be provided verbally and in writing, in language that is clearly understood by the individual.

### **Provision (b)**

According to the PAQ, all 3,260 individuals admitted in the past 12 months remained at the facility for more than 30 days and received comprehensive PREA education as required. The educational content included:

- The agency's zero-tolerance policy regarding sexual abuse and harassment (WVDCR PREA Pamphlet)
- Reporting mechanisms for abuse and harassment (Inmate Handbook)
- The individual's right to be free from sexual abuse and harassment (Inmate Handbook)
- Protection from retaliation for reporting or cooperating with investigations (PREA Brochure)
- Safety tips to help avoid victimization (Inmate Handbook)
- An overview of the agency's policies and procedures for responding to incidents (Inmate Handbook)
- Intake staff also indicated that individuals are informed about the presence of both male and female staff within the housing units, the facility's prohibition on retaliation for reporting or cooperating in investigations, and the basic investigation process.

#### **Provision (c)**

The PAQ reflects that every individual admitted to the facility received comprehensive PREA education within 30 days of arrival.

As indicated under Provision (a), PREA materials are provided at intake before housing assignment, regardless of whether the individual is a new commitment or a transfer from another facility.

WVDCR Policy 430.00, Section IV.B (p.11), requires that all individuals receive updated PREA education upon transfer to a new facility. This includes a handbook and additional PREA-specific instruction.

#### **Provision (d)**

The PAQ confirms that PREA education is made accessible to all inmates, including those with limited English proficiency, visual or hearing impairments, cognitive challenges, or limited reading skills. The facility documents inmate participation in PREA education sessions.

Spanish-language versions of all PREA materials are available and mirror their English counterparts. The facility also utilizes Language Line to provide interpretation services for additional languages, including American Sign Language (ASL).

**Hearing-impaired** individuals receive PREA education through visual formats, including written materials and videos, as well as Video Remote Interpreting in ASL.

**Visually impaired** individuals receive information audibly through staff-read materials or recordings, and materials are also available in Braille.

**Cognitively impaired** or low-literacy individuals are provided PREA information audibly or in simplified formats to ensure comprehension.

WVDCR Policy 430.00, Section IV.A (p.10), reinforces the requirement to communicate PREA information in a way that is accessible and clearly understood by each

	<p>individual.</p> <p><b>Provision (e)</b></p> <p>The PAQ and interviews confirm that the facility maintains documentation of inmate participation in both intake and comprehensive PREA education sessions. The PCM verified that this documentation is consistently maintained.</p> <p>The Auditor reviewed 50 inmate records and found that each documented receipt of PREA education within 24 hours of arrival. Additionally, all 50 records included documentation confirming completion of comprehensive PREA education, also within 24 hours of arrival.</p> <p>As detailed under Provision (b), 100% of individuals admitted in the last 12 months received both the initial and comprehensive PREA education.</p> <p>WVDCR Policy 430.00, Section N (p.7), mandates that PREA education be delivered in alternative formats for individuals with disabilities, ensuring effective communication. It also requires that key PREA information be continuously accessible through posters or written materials, aligning with Standards 115.33(e) and (f).</p> <p><b>Provision (f)</b></p> <p>The PAQ confirms that the agency ensures key information about PREA policies remains visible and readily available through multiple formats, including posters, handbooks, and written materials.</p> <p>During the facility tour, the Auditor observed PREA-related postings throughout the housing units and common areas. These included information about the zero-tolerance policy, reporting mechanisms, and protection from retaliation. Materials were present in both English and Spanish, ensuring accessibility for individuals with limited English proficiency.</p> <p><b>CONCLUSION</b></p> <p>Based on an exhaustive review of policies, documentation, interviews, and on-site observations, the Auditor concludes that the facility meets all provisions of PREA Standard §115.33 – Inmate Education. The facility has established robust procedures to ensure that all individuals receive timely, accessible, and comprehensive PREA education and that key information remains continuously available throughout their stay.</p>
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<b>115.34</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>



## **DOCUMENT REVIEW**

In assessing compliance with PREA Standard §115.34 – Specialized Training: Investigations, the Auditor conducted a comprehensive review of relevant documentation submitted by the facility. This review included:

- The Pre-Audit Questionnaire (PAQ) and all associated supporting documentation.
- West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, titled Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022.
- Training records specific to facility-based investigators, including certificates of completion and attendance documentation for both general PREA training and specialized investigative instruction.
- The agency’s specialized training curriculum designed for investigative staff, detailing key competencies necessary for effectively investigating incidents of sexual abuse and harassment in correctional environments.

This thorough document review provided essential insight into the agency’s training approach and established a clear foundation for assessing compliance with each provision of the standard.

## **INTERVIEWS**

### **Investigative Staff**

As part of the on-site assessment, the Auditor interviewed facility-assigned investigative personnel responsible for conducting inquiries into allegations of sexual abuse and sexual harassment. Each staff member confirmed they had received general PREA training applicable to all employees, in addition to the required specialized instruction designed for investigators.

Through these interviews, the Auditor confirmed that investigative staff possessed a solid understanding of the specialized knowledge areas required by this standard. Investigators were able to clearly articulate the application of trauma-informed interviewing strategies, demonstrate awareness of the proper use of Miranda and Garrity warnings, and describe appropriate methods for evidence collection and case substantiation in a confinement setting. Their responses affirmed that they were adequately prepared to perform investigative functions in alignment with PREA expectations and best practices.

## **PROVISIONS**

### **Provision (a): Specialized Investigator Training**

The facility reported through the PAQ that all individuals tasked with investigating allegations of sexual abuse or sexual harassment have completed specialized training beyond the general PREA instruction provided to all staff. This additional training is customized to meet the distinct challenges of conducting investigations within a

correctional setting.

The Auditor verified compliance through review of training documentation, including attendance logs, certificates, and curriculum outlines. These materials confirmed that all designated investigative personnel had participated in the required training, in accordance with agency policy and PREA Standard §115.34(a).

According to WVDCR Policy 430.00 (dated October 7, 2022, pp. 9-10, Section F), all investigators are required to receive specialized instruction provided by the Corrections Investigation Division (CID). This training must be documented in the investigator's personnel file, with a copy submitted to the Office of PREA Compliance. The policy mandates that investigators be trained in the following areas:

- Trauma-informed techniques for interviewing victims of sexual abuse
- Legal and procedural application of Miranda and Garrity warnings
- Evidence collection methods appropriate to correctional environments
- The evidentiary standards necessary to support administrative and criminal findings

This policy framework ensures that investigative staff are equipped with the tools necessary to handle complex cases with professionalism, legal integrity, and victim sensitivity.

#### **Provision (b): Training Curriculum Content**

The PAQ affirms, and the Auditor confirmed, that the curriculum for specialized investigative training addresses all four components required under this provision. The curriculum content reviewed during the audit includes:

- Training on trauma-informed approaches to interviewing individuals who may have experienced sexual abuse.
- Instruction on the legal standards and appropriate use of Miranda and Garrity warnings when conducting interviews or interrogations.
- Detailed guidance on collecting, handling, and preserving evidence within a secure correctional setting.
- Criteria for determining whether a case meets the standard for substantiation in either administrative or criminal investigations.

The training program is comprehensive and reflects current best practices for institutional investigations, ensuring that investigators are fully prepared to carry out their responsibilities effectively and in accordance with PREA requirements.

#### **Provision (c): Documentation of Completion**

To meet the requirements of this provision, the facility must maintain documentation verifying that all investigative staff have received and understood the specialized training.

	<p>During the audit, the Auditor reviewed a representative sample of training files for designated investigators. Each file included documentation of training completion, such as certificates, sign-in sheets, and acknowledgments of training content. This documentation demonstrated the agency's commitment to tracking and maintaining accurate training records in accordance with PREA standards.</p> <p>WVDCR Policy 430.00 (p. 9, Section C) further supports this requirement, stating that each facility must maintain a Certificate of Understanding to confirm that staff, volunteers, and contractors have received and comprehend the training provided. This documentation is stored in the individual's training file, with a copy forwarded to the Office of PREA Compliance.</p> <p><b>Provision (d): Not Applicable</b></p> <p>This provision was deemed not applicable for the purposes of this audit and was not assessed.</p> <p><b>CONCLUSION</b></p> <p>Following a comprehensive review of agency policy, investigative training records, curriculum content, and staff interviews, the Auditor finds the facility to be in full compliance with PREA Standard §115.34 – Specialized Training: Investigations.</p> <p>All investigative personnel assigned to handle allegations of sexual abuse or sexual harassment within the facility have received the required specialized training. The curriculum is thorough and appropriately tailored to the correctional environment, equipping staff with the skills necessary to conduct legally sound, trauma-informed, and procedurally compliant investigations. Additionally, the agency maintains detailed and organized training records that clearly demonstrate adherence to both agency policy and federal PREA standards.</p> <p>This level of preparation ensures that investigative staff are capable of responding effectively and sensitively to incidents of sexual abuse, thereby reinforcing the facility's overall commitment to safety, accountability, and zero tolerance for sexual misconduct.</p>
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<b>115.35</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>DOCUMENT REVIEW</b></p> <p>To assess compliance with PREA Standard §115.35 – Specialized Training: Medical and Mental Health Care, the Auditor conducted an extensive review of the following materials:</p>

- The Pre-Audit Questionnaire (PAQ) and all accompanying evidence 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;
- Training curriculum developed for medical and mental health staff, which outlines the required topics and delivery methods of specialized instruction;
- Training records and certificates for both contracted and direct-hire medical and mental health professionals assigned to the facility.

These documents provided a thorough basis for evaluating the agency's adherence to the requirements of this PREA standard.

## **INTERVIEWS**

### **Medical and Mental Health Staff**

As part of the on-site assessment, the Auditor conducted interviews with a cross-section of medical and mental health care practitioners currently working at the facility. Each staff member confirmed that they had received both general PREA education as well as the specialized training required for practitioners who may have contact with individuals who have experienced sexual abuse or harassment. The interviews revealed a strong awareness of relevant protocols, including appropriate responses to disclosures, evidence preservation procedures, and mandatory reporting obligations.

## **PROVISIONS**

### **Provision (a): Specialized Training for Medical and Mental Health Practitioners**

According to the information provided in the PAQ, the agency maintains a policy that requires all medical and mental health staff who work regularly in WVDCR facilities to complete specialized training regarding the care of individuals who report sexual abuse or harassment. At the time of the audit, there were 18 practitioners regularly assigned to the facility, and the agency affirmed that all had completed the required training in full compliance with agency policy.

To validate this, the Auditor reviewed documentation for 22 medical and mental health professionals, including both general PREA training and the required specialized instruction. All reviewed files contained certificates of completion, sign-in sheets, or other documentation demonstrating compliance.

WVDCR Policy 430.00 (Section G, page 10) clearly mandates that, in addition to general PREA training received during orientation, all full- and part-time medical and mental health staff must undergo specialized instruction coordinated by a qualified provider. This training must be completed upon hire or no later than one month from the date of employment. Notably, the policy explicitly prohibits contract medical staff from conducting forensic medical examinations, thereby ensuring such examinations are performed only by qualified, authorized professionals.

The required specialized training includes, at a minimum:

- How to identify and preserve physical evidence following a sexual abuse allegation;
- Effective, trauma-informed, and professional response techniques when working with individuals who disclose sexual abuse or harassment;
- Clear procedures for reporting allegations or suspicions of sexual abuse or harassment;
- Awareness of internal reporting channels and the chain of notification required by agency policy.

**Provision (b): Forensic Examinations**

This provision is not applicable to this facility. WVDCR policy prohibits medical staff assigned to this facility from performing forensic medical examinations in response to allegations of sexual abuse. Such exams are referred to external, trained forensic medical professionals.

**Provision (c): Documentation of Training Completion**

The agency maintains accurate and verifiable records confirming that all medical and mental health care practitioners assigned to the facility have successfully completed the required training. This includes both general PREA instruction and the specialized training detailed under this standard.

As noted in Provision (a), the Auditor reviewed training records during the site visit and confirmed that each practitioner interviewed recalled attending the required instruction. Documentation such as certificates of completion and signed training acknowledgments were present in personnel files, satisfying the standard's documentation requirement.

**Provision (d): General PREA Training for Medical Staff**

In addition to specialized instruction, all medical and mental health staff are required to complete the same general PREA training as is mandated for employees, contractors, and volunteers. This training ensures a foundational understanding of PREA-related responsibilities, including zero-tolerance policies, inmate rights, and mechanisms for reporting and responding to sexual misconduct.

The Auditor reviewed sign-in logs and training materials used during PREA orientation sessions. These materials aligned with agency policy and confirmed that both direct-hire and contract medical personnel had received this general training in addition to their role-specific instruction.

**CONCLUSION**

Following a comprehensive review of policy documents, staff interviews, training materials, and completed training records, the Auditor concludes that the facility is in full compliance with PREA Standard §115.35 – Specialized Training: Medical and Mental Health Care. All required training has been delivered in accordance with WVDCR policy, and all practitioners working at the facility are properly equipped to respond to incidents of sexual abuse or harassment with professionalism, empathy,

	<p>and adherence to agency protocols.</p> <p>The training program is robust, well-documented, and reflective of best practices in correctional health care. The agency’s structured approach to medical staff education demonstrates a strong institutional commitment to ensuring the safety, dignity, and legal rights of individuals in custody.</p>
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<b>115.41</b>	<b>Screening for risk of victimization and abusiveness</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>The Auditor conducted an extensive review of materials submitted prior to the on-site audit. These included the Pre-Audit Questionnaire (PAQ), accompanying documentation, and multiple key agency policies. Specifically, the review covered:</p> <ul style="list-style-type: none"> <li>• West Virginia Division of Corrections and Rehabilitation (WVDCR), Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022</li> <li>• WVDCR Policy 401.13, Special Attention &amp; Special Needs Alerts, dated August 29, 2022</li> <li>• The facility's Risk Screening Instrument and the 30-day Risk Reassessment Instrument</li> </ul> <p>These materials provided valuable insight into the institutional processes guiding PREA compliance, especially regarding the assessment and reassessment of individuals for potential risk of sexual victimization or abusiveness.</p> <p><b>OBSERVATIONS</b></p> <p>While on-site, the Auditor engaged in informal dialogue with facility staff regarding the intake process. These observations, though casual, helped validate and contextualize the practices outlined in policy documents.</p> <p><b>INTERVIEWS</b></p> <p><b>PREA Coordinator (PC) or Director of PREA Compliance (DPC)</b></p> <p>During a formal interview, the Director of PREA Compliance described the facility’s structured and secure approach to handling sensitive intake information. Medical professionals, mental health clinicians, classification officers, and the PREA Compliance Manager (PCM) are granted access to screening data—but strictly on a need-to-know basis. This access is governed by a clear emphasis on confidentiality and is used solely to inform treatment, security, housing, and placement decisions.</p>

The DPC also confirmed unequivocally that WVDCR does not house individuals solely for civil immigration detention.

### **Risk Screening Staff**

Staff tasked with conducting risk assessments detailed the structured approach to evaluating new arrivals. An initial risk screening is conducted within 24 hours of arrival, capturing key factors such as previous victimization, history of violence, and any past involvement in institutional incidents of abuse. A follow-up reassessment is completed within 30 days. Additionally, assessments are re-initiated when individuals return to the facility, following any PREA-related incident, or when new information emerges that could impact their safety. Notably, transgender individuals are assessed within 24 hours, again within 30 days, and then at a minimum every six months thereafter.

Staff were clear that individuals are never penalized for choosing not to answer specific screening questions. Instead, staff are encouraged to revisit the topic, explore the reasons for hesitancy, and make another attempt to engage the individual respectfully—without resorting to any disciplinary measures.

### **PREA Compliance Manager (PCM)**

The PCM emphasized that the core purpose of the risk screening is to enhance individual safety within the facility. Data collected during the intake process helps identify whether someone may be more vulnerable to sexual abuse or more likely to pose a threat to others. This information enables staff to make strategic decisions about housing and program placement. Like the DPC, the PCM confirmed that access to screening data is highly controlled and shared only with personnel whose responsibilities necessitate it.

### **Random Inmates**

Several individuals randomly selected for interviews were able to recall being asked detailed questions concerning their physical and emotional safety during their intake process. They specifically remembered questions regarding prior sexual victimization, first-time incarceration status, gender identity, and sexual orientation. Most confirmed they received their initial risk assessment within 72 hours of arrival, with a follow-up reassessment occurring within the expected timeframe.

### **Classification Staff**

Classification officers echoed the sentiment shared by risk screening staff, emphasizing that no individual is ever punished for refusing to answer intake screening questions. Instead, staff take the time to explain the intent behind each question and seek voluntary participation. Disciplinary measures are never used in response to non-disclosure.

## **PROVISIONS**

### **Provision (a)**

The PAQ confirms that the facility adheres to a policy mandating risk screening upon admission and during facility transfers. Interviews with staff and individuals incarcerated at the facility validated this claim. Every person interviewed recalled completing an initial screening within 24 hours of arrival, followed by a reassessment shortly thereafter.

The relevant guidance is provided in Policy 430.00, which states that every individual must undergo a private, individualized risk assessment during intake and upon transfer. The assessment includes, but is not limited to, an evaluation of:

- Gender identity or presentation (including LGBTI status)
- Mental, physical, or developmental disability
- Age and physical build
- Criminal history and current charges
- Prior experience with sexual victimization
- Emotional and cognitive development (for juveniles)
- Personal vulnerability perception
- History of violence or sex offenses
- Risk factors associated with civil immigration detention
- Other considerations requiring special housing or supervision

Additionally, Policy 401.13 outlines procedures for designating individuals who require special attention, including the use of electronic alerts in the Offender Information System (OIS) for monitoring and safety purposes.

**Provision (b)**

According to Policy 430.00, the initial screening must be completed within 72 hours of intake. Interviews and documentation confirmed the facility's consistent adherence to this timeline.

**Provision (c)**

The risk assessments are conducted using an objective screening tool—specifically, Attachment 3 of the PREA Compliance Manual. The Auditor reviewed completed examples of both initial and 30-day reassessments, confirming the facility's proper use of the standardized forms.

**Provision (d)**

The instrument used at intake comprehensively addresses the following:

- Mental, physical, and developmental disabilities
- Age and body type
- Incarceration history
- Nonviolent vs. violent criminal history
- Prior sex offense convictions
- Sexual orientation and gender identity



- Previous victimization
- Self-perception of vulnerability

**Provision (e)**

Staff confirmed the facility's intake screening captures known history related to:

- Sexual abuse perpetrated by or against the individual
- Violent offense convictions
- Previous institutional violence
- Any new or updated information is used to reassess the individual's risk classification accordingly.

**Provision (f)**

The PAQ and staff interviews affirm that every individual is reassessed within 30 days of arrival. Policy 430.00 mandates this reassessment be conducted no later than the 30th day and updated as needed based on behavioral observations, medical or mental health screenings, or new documentation. Ongoing reassessments are conducted annually if the person remains in custody.

**Provision (g)**

Risk reassessments also occur when prompted by a specific referral, incident, or the emergence of new information. The facility adheres to these triggers as outlined in Policy 430.00, which clearly states reassessments must follow an incident of sexual abuse, transfer, or upon referral by staff.

**Provision (h)**

The facility prohibits disciplining individuals for refusing to answer screening questions. This stance is explicitly supported in Policy 430.00, which advises staff to rely on available case records and behavioral indicators when individuals choose not to respond.

**Provision (i)**

According to the PAQ, 100% of the 3,260 individuals admitted to the facility over the past 12 months—whose stay exceeded 30 days—were reassessed within the required 30-day period. This statistic is consistent with facility records and aligns with PREA expectations. Policy further stipulates that all sensitive screening data must remain confidential and be documented only in secure systems accessible to authorized personnel.

**CONCLUSION**

After a thorough review of policy documentation, staff interviews, and a close examination of procedures and records, the Auditor finds that the facility fully complies with all provisions related to the Screening for Risk of Sexual Victimization and Abusiveness standard. The facility demonstrates a proactive, trauma-informed

	approach to risk identification and prioritizes the safety and dignity of every person in its custody.
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<b>115.42</b>	<b>Use of screening information</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>To evaluate the facility’s adherence to the requirements outlined in PREA Standard §115.42 – Use of Screening Information, the Auditor conducted an in-depth examination of multiple sources of documentation provided prior to and during the on-site audit. The following materials were reviewed:</p> <ul style="list-style-type: none"> <li>• The Pre-Audit Questionnaire (PAQ), along with all supplemental documentation submitted by the facility.</li> <li>• West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance, most recently revised on October 7, 2022.</li> <li>• Inmate records reflecting current housing placements, work assignments, educational enrollments, and program participation—all of which were used to validate how screening outcomes are operationalized in daily practice.</li> <li>• The facility’s inmate roster, which was cross-referenced with other data to confirm the absence of segregated housing units for individuals who identify as lesbian, gay, bisexual, transgender, or intersex (LGBTI).</li> <li>• Interview notes and firsthand observations resulting from conversations with the Director of PREA Compliance (DPC), the facility’s PREA Compliance Manager (PCM), personnel responsible for risk screening, and relevant supervisory staff.</li> </ul> <p>This combination of documentation and interviews allowed the Auditor to thoroughly assess how screening information is used to inform decisions related to housing, work, education, and programming in a way that prioritizes individual safety, equity, and dignity.</p> <p><b>INTERVIEWS</b></p> <p><b>Director of PREA Compliance (DPC)</b></p> <p>During the interview, the DPC provided a comprehensive overview of how gender information is handled within the intake and classification process. Although the individual’s legal sex is recorded during intake as required by agency systems, this information does not dictate housing or program placement decisions. The DPC stressed that placement decisions—particularly for transgender and intersex</p>

individuals—are always based on a detailed, case-specific analysis, with safety serving as the overarching priority.

The DPC emphasized that an individual’s self-identified safety concerns are treated as an essential factor in any placement decision. These determinations are reviewed formally at least every six months, or more frequently if a safety concern or incident arises. Furthermore, the DPC confirmed that the facility does not maintain any form of designated or segregated housing units based on sexual orientation or gender identity. All separations or alternative placements are rooted in individualized assessments—not in demographic characteristics alone.

**Risk Screening Staff**

Personnel responsible for completing and reviewing PREA screening instruments explained that their approach to classification—especially for transgender and intersex individuals—is highly personalized. Staff utilize validated screening tools alongside in-depth interviews and a thorough review of each person’s institutional and behavioral history. These tools help identify individuals at increased risk of sexual victimization or those who may pose a risk to others.

Reassessments are routinely conducted at least every six months and are initiated sooner if any new information or incidents emerge. Staff confirmed that each person’s stated perception of their safety is not only documented but actively integrated into classification decisions. The facility takes a proactive approach to ensuring individuals are placed in environments where they feel safe and supported.

**PREA Compliance Manager (PCM)**

The PCM provided valuable insight into the operational use of screening results. According to the PCM, these results have a direct and immediate impact on the classification process, influencing decisions about housing, work assignments, educational enrollment, and program participation. Individuals identified as being at high risk of victimization are never housed with those who have been flagged as potentially abusive.

The PCM reiterated that the input of transgender and intersex individuals is given substantial weight in classification discussions and outcomes. All placement decisions are made with the intent to maximize safety while avoiding unnecessary isolation or differential treatment.

**Transgender Inmates**

At the time of the audit, there were no transgender individuals currently housed at the facility. Therefore, the Auditor was not able to conduct an interview from this population. However, through interviews with staff, examination of agency policies, and a review of institutional records and practices, the Auditor found sufficient evidence to verify compliance with PREA requirements related to the treatment and placement of transgender and intersex individuals.

**PROVISIONS**

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

The facility uses the information gathered during the PREA risk screening process to inform all housing, work, education, and program assignments. Decisions are guided by agency policy and a commitment to safety, with a focus on preventing individuals at risk of sexual victimization from being placed with those identified as potentially sexually abusive.

WVDCR Policy 430.00, Section I (p. 14) affirms the agency's obligation to use screening results to make individualized placement decisions that enhance safety and reduce risk.

**Provision (b): Individualized Determinations**

All housing and program placements are determined on a case-by-case basis, guided by the individual's specific needs and circumstances. This personalized approach is embedded in both policy and daily practice and was confirmed through staff interviews and documentation review.

**Provision (c): Placement of Transgender and Intersex Individuals**

Placement decisions for transgender and intersex individuals are not based on birth-assigned sex or genital status. Instead, each person's safety and well-being are prioritized. These individuals are not automatically assigned to any housing unit based on gender identity; rather, their preferences and concerns are taken into account and weighed heavily.

WVDCR Policy 430.00, Section K (p. 14) explicitly prohibits blanket housing assignments and underscores the importance of safety-based decisions for these populations.

**Provision (d): Regular Reassessments**

Classification and placement decisions are reviewed formally at least every six months, or sooner if circumstances change. This ongoing process ensures placements remain appropriate over time and continue to support individual safety and facility security.

WVDCR Policy 430.00, Section L (p. 14) outlines the agency's commitment to conducting regular reassessments for all individuals, especially those who are transgender or intersex.

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

The facility makes a concerted effort to gather and consider each individual's personal safety concerns during the classification process. These concerns are documented, discussed, and factored into housing and program decisions as a central consideration. The Auditor verified this through both interviews and review of agency procedures.

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

Staff interviews confirmed that accommodations are made to provide privacy for transgender and intersex individuals during showering. These options help ensure

	<p>both dignity and physical safety within the housing environment.</p> <p>WVDCR Policy 430.00, Section L (p. 14) mandates that shower privacy be afforded to individuals who require it as part of the agency’s commitment to humane and respectful treatment.</p> <p><b>Provision (g): Prohibition on Segregated Housing Based on Identity Alone</b></p> <p>The facility does not operate any form of housing designated exclusively for LGBTI individuals. No person is separated from the general population solely on the basis of their gender identity or sexual orientation. Any such separation occurs only in response to specific safety concerns identified through individualized assessments.</p> <p>WVDCR Policy 430.00, Section I (p. 14) supports this approach and was corroborated through interviews and a detailed review of the facility’s inmate roster.</p> <p><b>CONCLUSION</b></p> <p>Following a thorough review of relevant documentation, policies, staff interviews, and institutional practices, the Auditor concludes that the facility is in full compliance with PREA Standard §115.42 – Use of Screening Information. The West Virginia Division of Corrections and Rehabilitation has implemented a thoughtful, safety-centered process for using screening data to guide classification decisions. This includes a strong commitment to individualizing placements, addressing expressed safety concerns, and ensuring privacy and dignity—especially for transgender and intersex individuals.</p> <p>The facility’s approach is marked by a proactive use of data, routine reassessments, and a clear rejection of discriminatory or blanket policies. Placement decisions are consistently driven by individualized assessments and are made in consultation with the individuals affected. Overall, the agency demonstrates a high level of integrity in applying PREA standards to ensure equitable treatment and promote a secure environment for all individuals in its care.</p>
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115.43	Protective Custody
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>As part of the compliance determination process for PREA Standard §115.43, the Auditor conducted a comprehensive review of all relevant documentation, including the facility’s completed Pre-Audit Questionnaire (PAQ) and the West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, titled Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022. These materials provided the foundation for assessing the facility’s adherence to federal PREA requirements concerning the use of protective custody and segregated housing for individuals at</p>

risk of sexual victimization.

## **INTERVIEWS**

### **Facility Head or Designee**

During an in-depth interview, the Facility Head confirmed that every individual placed in segregated housing—regardless of the reason—is formally documented and their placement is reviewed no less than every thirty days. This review process ensures continuous oversight and justification for continued segregation, if applicable.

### **Staff Who Supervise Inmates in Segregated Housing**

Through both structured interviews and informal discussions, staff responsible for supervising individuals in segregated housing consistently reported that they had never witnessed a situation in which a person was involuntarily placed in segregation as a result of being a victim of sexual abuse or retaliation. Their responses demonstrated awareness of PREA's requirements and reinforced that protective custody is not used as a default safety measure.

### **Inmates in Segregated Housing**

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

### **PREA Compliance Manager (PCM)**

The PREA Compliance Manager confirmed that, within the past twelve months, no individuals had been assigned to involuntary protective custody or to administrative or disciplinary segregation due to concerns related to sexual victimization. This information corroborated the findings of the staff and leadership and aligned with the facility's self-reporting on the PAQ.

## **PROVISIONS**

### **Provision (a)**

The facility reported, via the PAQ, that it follows an agency-wide policy prohibiting the involuntary placement of individuals at heightened risk for sexual victimization into segregated housing unless a thorough assessment of all other alternatives has been completed and no safer options for separation are available. According to both the Facility Head and the PCM, no such placements occurred during the previous twelve months, and as a result, no individuals were interviewed for this provision.

WVDCR Policy 430.00 (p. 14, section M) outlines this requirement explicitly, stating that individuals identified as high risk for sexual victimization must not be assigned to involuntary segregated housing unless no other viable separation options exist. In emergency cases where an immediate assessment is not possible, temporary placement in involuntary segregation may occur for no longer than twenty-four (24)

hours while the assessment is completed.

**Provision (b)**

According to the PAQ, in the unlikely event that an individual is placed in segregated housing for their protection, that person is still granted access to educational programs, privileges, and work assignments to the extent possible. The Facility Head confirmed this, emphasizing that such opportunities are not arbitrarily withheld.

WVDCR Policy 430.00 (p. 15, section O) affirms that individuals placed in involuntary segregation for protection are entitled to access programs and services, and any limitation must be thoroughly documented, including the rationale and duration. The policy stipulates that if no immediate alternative to segregation is available, assignment to involuntary segregation may continue temporarily, not to exceed thirty (30) days unless extended under strict conditions. Any such extension requires documented justification and must be approved by the Superintendent within seventy-two (72) hours of its implementation.

**Provision (c)**

The PAQ reflects that, within the past year, no individual at risk of sexual victimization has been held in involuntary segregation for more than thirty days while awaiting alternative housing arrangements. This was verified by the PCM and is consistent with the information provided during staff and leadership interviews.

(See Provision (b) for policy details.)

**Provision (d)**

Over the past twelve months, the facility has not assigned any individual to involuntary administrative or punitive segregation for longer than thirty days due to sexual victimization concerns or as a preventive measure. As such, no individuals were interviewed in relation to this provision. Staff who supervise segregated housing verified this during their interviews.

Policy 430.00 (pp. 14–15, section N, points 1–3) requires that when involuntary segregation is utilized, the facility must document:

The specific basis for concern regarding the individual's safety,

All other alternatives to segregation that were explored, and

A clear explanation of why no alternative measures were feasible.

This documentation ensures transparency and provides a safeguard against unnecessary or prolonged isolation.

**Provision (e)**

As reflected in the PAQ and verified by the PCM, no individuals were placed in protective custody during the past twelve months. Consequently, no individuals were interviewed under this provision.

The applicable section of Policy 430.00 (p. 15, section O) reiterates the facility's obligation to provide continued access to programming and services for those in involuntary segregation. It also requires that any restrictions be documented in full,

	<p>including justification and duration. If protective custody exceeds thirty days, written documentation must outline the ongoing safety concern and lack of alternatives. Such extensions must be approved by the Superintendent within seventy-two hours. Furthermore, the facility PCM must be notified of any such placement within twenty-four hours, and a review of the individual's housing status must occur at least every thirty days.</p> <p><b>CONCLUSION</b></p> <p>After a detailed review of policy documentation, facility records, staff interviews, and PAQ data, the Auditor finds the facility fully compliant with all provisions of PREA Standard §115.43. The facility has demonstrated a clear commitment to protecting individuals at risk for sexual victimization without resorting to unnecessary or prolonged involuntary segregation. Policies are in place, staff are well-informed, and oversight mechanisms ensure that segregation is never used as a default solution but rather as a last resort, supported by robust assessment and review processes.</p>
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<b>115.51</b>	<b>Inmate reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>As part of the compliance review process, the Auditor conducted a thorough examination of materials related to inmate reporting practices. Key documentation included the facility's completed Pre-Audit Questionnaire (PAQ) and supporting materials, the West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00 titled Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, and offender orientation materials available in both English and Spanish.</p> <p>The Auditor also reviewed the agency's current contract with the West Virginia Foundation for Rape Information and Services (WV FRIS), which provides inmates with access to a victim advocate, ensuring external support services are available for survivors of sexual abuse and harassment.</p> <p><b><u>OBSERVATIONS</u></b></p> <p>During the on-site audit, the Auditor observed that PREA-related information was highly visible and easily accessible throughout the facility. Posters and educational materials regarding the facility's zero-tolerance policy and how to report incidents of sexual abuse or harassment were prominently displayed in English and Spanish. These materials were posted in housing units, public areas, intake and holding spaces, hallways, the dining hall, and other communal settings.</p> <p>The Auditor inspected multiple inmate telephones located throughout the housing</p>



units and verified that each was in proper working condition. These phones were readily available for use and enabled inmates to make outgoing calls, including a confidential call routed through the WV Fusion Center (WVFC) by dialing #01 on any inmate telephone.

## **INTERVIEWS**

### **PREA Compliance Manager (PCM)**

In a detailed interview, the PREA Compliance Manager explained that inmates are provided with multiple avenues to report incidents of sexual abuse or harassment. These include the ability to report directly to the State PREA Director or to an external agency such as WV FRIS, which the facility contracts to provide advocacy services. The PCM confirmed that inmates are educated on these reporting methods during orientation and through ongoing informational postings.

### **Random Staff**

Staff members interviewed consistently demonstrated an understanding of their responsibilities related to inmate reporting. Each individual stated they would immediately forward any allegation of sexual abuse or harassment to their supervisor and ensure it was addressed through the proper channels. Staff cited several inmate reporting methods, including direct verbal communication with staff, calling the external hotline, submitting written grievances, and reporting through family members. They also confirmed that inmates could write directly to the PREA Director.

When asked about staff reporting obligations, interviewees shared that they too had confidential means of reporting sexual abuse or harassment involving inmates. These included speaking privately with a supervisor, contacting the facility's PREA Compliance Manager, or directly communicating with the State PREA Director.

### **Random Inmate**

Inmate interviews revealed a strong awareness of the facility's available reporting options. The majority of those interviewed could identify multiple ways to report sexual abuse or harassment, such as speaking with a staff member, using the toll-free hotline, contacting family members to report on their behalf, writing a letter, or speaking with the PCM. Some specifically mentioned "writing to the address posted on the wall." Most individuals expressed that their first choice would be to speak with a staff member.

Inmates were also aware of an external agency that could assist them and identified that agency as one that provides counseling and victim advocacy services. This demonstrates the facility's success in making inmates aware of outside resources and reinforcing that support is available beyond the institution.

## **PROVISIONS**

### **Provision (a):**

The facility reported in the PAQ, and the PCM confirmed, that inmates are offered multiple internal avenues to privately report incidents of sexual abuse, sexual harassment, retaliation for reporting, and staff misconduct that may have contributed

to such incidents. One of the primary external reporting methods includes a confidential call routed through the WVFC by dialing #01 on any inmate telephone.

WVDCR Policy 430.00 (p. 15, Section VI, A) affirms that inmates are provided with multiple ways to privately report sexual misconduct, retaliation, staff neglect, and related violations. The same policy also ensures that individuals detained for civil immigration reasons receive guidance on how to contact appropriate consular officials and U.S. Department of Homeland Security representatives.

**Provision (b):**

The PAQ and supporting documentation confirm that the agency provides at least one avenue for inmates to report sexual abuse or harassment to an outside public or private entity that is not part of the agency. WVFC serves in this role, with a confidential and toll-free method of communication (dialing #01). The agency has an agreement for calls to be routed through WVFC by dialing #01 from any inmate telephone. This line is monitored and archived. The PCM verified that inmates are informed of this resource.

Policy 430.00 (p. 15, Section VI, A) outlines the agency's obligation to offer inmates the ability to report externally to a non-DCR affiliated organization that can forward reports to DCR officials while allowing for anonymity when requested.

**Provision (c):**

The facility reported, and staff interviews confirmed, that all employees are trained to accept reports of sexual abuse or harassment through verbal statements, written correspondence, anonymous tips, and third-party sources. Staff are expected to immediately document any verbal reports and ensure proper follow-up. This practice was consistently described in interviews and aligns with WVDCR Policy 430.00 (p. 15, Section VI, B), which mandates that all employees, contractors, volunteers, and interns act as mandatory reporters.

**Provision (d):**

The PAQ indicates—and the PCM confirmed—that the agency provides a confidential mechanism for staff to report incidents of inmate sexual abuse or harassment. Staff may report privately through multiple channels, including directly to supervisors, the facility PCM, or the State PREA Director. Inmates and staff can call the #01 line for confidential reporting. These calls are monitored and archived in accordance with agency policy.

**CONCLUSION**

Following a comprehensive review of documentation, site observations, and interviews with staff and inmates, the Auditor concludes that the agency/facility fully meets all provisions of PREA Standard §115.51. The facility has demonstrated a clear commitment to ensuring inmates have multiple safe, confidential, and accessible methods for reporting sexual abuse, harassment, or staff misconduct. Staff are well-trained, reporting systems are operational and dependable, and external partnerships enhance the facility's ability to provide advocacy and support for those in need.

115.52	<b>Exhaustion of administrative remedies</b>
	<p data-bbox="256 185 959 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="256 264 544 297"><b>Auditor Discussion</b></p> <p data-bbox="256 338 576 371"><b>DOCUMENT REVIEW</b></p> <p data-bbox="256 412 1445 741">As part of the compliance assessment process, the Auditor conducted a thorough review of all relevant documentation. This included the facility's Pre-Audit Questionnaire (PAQ) along with accompanying materials, and the West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, titled Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022. These documents were carefully examined to determine whether the agency has appropriate and effective procedures in place regarding the exhaustion of administrative remedies as they relate to sexual abuse allegations.</p> <p data-bbox="256 775 456 808"><b>INTERVIEWS</b></p> <p data-bbox="256 846 477 880"><b>Random Staff</b></p> <p data-bbox="256 891 1474 1010">During interviews with randomly selected staff members, the Auditor confirmed that facility personnel possessed a clear understanding of the procedures inmates can use to report allegations of sexual abuse. Staff consistently affirmed the following:</p> <p data-bbox="256 1043 1458 1205">Incarcerated individuals are permitted to submit grievances in order to report allegations of sexual abuse or to report imminent threats of sexual victimization. Staff could accurately describe the procedures for submitting emergency grievances related to substantial risk of imminent sexual abuse.</p> <p data-bbox="256 1216 1406 1290">Supervisory personnel were well-informed about the response time requirements applicable to emergency grievances, ensuring timely and appropriate action.</p> <p data-bbox="256 1323 512 1357"><b>Random Inmate</b></p> <p data-bbox="256 1368 1347 1487">Interviews with randomly selected incarcerated individuals revealed a strong awareness of their rights and the grievance procedures available to them. Specifically:</p> <ul data-bbox="331 1554 1453 1883" style="list-style-type: none"> <li>• Individuals expressed knowledge that they may file a grievance to report sexual abuse or to allege imminent risk of sexual victimization.</li> <li>• Most stated they had never filed a grievance for a PREA-related issue, primarily because they felt confident reporting directly to staff members, which they viewed as the most immediate and effective method.</li> <li>• Several indicated they would opt to use the hotline to maintain greater privacy when reporting a sensitive issue.</li> <li>• Many were also aware that grievances could be filed anonymously if desired.</li> </ul> <p data-bbox="256 1917 456 1951"><b>PROVISIONS</b></p> <p data-bbox="256 1989 472 2022"><b>Provision (a):</b></p> <p data-bbox="256 2033 1461 2067">According to the PAQ and verified during staff interviews, allegations of sexual abuse</p>

and harassment are not processed through the standard grievance process. Instead, if a grievance form is submitted that contains an allegation of sexual abuse, it is treated as a formal report and is immediately referred for investigation. WVDCR Policy 430.00 (p. 16, Section D) states that an individual may report abuse through the grievance process and that such grievances will be directed to the Superintendent or designee for immediate action. There is no time limit imposed on the filing of a grievance concerning sexual abuse; however, time restrictions may apply to portions of grievances unrelated to the abuse.

**Provision (b):**

The facility reported, and the policy confirms, that individuals are not required to use an informal grievance process or attempt resolution with staff prior to submitting a grievance related to sexual abuse. WVDCR Policy 430.00 (p. 16, Section D) explicitly prohibits any such requirement, ensuring individuals are free to report without barriers or delay.

**Provision (c):**

The agency ensures that incarcerated individuals can file grievances alleging sexual abuse without submitting the grievance to a staff member who is the subject of the complaint. Furthermore, such grievances are not referred back to the accused staff member for review or action. This provision is addressed in Policy 430.00 (p. 16, Sections D1-D2), reinforcing the importance of unbiased grievance review procedures.

**Provision (d):**

According to the PAQ, the facility reported that no grievances alleging sexual abuse had been filed within the past 12 months. Per WVDCR Policy 430.00 (p. 16, Section E), the agency must issue a final decision regarding the merits of any grievance alleging sexual abuse within 90 days from the date of initial submission.

**Provision (e):**

In the past 12 months, there were no grievances alleging sexual abuse in which the individual declined third-party assistance. WVDCR Policy 430.00 (p. 16, Section F) affirms that third parties—such as fellow incarcerated persons, staff, attorneys, family members, or advocates—may assist in filing grievances or may file on someone’s behalf. If the individual declines such assistance, the declination must be documented using the appropriate PREA Manual attachment. Additionally, WVDCR’s Criminal Investigation Division (CID) is tasked with reviewing the allegations and proceeding with an investigation, when possible, especially if the incident occurred within a corrections setting.

**Provision (f):**

The PAQ confirmed that no emergency grievances alleging substantial risk of imminent sexual abuse were filed in the 12-month period preceding the audit. WVDCR Policy 430.00 (p. 16, Section G) requires any such emergency grievance to be forwarded to the Superintendent or designee for immediate action. An initial response must be provided within 48 hours, and a final decision issued within five calendar days. Both the initial response and final decision must document the agency’s

	<p>determination and the actions taken.</p> <p><b>Provision (g):</b>  There were no instances in the past year in which an individual was disciplined for filing a grievance alleging sexual abuse in bad faith. Policy 430.00 (p. 16, Section H) stipulates that disciplinary action for filing a PREA-related grievance is permitted only if the agency can clearly demonstrate the grievance was submitted in bad faith.</p> <p><b>CONCLUSION</b></p> <p>After a comprehensive review of documentation, policy, and interview responses, the Auditor concludes that the agency and facility are fully compliant with all provisions of the PREA standard regarding the exhaustion of administrative remedies. The agency has established clear, victim-centered policies and procedures that safeguard the rights of incarcerated individuals and ensure timely, confidential, and impartial handling of sexual abuse allegations through the grievance process.</p>
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115.53	Inmate access to outside confidential support services
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>To assess the agency/facility's compliance with PREA Standard §115.53, the following documents were reviewed:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ) and all supporting documentation</li> <li>• West Virginia Division of Corrections and Rehabilitation Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022</li> <li>• Executed contract between the agency/facility and the West Virginia Foundation for Rape Information and Services (FRIS)</li> <li>• "Reporting is the First Step" informational materials provided to inmates</li> <li>• Outside Confidential Support Services Agency informational flyer</li> <li>• Inmate Intake Package detailing PREA education and access to support services</li> </ul> <p>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.</p> <p><b>OBSERVATIONS</b></p> <p>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</p>

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.

**CONCLUSION**

	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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<b>115.54</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>DOCUMENT REVIEW</b></p> <p>To evaluate the facility’s compliance with PREA Standard §115.54 – Third-Party Reporting, the Auditor conducted a thorough review of materials provided in advance of the on-site visit. This included the Pre-Audit Questionnaire (PAQ) and all accompanying documents submitted by the facility.</p> <p>Key documents reviewed included:</p> <ul style="list-style-type: none"> <li>• West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, titled Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022</li> <li>• Informational materials titled “Reporting is the First Step”</li> <li>• The official WVDCR website: <a href="http://www.dcr.wv.gov">www.dcr.wv.gov</a>, which outlines methods for reporting sexual abuse or harassment, including third-party avenues</li> <li>• The materials collectively outline the agency’s procedures, resources, and available tools for supporting reports of sexual abuse made by individuals outside the facility on behalf of those who are incarcerated.</li> </ul> <p><b>INTERVIEWS</b></p> <p><b>Random Inmate</b></p> <p>In interviews with a random sample of incarcerated individuals, the Auditor found that there was consistent awareness of third-party reporting options. Individuals were able to explain that third-party reporting allows someone outside the facility—such as a loved one, attorney, or advocate—to report sexual abuse or harassment on their behalf.</p> <p>Several individuals referenced specific people they would trust to make such a report, including parents, grandparents, or other close relatives. The ability of interviewees to identify not only the concept but also potential third-party reporters demonstrates effective communication of this right within the facility.</p>



## **PROVISIONS**

### **Provision (a): Third-Party Reporting Mechanisms**

According to the PAQ and supporting documentation, the facility ensures multiple avenues are available for third parties to report allegations of sexual abuse or harassment. These mechanisms are clearly described on the agency's public-facing website and reinforced through posted notices and facility educational materials.

The WVDCR website includes a dedicated section for third-party reporting and offers clear, step-by-step instructions for submitting concerns. It 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: [dcraprea@wv.gov](mailto:dcraprea@wv.gov)

When submitting a report by email, please include:

- A description of the incident
- The name of the victim (if known)
- The name of the alleged perpetrator (if known)
- The date and time of the incident

Anonymity will be protected upon request."

This information is accessible online and through facility postings, making it easy for family members, legal counsel, advocacy groups, or any concerned individual to file a report on behalf of an incarcerated person. The "Reporting is the First Step" brochure reinforces these channels and explicitly encourages the use of third-party reporting when needed.

### **Relevant Policy Language**

Policy 430.00 further outlines the agency's formal approach to third-party reporting. On page 5, section b, the policy 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 failing to report such conduct.

	<p>Unless otherwise precluded by federal, state, or local law, medical and mental health practitioners shall be required to report sexual abuse.”</p> <p>This language affirms the agency’s zero-tolerance stance on sexual abuse and makes clear that third-party allegations are to be taken seriously, documented promptly, and reported through proper channels without delay.</p> <p><b>Implementation and Practice</b></p> <p>Inmate interviews, coupled with a review of facility materials and online resources, affirm that third-party reporting is not only supported by written policy but also actively implemented. Incarcerated individuals demonstrated knowledge of these options and trust in their availability. The agency has taken steps to ensure third-party reporters can make confidential allegations through clearly identified contact methods, further supported by educational tools and posted information within the facility.</p> <p><b>CONCLUSION</b></p> <p>Based on an in-depth review of agency policy, public resources, facility postings, and inmate interviews, the Auditor concludes that the agency fully complies with the requirements of PREA Standard §115.54 – Third-Party Reporting.</p> <p>The West Virginia Division of Corrections and Rehabilitation has implemented accessible and well-communicated procedures to ensure that third parties—such as family members, friends, attorneys, and advocacy organizations—can confidently report incidents of sexual abuse or harassment. These reporting mechanisms are clear, confidential, and readily available, and are effectively reinforced throughout the facility environment.</p>
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<b>115.61</b>	<b>Staff and agency reporting duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>As part of the compliance verification process for this PREA audit, the Auditor conducted a thorough review of the Pre-Audit Questionnaire (PAQ) and all accompanying documentation submitted by the facility. A central document reviewed was the West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, titled Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022. This policy outlines in detail the agency’s mandates for reporting allegations of sexual abuse and sexual harassment, ensuring staff are trained and held accountable for their responsibilities under the PREA standards.</p> <p><b>INTERVIEWS</b></p>

**Director of PREA Compliance (DPC)**

During the on-site interview, the DPC affirmed that the facility adheres to its obligation to report all allegations of sexual abuse and sexual harassment—this includes third-party, anonymous, and verbal disclosures. These reports are directed promptly to the facility’s designated investigator. The DPC emphasized the importance of comprehensive documentation and the immediate communication of allegations to ensure prompt, appropriate follow-up and investigation.

**Medical and Mental Health Practitioners**

Medical and mental health professionals interviewed demonstrated a clear understanding of their responsibilities under PREA and state law. Each practitioner was able to describe the steps they would take to report an allegation of sexual abuse immediately. Furthermore, they articulated an understanding of the legal limitations of confidentiality. Practitioners reported that they are required to notify patients—prior to the initiation of services—that they are mandated reporters and that certain information disclosed during clinical interactions must be shared with investigative authorities.

**Facility Head**

The facility head affirmed the agency’s policy requiring the prompt reporting of sexual abuse and sexual harassment allegations. They confirmed that all staff are instructed to report any knowledge, suspicion, or information concerning sexual abuse or harassment—whether it involves staff, other incarcerated individuals, or third parties. This reporting extends to any concerns of retaliation or staff negligence in connection to such incidents. The Facility Head stressed that transparency, accountability, and immediate communication are foundational to ensuring resident safety and institutional integrity.

**Random Staff**

A broad sample of staff were randomly selected for interviews, and all demonstrated knowledge of their reporting obligations under PREA. Staff members consistently described the procedure for immediately notifying their supervisor or designated officials in the event of a report of sexual abuse or harassment. They also emphasized their understanding of confidentiality, stating that information shared by a potential victim must only be relayed to personnel who need to know, such as medical staff, facility leadership, or investigators. Every staff member interviewed (100%) confirmed that PREA allegations are directed to the PREA Compliance Manager (PCM), who is responsible for notifying the appropriate investigative unit.

**PROVISIONS****Provision (a)**

The facility’s PAQ confirmed that all staff are required to report immediately any information, knowledge, or suspicion of sexual abuse, sexual harassment, or retaliation, regardless of whether the incident occurred at the current facility or another within the agency’s jurisdiction. This expectation applies to staff, contractors, and volunteers alike. The policy addressing this requirement—WVDCR Policy 430.00, Section VII, Subsection B (p. 15)—designates all staff as mandatory reporters. The

policy mandates the acceptance of verbal, written, anonymous, and third-party reports and requires prompt documentation and submission of such reports to the Superintendent and PCM. It also affirms that medical and mental health practitioners must report sexual abuse unless otherwise precluded by law. Staff who fail to report may be subject to disciplinary measures.

**Provision (b)**

According to both the PAQ and staff interviews, personnel are strictly instructed not to disclose information related to a sexual abuse allegation beyond what is necessary for security, treatment, investigation, and management decision-making. This provision is addressed in WVDCR Policy 430.00, Section VII, Subsection A (p. 17), which states that the PCM must report all allegations—including anonymous ones—to the Office of PREA Compliance. Staff are explicitly prohibited from sharing any related information unless essential for operational purposes. These expectations were clearly articulated by random staff interviewed during the audit.

**Provision (c)**

Medical and mental health staff confirmed that at the beginning of any clinical interaction, patients are advised of the provider's legal obligation to report allegations of sexual abuse and of the limitations surrounding confidentiality. This aligns with the information reported in the PAQ. As outlined in WVDCR Policy 430.00, such practitioners must inform residents about their duty to report and may only withhold information about past victimization occurring outside an institutional setting if the individual is over the age of 18 and grants informed consent.

**Provision (d)**

The PAQ also confirmed, and the Facility Head reiterated, that if an alleged victim is under the age of 18 or qualifies as a vulnerable adult under state or local law, the allegation is reported to the appropriate external services agency in accordance with mandatory reporting requirements. Policy 430.00 (p. 22, Section XI, Subsection A) reaffirms that information about sexual victimization or abusiveness must be tightly controlled and disclosed only to those directly involved in treatment, supervision, housing, program placement, or as otherwise required by law. Practitioners are required to obtain informed consent for disclosures of non-institutional victimization unless the resident is a minor.

**Provision (e)**

Lastly, the PAQ confirmed that the facility promptly reports all allegations of sexual abuse and harassment—including third-party and anonymous complaints—to the designated facility investigator. This was also verified during the interview with the DPC, who noted that a robust system is in place to ensure timely and thorough follow-through on all such reports.

**CONCLUSION**

After an in-depth review of relevant documentation, policies, and staff interviews, the Auditor concludes that the agency and facility have implemented all required elements of the PREA standard related to staff and agency reporting duties. There is clear evidence that staff understand and follow their responsibilities, that reports are

	treated with seriousness and confidentiality, and that the facility's policies are well aligned with federal PREA requirements. Based on the totality of evidence reviewed, the facility is found to be in full compliance with this standard.
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<b>115.62</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>DOCUMENT REVIEW</b></p> <p>As part of the comprehensive PREA audit process, the Auditor thoroughly reviewed the Pre-Audit Questionnaire (PAQ) along with all supporting documentation submitted by the facility. Central to this review was West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, titled Prison Rape Elimination Act (PREA) Compliance, with an effective date of October 7, 2022. This policy outlines the agency's responsibilities regarding the immediate protection of individuals at risk of sexual abuse or harassment, as well as the response protocol when allegations surface.</p> <p><b>INTERVIEWS</b></p> <p><b>Agency Head (AH)</b></p> <p>During the interview, the Agency Head demonstrated a clear understanding of the agency's obligation to act swiftly upon receiving information indicating potential sexual abuse, sexual harassment, or sexual misconduct. The AH confirmed that when such information becomes available, the Facility Head at the affected institution is notified immediately. The AH explained that pending the outcome of the investigation, the individual alleged to be the victim may be temporarily relocated to a different housing unit within the same facility or transferred to another WVDCR facility altogether to ensure their protection. If the alleged perpetrator is identified, they are typically placed in administrative segregation while the investigation is conducted to prevent further harm and preserve institutional safety.</p> <p><b>Facility Head</b></p> <p>In a separate interview, the Facility Head echoed the same level of responsiveness, stating unequivocally that immediate action is taken to safeguard an inmate when an allegation of sexual abuse, harassment, or misconduct arises. The Facility Head elaborated that protective measures may include transferring the victim to a safer location within the facility or relocating them entirely, depending on the circumstances. The alleged perpetrator, once identified, would be housed in a secure segregated setting to mitigate any ongoing risk during the investigatory period.</p> <p><b>Random Staff</b></p> <p>Interviews conducted with randomly selected staff further affirmed the agency's readiness to uphold its protection duties. Each staff member interviewed was able to</p>

	<p>clearly articulate the immediate steps they would take upon receiving an allegation of sexual abuse. Staff consistently reported that they would first ensure the victim and alleged perpetrator are physically separated, notify their immediate supervisor, and preserve any potential evidence. They demonstrated familiarity with the protocol and conveyed confidence in their ability to respond quickly and effectively to protect those at risk.</p> <p><b>PROVISIONS</b></p> <p><b>Provision (a)</b></p> <p>The PAQ indicated that in the 12 months preceding the audit, there were no documented instances in which the agency or facility determined that an inmate was at substantial risk of imminent sexual abuse. Nevertheless, agency policy and staff interviews confirmed that when information suggesting such risk does become known, the agency acts immediately to protect the affected individual. Actions may include physical separation of individuals, emergency transfers, or assignment to alternative housing units designed to minimize risk while avoiding punitive measures against the victim.</p> <p>WVDCR Policy 430.00 establishes clear directives that prioritize the safety and well-being of inmates, ensuring that timely and appropriate protective measures are enacted as soon as risk is identified. These safeguards reflect a strong institutional commitment to the core tenets of PREA.</p> <p><b>CONCLUSION</b></p> <p>Following an in-depth review of the Pre-Audit Questionnaire, relevant policy documents, and multiple staff interviews, the Auditor concludes that the agency and facility fully meet the requirements of PREA Standard §115.62 – Agency Protection Duties. The facility demonstrated a consistent and immediate approach to protecting inmates from substantial risk of imminent sexual abuse and displayed a culture of responsiveness, accountability, and survivor-centered care.</p>
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<b>115.63</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>DOCUMENT REVIEW</b></p> <p>As part of the audit process to assess compliance with the Prison Rape Elimination Act (PREA) Standard §115.63 – Reporting to Other Confinement Agencies, the Auditor conducted a thorough review of the Pre-Audit Questionnaire (PAQ) and all associated documentation. Special attention was given to the West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, titled Prison Rape Elimination</p>

Act (PREA) Compliance, effective October 7, 2022. This policy outlines specific procedures for handling allegations of sexual abuse or harassment that involve individuals confined at other correctional facilities, ensuring consistent reporting and timely investigations.

## **INTERVIEWS**

### **Agency Head (AH)**

During the interview, the Agency Head affirmed the agency's unwavering commitment to ensuring that all allegations of sexual abuse, sexual harassment, or staff sexual misconduct—regardless of where they occur within the WVDCR system—are thoroughly investigated. The AH emphasized that this standard applies uniformly to allegations originating from within the agency as well as those received from external correctional agencies or facilities.

### **Facility Head**

The Facility Head stated that any allegation of sexual abuse or sexual harassment received from another agency is treated with the utmost seriousness and urgency. Upon receipt, the information is immediately assigned to a designated unit investigator who is responsible for initiating and conducting a prompt, thorough, and objective investigation in accordance with PREA standards and agency policy.

### **PREA Coordinator (PC)**

Echoing the Facility Head's response, the PREA Coordinator confirmed that all incoming allegations of sexual abuse or harassment received from other agencies are referred without delay to a qualified unit investigator. The PC outlined the process by which such allegations are tracked, reviewed, and investigated to ensure compliance with agency expectations and PREA requirements.

### **PREA Compliance Manager (PCM)**

The PREA Compliance Manager also reinforced the agency's procedural integrity, stating that all allegations—whether they involve abuse, harassment, or misconduct by staff—are fully investigated when they arise within the WVDCR system. The PCM noted that collaboration and coordination across facilities are critical to ensuring the safety and well-being of individuals in custody.

## **PROVISIONS**

### **Provision (a)**

According to the PAQ, during the 12-month period preceding the audit, the facility did not receive any allegations from an incarcerated individual asserting that they had been sexually abused while confined at another facility. Nevertheless, the WVDCR has clear policy guidance for handling such situations. As outlined in Policy 430.00, Section C on page 15, when a facility receives an allegation that an individual was sexually abused while housed at another correctional institution, the Superintendent must, within 72 hours, notify the head of the facility or appropriate agency office where the alleged abuse occurred in writing. Additionally, the Office of PREA Compliance must also be informed. Although initial contact may be made by phone to expedite awareness, all reports must ultimately be documented in writing using the

	<p>designated forms from the PREA Manual. The facility or agency receiving such a notification bears responsibility for ensuring the allegation is fully investigated in accordance with applicable PREA standards.</p> <p><b>Provision (b)</b></p> <p>In accordance with both the PAQ and Policy 430.00, when a facility receives information indicating that an individual was sexually abused while confined at another facility, the head of the receiving facility promptly notifies the appropriate agency official or facility head responsible for the location where the alleged abuse occurred. This step ensures coordination between confinement agencies and reinforces the continuity of care and investigation.</p> <p><b>Provision (c)</b></p> <p>The PAQ confirms that all such notifications are made in writing within 72 hours of the facility becoming aware of the allegation, as mandated by agency policy. This timeframe ensures timely reporting and supports the facility's obligation to preserve evidence and initiate an effective response.</p> <p><b>Provision (d)</b></p> <p>The PAQ also indicates that, during the past year, the facility did not receive any allegations of sexual abuse that had occurred at another correctional facility. Nonetheless, the policy and staff interviews confirm that procedures are in place to address such reports promptly and appropriately should they occur.</p> <p><b>CONCLUSION</b></p> <p>After an in-depth review of policy documents, facility practices, and information provided through staff interviews, the Auditor concludes that the facility fully meets the requirements of PREA Standard §115.63 – Reporting to Other Confinement Agencies. The facility has clearly established protocols, a strong chain of communication, and well-informed staff who are capable of responding promptly and in accordance with agency policy. Although there were no relevant cases during the audit period, the procedures in place reflect a proactive and compliant approach to ensuring all allegations are addressed and investigated with due diligence and transparency.</p>
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<b>115.64</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>DOCUMENT REVIEW</b></p> <p>As part of the PREA compliance assessment, the Auditor conducted a thorough review of the following documents:</p>



- Pre-Audit Questionnaire (PAQ) and all associated supporting materials.
- West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022.
- West Virginia Division of Corrections and Rehabilitation Coordinated Response Plan, Attachment 4-DCR, dated August 2019.

These documents outline institutional responsibilities and staff protocols for responding to allegations of sexual abuse or harassment, and provide a framework for assessing staff training, response readiness, and adherence to established PREA procedures.

## **INTERVIEWS**

### **Facility Head Interview**

During the interview, the facility head confirmed that all first responders—regardless of their specific role—are trained in accordance with PREA requirements. They reported that training is conducted on a frequent basis to reinforce competencies and ensure staff remain knowledgeable about proper response protocols. The facility head emphasized that all first responders are familiar with and have access to the WVDCR Coordinated Response Plan, Attachment 4-DCR, which provides a structured, agency-wide guide for responding to allegations of sexual abuse.

### **Security Staff - First Responder Interviews**

Interviews with randomly selected security personnel who serve as first responders revealed that they receive comprehensive training on PREA-related response procedures. This training is delivered through multiple formats, including annual in-service sessions, on-the-job training, staff meetings, and shift briefings (“turnouts”). Staff confidently affirmed their access to and understanding of the Coordinated Response Plan (Attachment 4-DCR), dated August 2019. Each individual articulated the required steps to be taken upon receiving a report of sexual abuse, demonstrating consistency and clarity in their knowledge of appropriate first responder actions.

### **Non-Security First Responder Interviews**

Non-security first responders also demonstrated a clear understanding of their responsibilities under PREA. Interviewees reported that, upon receiving an allegation, their immediate actions would include notifying security staff, ensuring the separation of the victim and alleged perpetrator, instructing both individuals to avoid any behavior that could compromise physical evidence (e.g., bathing, changing clothes, brushing teeth), and preserving the integrity of the scene until trained security personnel arrive. These staff members consistently emphasized the importance of confidentiality and demonstrated a strong grasp of their duty to protect the privacy and dignity of all individuals involved.

### **Staff Interviews**

Across the board, staff interviews reflected a high level of preparedness and understanding of PREA’s first responder protocols. Staff were able to clearly and consistently articulate the specific steps to be taken in the event of a report of sexual

abuse. These included separating the victim and perpetrator, preserving the physical and environmental evidence, securing medical care if needed, and initiating the reporting process. Staff also expressed their commitment to treating all reports seriously and responding in a manner that prioritizes safety, dignity, and due process.

## **PROVISIONS**

### **Provision (a)**

According to the PAQ, the facility received three allegations of sexual abuse within the past 12 months. However, in none of these cases was the first security staff responder required to separate the victim and perpetrator due to the time that had elapsed between the incident and the report. Additionally, there were no instances in which staff received notice of an incident early enough to preserve physical evidence.

The Auditor reviewed documentation associated with these cases, including original incident reports, investigative referrals, mental health referrals, and other relevant materials such as administrative remedy forms and notifications of investigative findings. Each case was documented thoroughly and, where applicable, concluded with proper written notification to the individuals involved.

WVDCR Policy 430.00, Section VII.D (p. 17), states that upon learning of a sexual abuse allegation, the first responding staff member must:

- Immediately separate the alleged victim and abuser,
- Preserve and protect the crime scene until evidence can be collected, and
- If the incident occurred within a timeframe that still allows for the collection of physical evidence, request that the alleged victim and abuser refrain from any actions that could destroy such evidence (e.g., washing, brushing teeth, changing clothing, eating, drinking, urinating, etc.).

These duties are reinforced by the WVDCR Coordinated Response Plan, Attachment 4-DCR, which outlines step-by-step guidance for first responders and emphasizes the obligation to maintain separation of involved individuals and preserve evidence until an investigation can be completed.

### **Provision (b)**

The PAQ further confirmed that in the three allegations received over the past year, there were no instances where a non-security staff member was the initial responder. However, the PAQ also stated that in situations where a non-security staff member is the first to respond, that staff member is expected to instruct the victim not to take any actions that could compromise physical evidence and to promptly notify security personnel to take over the response. This procedure aligns with agency policy and ensures the protection of critical evidence.

## **CONCLUSION**

Following a comprehensive review of documentation and interviews with facility leadership and first responders, the Auditor has determined that the agency meets all provisions of the PREA standard related to first responder responsibilities. Staff—both security and non-security—have been properly trained, are well-versed in appropriate

	procedures, and demonstrated a clear understanding of their roles in protecting individuals and preserving the integrity of investigations involving allegations of sexual abuse.
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<b>115.65</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>DOCUMENT REVIEW</b></p> <p>As part of the compliance assessment process for this PREA standard, the Auditor reviewed the Pre-Audit Questionnaire (PAQ) along with supporting documentation submitted by the facility. Key documents examined included the West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, as well as the agency's Coordinated Response Plan, specifically Attachment 4-DCR, dated August 2019. These materials outlined the institutional expectations and procedures for staff responding to incidents of alleged sexual abuse, including the responsibilities of both security and non-security first responders.</p> <p><b>INTERVIEWS</b></p> <p><b>FACILITY HEAD</b></p> <p>During the on-site interview, the Facility Head demonstrated a thorough understanding of the agency's coordinated response protocol to sexual abuse allegations. They explained that the Coordinated Response Plan clearly delineates the roles and responsibilities of each staff member involved in responding to a PREA-related incident. The Facility Head emphasized that all applicable staff, especially first responders, receive comprehensive and ongoing training on this protocol through annual in-service sessions, monthly staff meetings, and hands-on, on-the-job instruction. Additionally, staff members are provided with immediate access to the Coordinated Response Plan when needed to guide their actions during an emergent situation.</p> <p><b>FIRST RESPONDER</b></p> <p>Interviews with designated first responders—both security and non-security personnel—confirmed that they were not only aware of their responsibilities but also capable of articulating the correct steps to be taken in the event of an allegation of sexual abuse. Each interviewee demonstrated a clear understanding of how to respond appropriately and effectively to an incident, in accordance with policy and training. All first responders indicated they had direct access to the Coordinated Response Plan (Attachment 4-DCR) and were confident in their ability to use it as a reference during an incident, if necessary.</p> <p>The first responders consistently explained that, upon learning of a sexual abuse allegation, their immediate actions would include protecting the safety and well-being</p>

	<p>of the alleged victim, securing the area to preserve evidence, and initiating the notification chain by informing the shift supervisor. They also described procedures for ensuring that neither the alleged victim nor the alleged abuser engages in activities that might compromise the integrity of potential physical evidence.</p> <p><b>PROVISION</b></p> <p><b>Provision (a)</b></p> <p>The Coordinated Response Plan, detailed in Attachment 4-DCR (dated August 2019), lays out the specific duties expected of first responders in cases involving allegations of sexual abuse. These duties include:</p> <ul style="list-style-type: none"> <li>• Separating the alleged victim and alleged abuser and maintaining that separation until the conclusion of the investigation.</li> <li>• Securing and protecting the crime scene to preserve potential physical evidence until qualified staff can conduct evidence collection.</li> <li>• Promptly notifying the Shift Supervisor.</li> <li>• Advising the alleged victim to avoid actions that could destroy physical evidence, such as bathing, brushing teeth, changing clothes, eating, drinking, or using the restroom.</li> <li>• Ensuring the alleged abuser refrains from any such actions by placing the individual under direct observation, if necessary.</li> <li>• This multi-step response protocol aligns with national PREA standards and reflects the agency’s commitment to a trauma-informed, evidence-conscious approach.</li> </ul> <p><b>CONCLUSION</b></p> <p>After conducting a thorough review of the relevant documents, as well as interviews with facility leadership and staff, the Auditor concludes that the agency has a well-developed and consistently implemented coordinated response system in place. Staff are properly trained, understand their roles, and can effectively carry out their duties in the event of a PREA-related incident. Based on all available evidence, the facility is determined to be fully compliant with the standard concerning coordinated response.</p>
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<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>DOCUMENT REVIEW</b></p> <p>As part of the evaluation of compliance with this standard, the Auditor conducted a thorough review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation provided by the West Virginia Division of Corrections and Rehabilitation (WVDCR). Primary among these materials was WVDCR Policy 430.00,</p>

Prison Rape Elimination Act (PREA) Compliance, most recently updated on October 7, 2022. This policy outlines the agency's commitment to maintaining a zero-tolerance stance toward all forms of sexual abuse and sexual harassment, and it details procedures for managing staff who may be the subject of an investigation.

## **INTERVIEWS**

### **Administrative Staff (Human Resources)**

During the interview process, Human Resources representatives confirmed that facility management maintains full authority to implement immediate protective measures when an allegation of staff sexual misconduct or harassment is made. These measures may include reassigning the staff member to a different post, removing them from contact with the incarcerated individual involved, or placing them on administrative leave, depending on the nature and urgency of the situation. This flexibility allows the agency to prioritize the safety and protection of individuals in custody while the investigation is underway.

### **Random Staff**

Interviews conducted with randomly selected staff members confirmed a consistent understanding of the agency's ability to separate incarcerated individuals from staff members who are under investigation for alleged misconduct. Staff interviewed were aware that leadership may reassign, redirect, or otherwise adjust an employee's duties to ensure there is no further contact between the individual in custody and the staff member in question. This awareness demonstrates that the policy is being effectively communicated and implemented across the facility.

## **PROVISIONS**

### **Provision (a)**

According to the information provided in the PAQ, the West Virginia Division of Corrections and Rehabilitation does not engage in collective bargaining with staff. Instead, all employees are held to the standards outlined in the agency's policies and procedures, including those that reinforce the zero-tolerance approach to sexual abuse and sexual harassment.

Policy 430.00, PREA Compliance, explicitly supports this in Section E, page 15, stating that under West Virginia State Code, DCR does not have the authority to enter into collective bargaining agreements. This absence of collective bargaining ensures that the agency retains the full ability to swiftly and unilaterally implement protective actions in the interest of safety, without negotiation delays or contractual limitations.

### **Provision (b)**

This provision is not subject to auditor evaluation and is therefore not addressed in this report.

## **CONCLUSION**

Based on the comprehensive review of agency policies, interview findings, and supporting documentation, the Auditor concludes that the West Virginia Division of Corrections and Rehabilitation meets all applicable requirements of this standard. The agency has established procedures and retains the necessary authority to ensure that

	<p>individuals in custody are protected from contact with staff members under investigation for sexual abuse or harassment. These measures are consistently understood and applied, affirming compliance with the PREA standard regarding the preservation of the ability to protect individuals from contact with alleged abusers</p>
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<b>115.67</b>	<b>Agency protection against retaliation</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>In assessing compliance with the PREA standard regarding protection from retaliation, the Auditor conducted a comprehensive review of all relevant materials. These included the Pre-Audit Questionnaire (PAQ) and supporting documentation submitted by the West Virginia Division of Corrections and Rehabilitation (WVDCR). A central document in this review was WVDCR Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022. This policy outlines the agency’s commitment to protecting individuals from retaliation following reports of sexual abuse or harassment and establishes specific procedures for monitoring and intervention.</p> <p><b>INTERVIEWS</b></p> <p><b>Agency Head or Designee</b></p> <p>During the interview, the Agency Head or their designee confirmed that the agency’s retaliation monitoring process begins on the date an allegation is received and continues for a minimum of 90 days. If the allegation is later determined to be unfounded following a thorough investigation, monitoring may be discontinued. However, the agency remains vigilant in monitoring and protecting any individual—whether an incarcerated person or a staff member—who expresses fear of retaliation as a result of their involvement in an investigation. This approach ensures a proactive stance in preventing and addressing retaliatory behaviors.</p> <p><b>Facility Head</b></p> <p>The Facility Head emphasized a facility-wide culture of zero tolerance for retaliation. Both staff and incarcerated individuals are encouraged to report any perceived or actual retaliatory actions, regardless of who is involved. The Facility Head conveyed that the administration treats all retaliation concerns with urgency and seriousness, and any substantiated acts of retaliation are met with swift and appropriate disciplinary action.</p> <p><b>Retaliation Monitor</b></p> <p>The designated Retaliation Monitor provided detailed insight into the procedures and safeguards in place to detect and prevent retaliation. These include the regular review of housing assignments, work details, program participation, and disciplinary records for incarcerated individuals, as well as job reassignments or negative</p>

performance evaluations for staff. Any changes that could suggest retaliatory behavior are closely examined. In the event retaliation is suspected or substantiated, the agency initiates an investigation and takes immediate action to address and resolve the situation. Monitoring is conducted for a minimum of 90 days, with at least monthly status checks, and may be extended if ongoing concerns are identified.

## **PROVISIONS**

### **Provision (a):**

The PAQ confirms that WVDCR has a formal retaliation monitoring plan in place and has designated specific staff to carry out monitoring duties. As outlined in Policy 430.00, Section VII(G), the agency is required to monitor the treatment and conduct of individuals who report sexual abuse or are alleged victims, for a minimum of 90 days. This monitoring includes reviewing disciplinary actions, housing or programmatic changes, and, for staff, performance reviews or work assignments. Monitoring may extend beyond 90 days if needed. Documentation of monitoring efforts is required, and all actions must be reported to the Office of PREA Compliance within 24 hours if retaliation is observed. If an allegation is deemed unfounded, the obligation to monitor may cease. Individuals expressing fear of retaliation are to be offered appropriate protection and support.

### **Provision (b):**

The agency has policies in place to protect both incarcerated individuals and staff who report sexual abuse or harassment or who cooperate with investigations. Policy 430.00, Section VII(F), specifies that multiple protective measures are employed, such as changes in housing or work assignments, separation from alleged abusers, and provision of emotional support services. These measures are implemented to mitigate the risk of retaliation and ensure safety.

### **Provision (c):**

According to the PAQ, there were no incidents of retaliation reported within the past 12 months. This indicates the effectiveness of the agency's preventive measures and monitoring procedures.

### **Provision (d):**

The agency's retaliation monitoring plan includes regular status checks, conducted at least monthly, for individuals being monitored. This ensures ongoing oversight and the opportunity to respond promptly if concerns arise.

### **Provision (e):**

If any individual involved in an investigation expresses fear of retaliation—regardless of whether they are a complainant, witness, or respondent—the agency is committed to taking appropriate and immediate steps to protect them. This aligns with the agency's broader goal of fostering a safe and supportive environment.

### **Provision (f):**

Should an allegation be deemed unfounded following a thorough investigation, retaliation monitoring responsibilities are discontinued, as stated in both the PAQ and WVDCR Policy 430.00.

	<p><b>CONCLUSION</b></p> <p>Based on an in-depth review of agency policy, interviews with key personnel, and the information provided in the Pre-Audit Questionnaire, the Auditor concludes that the West Virginia Division of Corrections and Rehabilitation meets all components of the standard related to protection against retaliation. The agency has implemented robust procedures for identifying, preventing, and addressing retaliation and has cultivated an institutional culture that supports accountability, transparency, and safety for all individuals under its care and supervision.</p>
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<b>115.68</b>	<b>Post-allegation protective custody</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>As part of the compliance assessment for PREA Standard §115.68 – Post-Allegation Protective Custody, the Auditor conducted a thorough review of all relevant documentation. This included the facility’s completed Pre-Audit Questionnaire (PAQ) and supporting materials submitted in advance of the on-site visit. Particular attention was given to West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, titled Prison Rape Elimination Act (PREA) Compliance, most recently revised on October 7, 2022. This policy outlines agency-wide procedures regarding protective custody and responses following an allegation of sexual abuse.</p> <p><b>INTERVIEWS</b></p> <p><b>Facility Head</b></p> <p>The Facility Head was interviewed to gain insight into the institution’s practices concerning the placement of individuals in protective custody following allegations of sexual abuse. The Facility Head affirmed that individuals who report sexual abuse are not automatically placed in segregated housing. Instead, every effort is made to accommodate their continued participation in facility programming, education, and work assignments, provided it is safe to do so. If an individual is housed in a more secure or separate setting for their own protection, the placement is made with careful consideration of both their safety and the overall security of the facility.</p> <p><b>Classification Staff</b></p> <p>Interviews with classification staff provided further clarification on the housing options available for individuals who allege sexual abuse. Staff emphasized that involuntary placement in segregation is not a standard or automatic response. The facility maintains multiple housing alternatives designed to provide a safe environment without isolating the victim from the general population unless absolutely necessary. Staff noted that segregation is considered a last resort, only implemented after other options have been exhausted. When separation from the abuser cannot be accomplished through internal housing adjustments, the facility may initiate a</p>



	<p>transfer of either the victim or the perpetrator to another WVDCR institution to ensure safety while minimizing unnecessary restrictions.</p> <p><b>PROVISIONS</b></p> <p><b>Provision (a)</b></p> <p>The PAQ reflects that, within the 12 months preceding the audit, no individuals who reported being sexually abused were placed in involuntary segregated housing for protective purposes. Nevertheless, the facility has established procedures to ensure that if such placement were to occur, it would be subject to regular review. Specifically, any involuntary segregated housing used for protective custody would be reviewed at least every 30 days to assess the ongoing necessity of the separation and to explore potential alternatives.</p> <p>These procedures reflect the agency's commitment to minimizing reliance on restrictive housing for victims of sexual abuse while ensuring their safety remains paramount.</p> <p><b>CONCLUSION</b></p> <p>Following a comprehensive review of agency policy, facility documentation, and interviews with facility leadership and classification staff, the Auditor has determined that the agency/facility is in full compliance with PREA Standard §115.68 – Post-Allegation Protective Custody. The facility demonstrates a clear commitment to avoiding the use of involuntary segregated housing for victims of sexual abuse except in circumstances where no reasonable alternatives exist. Moreover, safeguards are in place to ensure that any such placement would be temporary, closely monitored, and regularly reassessed to prioritize the individual's safety, dignity, and access to rehabilitative opportunities.</p>
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<b>115.71</b>	<b>Criminal and administrative agency investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>As part of the comprehensive audit process, the Auditor thoroughly examined the following documents to assess the agency's compliance with PREA Standard §115.71 – Criminal and Administrative Investigations:</p> <p>Pre-Audit Questionnaire (PAQ) and all associated supporting materials submitted by the agency.</p> <p>West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, titled Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022.</p> <p><b>INTERVIEWS</b></p>

## **Investigative Staff**

The Auditor conducted an in-depth interview with members of the facility's investigative team. Staff demonstrated a strong grasp of investigative protocols and reaffirmed that:

- All investigations begin promptly upon receipt of a report, regardless of the method of disclosure—whether in person, over the phone, via third-party reports, mail, or anonymously.
- The same investigative procedures are applied uniformly, ensuring equitable treatment of every report.  
Investigators receive both foundational and specialized PREA training, which the Auditor confirmed through a review of individual training records.
- When criminal prosecution is a possibility, compelled interviews are conducted only after consulting with prosecutorial authorities to safeguard the integrity of future proceedings.
- Miranda rights are administered in cases identified as criminal in nature.
- Credibility assessments are made individually for all parties involved, including victims, alleged abusers, and witnesses.
- Polygraph examinations are not used in PREA-related investigations.
- Administrative investigations include an evaluation of whether any staff actions or omissions contributed to the incident.
- All investigative conclusions are documented in a detailed written report.
- If the investigation yields evidence of criminal behavior, the complete case file is submitted to the West Virginia State Police for further investigation and potential prosecution.
- Cases deemed prosecutable by the State Police are forwarded to a grand jury for consideration.
- The facility maintains comprehensive documentation of post-allegation responses, including responder checklists, medical and mental health evaluations, 30-day follow-up reviews, retaliation monitoring, and housing preference acknowledgment forms.  
Investigations proceed uninterrupted, even if a victim or alleged abuser leaves the agency's custody or employment during the process.
- Full cooperation is extended to the West Virginia State Police and judicial authorities throughout the investigative process.

PREA Director / Director of PREA Compliance (DPC)

The DPC affirmed that all administrative and criminal investigation records related to sexual abuse or harassment are retained for the duration of the alleged abuser's incarceration or employment, plus an additional five years. Additionally, critical inmate records are maintained indefinitely in the database.

## **PREA Compliance Manager (PCM)**

The PCM confirmed the agency's commitment to continuing investigations regardless of whether the alleged abuser or alleged victim departs from the agency's custody or

employment.

### **Facility Head**

According to the Facility Head, there were no substantiated allegations of sexual abuse or sexual harassment referred for criminal prosecution during the 12-month period preceding the audit.

### **Inmates Who Reported Sexual Abuse**

Interviews with individuals who had reported sexual abuse revealed high levels of satisfaction with staff responsiveness and the investigative process. The following themes were consistently reported:

- Staff responded promptly and appropriately to reports of sexual abuse.
- Incarcerated individuals were referred for forensic medical exams when warranted.
- Victim advocates were made available and accompanied individuals throughout the exam.
- No individual was asked to bear the financial cost of any part of the examination or treatment.
- Polygraph tests were not used as part of the investigation.
- Incarcerated individuals received written notification of the outcomes of their investigations

## **PROVISIONS**

### **Provision (a)**

The PAQ affirms that the WVDCR conducts investigations promptly, thoroughly, and objectively. Interviewed investigative staff confirmed adherence to these principles. Policy 430.00 (p. 19, Section A.6) mandates all employees to cooperate fully with investigations and outlines disciplinary measures for noncompliance.

### **Provision (b)**

The PAQ and interviews verified that investigators receive specialized training specific to handling sexual abuse cases in confinement settings. This is supported by Policy 430.00 (pp. 9–10, Section F), which details the required training components for investigative staff.

### **Provision (c)**

Investigators collect and preserve all forms of relevant evidence—physical, circumstantial, testimonial, DNA, and electronic surveillance data—as confirmed through both documentation and staff interviews. According to Policy 430.00 (p. 20, Section H), all investigations utilize a preponderance of the evidence standard to reach a conclusion.

### **Provision (d)**

When there is potential for criminal prosecution, compelled interviews are conducted only after coordination with prosecutorial authorities to avoid compromising the criminal case. This was verified through both staff interviews and Policy 430.00 (p. 20, Section J).

**Provision (e)**

Credibility assessments of victims, alleged perpetrators, and witnesses are made independently and objectively. Staff clarified that no individual is required to pass a polygraph test to proceed with an investigation. These practices align with statements in the PAQ and interviews with investigative personnel.

**Provision (f)**

Administrative investigations also examine staff involvement or failure to act, where relevant. Investigators document physical and testimonial evidence, credibility determinations, and factual findings. These processes are outlined in Policy 430.00 (p. 19, Section B) and confirmed through staff interviews.

**Provision (g)**

Criminal investigations include full documentation of physical evidence, witness statements, and related records, per the PAQ and investigative staff. These requirements are delineated in Policy 430.00 (p. 19, Section C).

**Provision (h)**

In the past 12 months, there was two substantiated criminal cases that was referred for prosecution, a fact confirmed during the interview with the Facility Head. The procedures for referring such cases are outlined in Policy 430.00 (pp. 19-20, Sections G and H).

**Provision (i)**

The agency retains all administrative and criminal investigation records for as long as the alleged abuser remains incarcerated or employed by the agency, and for five years thereafter. This retention requirement is found in Policy 430.00 (p. 19, Section D) and was affirmed by the DPC.

**Provision (j)**

Interviews with the DPC confirmed that the departure of either the victim or alleged abuser does not affect the continuation of an investigation. The PAQ supports this position.

**Provision (k)**

Auditors are not required to assess this provision.

**Provision (l)**

	<p>According to the PAQ and interviews with investigative staff, when investigations are conducted by outside agencies, WVDCR cooperates fully and actively seeks updates. All administrative investigations are handled internally, while criminal investigations fall under the jurisdiction of the West Virginia State Police. This process is supported by Policy 430.00 (p. 19, Section E).</p> <p><b>CONCLUSION</b></p> <p>After a detailed review of documentation, policies, training records, and interviews with key staff, the Auditor concludes that the West Virginia Division of Corrections and Rehabilitation fully meets all applicable provisions of PREA Standard §115.71 regarding criminal and administrative investigations. The agency has established clear procedures and safeguards to ensure investigations are timely, objective, and thorough, and that cases remain active regardless of the custodial or employment status of those involved.</p>
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<b>115.72</b>	<b>Evidentiary standard for administrative investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>As part of the assessment of compliance with PREA Standard §115.72 – Evidentiary Standard for Administrative Investigations, the Auditor conducted a thorough review of key documents, including:</p> <ul style="list-style-type: none"> <li>• The Pre-Audit Questionnaire (PAQ) along with all supporting documentation submitted by the facility, and</li> <li>• The West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, titled Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022.</li> </ul> <p>These documents provided foundational insight into the agency’s protocols and procedures for conducting administrative investigations into allegations of sexual abuse and sexual harassment within its facilities.</p> <p><b>INTERVIEWS</b></p> <p><b>Investigative Staff</b></p> <p>During confidential interviews with members of the investigative team, staff affirmed that all administrative investigations into alleged sexual misconduct are guided by the principle of fairness and objectivity. Investigators explained that they are trained</p>

to collect and evaluate all forms of relevant evidence, which may include:

Statements from involved individuals (victims, alleged perpetrators, witnesses),  
Physical and documentary evidence collected from the alleged scene of the incident,  
and

Review of video surveillance footage, electronic communication logs, or other data  
sources available at the time of the investigation.

Importantly, investigative staff emphasized that in determining whether an allegation is substantiated, no evidentiary threshold greater than a preponderance of the evidence is applied. This standard—meaning that it is more likely than not that the incident occurred—ensures allegations are not dismissed simply due to the absence of overwhelming proof. The use of this standard aligns with federal PREA requirements and demonstrates the agency’s commitment to accountability and victim-centered investigative practices.

## **PROVISIONS**

### **Provision (a)**

The Pre-Audit Questionnaire confirms, and investigative staff verified during interviews, that the agency consistently applies the preponderance of the evidence standard in determining the outcome of administrative investigations into allegations of sexual abuse and harassment. At no point is a higher threshold required to substantiate claims.

This practice is clearly outlined in WVDCR Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022. Specifically, Section VIII, H (page 20) of the policy states:

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

This provision ensures that investigations remain equitable and that determinations are made based on the balance of probabilities rather than more stringent legal standards, such as those required in criminal proceedings.

## **CONCLUSION**

After a comprehensive review of all documentation and evidence, and following in-depth interviews with investigative staff, the Auditor finds that the West Virginia Division of Corrections and Rehabilitation fully complies with the requirements set forth in PREA Standard §115.72. The agency consistently applies the appropriate evidentiary standard—preponderance of the evidence—in all administrative investigations related to allegations of sexual abuse and harassment. This approach reflects best practices in correctional investigations and upholds the integrity of the PREA compliance process.

Accordingly, the Auditor concludes that the agency/facility meets all provisions of this standard.

<b>115.73</b>	<b>Reporting to inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>DOCUMENT REVIEW</b></p> <p>In evaluating compliance with PREA Standard §115.73 – Reporting to Inmates, the Auditor conducted an in-depth review of relevant materials submitted by the facility and agency. The following documents and records were examined:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ) and all associated supporting documentation.</li> <li>• West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022.</li> <li>• A representative sampling of investigative case files related to PREA allegations.</li> <li>• Facility-maintained PREA tracking tools, including charts summarizing allegations, findings, and subsequent notifications made to involved individuals.</li> </ul> <p>This documentation provided a detailed picture of how the facility and agency address notification requirements following sexual abuse investigations.</p> <p><b>INTERVIEWS</b></p> <p><b>Investigative Staff</b></p> <p>Auditor interviews with staff responsible for conducting PREA investigations revealed a clear and consistent understanding of agency procedures. Investigative personnel explained that once an investigation is concluded, they generate a comprehensive written report documenting all relevant findings, including the evidence collected, the basis for the determination (substantiated, unsubstantiated, or unfounded), and any resulting recommendations. These reports are forwarded to facility leadership for appropriate action.</p> <p>Investigators confirmed that the facility is responsible for notifying the person who reported the allegation of the investigation’s outcome. In cases involving criminal allegations, the Division’s Criminal Operations (OPS) unit assumes the duty of providing notifications and coordinating with facility leadership to ensure communication protocols are followed.</p> <p><b>Facility Head or Designee</b></p> <p>The Facility Head confirmed the agency's commitment to ensuring individuals who report allegations of staff sexual abuse are kept informed of key developments. This includes notification when:</p> <ul style="list-style-type: none"> <li>• The staff member is no longer assigned to the individual’s housing unit.</li> </ul>

- The staff member has separated from employment with the agency.
- The agency receives information that the staff member has been indicted, arrested, or convicted for an offense related to the allegation.
- During the audit review period, there were two substantiated allegations of sexual abuse—one involving a staff member and one involving another incarcerated individual.
- Both cases were referred for criminal investigation. At the time of the audit, the criminal cases remained open. The Facility Head affirmed that if criminal charges or convictions were to occur, the impacted individuals would be appropriately notified, in accordance with policy.

### **Inmates Who Reported Sexual Abuse**

Interviews with individuals who had previously reported sexual abuse provided valuable insight into the facility's implementation of notification procedures. These individuals consistently expressed satisfaction with how staff responded to their reports and how the investigation process was handled. Common themes among interviewees included:

- Prompt and professional responses from staff upon disclosure.
- Timely access to forensic medical examinations when indicated.
- Availability of victim advocates to support them through the process.
- Assurance that they were not responsible for the costs of medical exams or treatment.
- Confirmation that polygraph testing was not used during the investigative process.
- Receipt of formal written notification regarding the outcome of their allegation.

## **PROVISIONS**

### **Provision (a)**

As indicated in the PAQ and affirmed through interviews with the Facility Head and investigative staff, WVDCR maintains a policy mandating that any individual who alleges sexual abuse is informed—either verbally or in writing—of the outcome of the investigation. This practice applies whether the allegation is substantiated, unsubstantiated, or unfounded.

WVDCR Policy 430.00, Section VIII(L), codifies this requirement. It directs the facility's PREA Compliance Manager (PCM) to provide notification to the individual and to document these communications. In cases where another agency conducts the investigation, the facility is expected to obtain the results and fulfill the same notification obligation.

### **Provision (b)**

The facility reported two instances during the audit period where external agencies conducted investigations into alleged sexual abuse. In such cases, WVDCR Policy 430.00, Section VIII(K), outlines expectations for investigative reporting. Reports must document physical and testimonial evidence, evaluate witness credibility, and state



the final determination. Allegations found to involve criminal behavior must be referred to the appropriate prosecuting authority. External investigations are held to the same reporting and notification standards as internal ones.

**Provision (c)**

According to both the PAQ and the Facility Head, WVDCR requires that individuals be notified of significant changes in the employment status of staff members implicated in substantiated sexual abuse cases. Notifications are provided when:

- The staff member is reassigned or removed from the individual's housing unit.
- The staff member is no longer employed by the agency.
- The agency becomes aware that the staff member has been indicted or convicted of an offense connected to the allegation.

These requirements are clearly articulated in Policy 430.00, Section VIII(M)(1-2). The facility reported one substantiated or one unsubstantiated staff-on-inmate sexual abuse case during the previous 12 months, as confirmed during the interview with the Facility Head.

**Provision (d)**

In accordance with PREA standards and WVDCR policy, the facility also notifies individuals when an allegation of inmate-on-inmate sexual abuse is substantiated and the alleged perpetrator is criminally charged or convicted. Policy 430.00, Section VIII(M)(3-4), establishes the procedural steps for these notifications, which mirror those required in staff-involved cases.

**Provision (e)**

The PAQ reported that seven individuals were notified in writing of the outcomes of sexual abuse investigations during the past year. Of these, two allegations were substantiated and five were unsubstantiated.

Policy 430.00, Section VIII(O), requires that all notifications or attempts to notify are documented. Notifications are sent to the individual's current institutional location or, if applicable, their last known address. The facility's responsibility to notify ends upon the individual's release from WVDCR custody.

**Provision (f)**

This provision is not applicable for auditing purposes and was therefore not evaluated.

**CONCLUSION**

Following an extensive review of policy documents, investigative files, staff interviews, and notification practices, the Auditor finds the facility in full compliance with PREA Standard §115.73 – Reporting to Inmates. The agency demonstrates a robust and well-documented system for ensuring that individuals who report sexual abuse are kept informed of investigative outcomes and significant developments. These practices reflect a strong institutional commitment to transparency, accountability, and survivor-centered communication in alignment with the expectations of the PREA standards and WVDCR policy.

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<b>115.76</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>DOCUMENT REVIEW</b></p> <p>The Auditor conducted a comprehensive review of the facility’s compliance with the PREA standard addressing staff disciplinary sanctions. This review included a close examination of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the facility. Particular attention was given to the West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, titled Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022. This policy outlines the agency’s zero-tolerance approach to sexual abuse and sexual harassment and establishes clear expectations for staff behavior and consequences for violations.</p> <p><b>INTERVIEWS</b></p> <p><b>Facility Head</b></p> <p>During the on-site audit, the Auditor conducted an in-depth interview with the Facility Head. Through this interview, it was affirmed that:</p> <ul style="list-style-type: none"> <li>• All facility staff are subject to disciplinary actions—up to and including termination—for any violation of agency policies related to sexual abuse, sexual harassment, or sexual misconduct.</li> <li>• Termination is the presumptive disciplinary sanction for staff found to have engaged in sexual abuse.</li> <li>• In the past twelve months, there have been two instances of staff violating the agency’s sexual abuse, sexual harassment, or sexual misconduct policies.</li> <li>• Likewise, there were two staff terminations or resignations in lieu of termination for violations related to these policies during the same period.</li> </ul> <p>This information was consistent with responses provided in the PAQ and confirmed the facility’s adherence to agency policy and PREA standards.</p> <p><b>PROVISIONS</b></p> <p><b>Provision (a)</b></p> <p>According to the PAQ and confirmed through the Facility Head interview, staff are held fully accountable under the agency’s sexual abuse and sexual harassment policies. WVDCR Policy 430.00, Section IX.A (p. 21), clearly states that disciplinary sanctions for violations may range up to and including termination. Termination is the expected</p>

outcome for any staff member found to have engaged in sexual abuse.

The policy further specifies that disciplinary sanctions for violations not involving actual sexual abuse are to be commensurate with:

- The nature and circumstances of the incident;
- The staff member's disciplinary history; and
- Sanctions imposed in comparable cases for similarly situated staff.

Additionally, the policy mandates that all terminations (or resignations in lieu of termination) related to violations of these policies be documented and referred to law enforcement and any applicable licensing board unless the act in question is clearly not criminal in nature. Notably, the departure of a subject or victim from agency employment or custody does not halt an ongoing investigation.

#### **Provision (b)**

As stated in the PAQ and reinforced during the interview with the Facility Head, the facility experienced two incidents in the past 12 months in which a staff member violated policies related to sexual abuse or harassment. Consequently, two staff were terminated or resigned in lieu of termination due to such violations. The Facility Head confirmed that, consistent with policy, termination continues to be the default sanction for any confirmed sexual abuse by staff.

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

#### **Provision (c)**

The PAQ reported—and the Facility Head confirmed—that the agency ensures any disciplinary sanctions for policy violations not rising to the level of sexual abuse are proportionate to the offense. These sanctions are determined by considering the seriousness of the behavior, the employee's prior disciplinary record, and the sanctions given to other staff under similar circumstances. Furthermore, in the preceding 12 months, there were no staff members disciplined short of termination for violating agency sexual abuse or harassment policies.

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

#### **Provision (d)**

The PAQ affirmed, and the Facility Head confirmed, that the agency has a consistent practice of reporting all terminations or resignations related to sexual abuse or harassment to law enforcement agencies and relevant professional licensing bodies, except in cases where the conduct is clearly not criminal. The facility reported no such instances in the past 12 months.

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

#### **CONCLUSION**

Following a thorough review of agency policies, documentation, and interviews with

	<p>facility leadership, the Auditor finds that the West Virginia Division of Corrections and Rehabilitation fully complies with all provisions of the PREA standard concerning disciplinary sanctions for staff. The agency’s policies and practices demonstrate a firm commitment to accountability, transparency, and the safety of all individuals in its custody.</p>
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<b>115.77</b>	<b>Corrective action for contractors and volunteers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>The Auditor conducted a comprehensive review of all documentation submitted in advance of the on-site audit, including the Pre-Audit Questionnaire (PAQ) and supporting materials. Central to this review was the West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, titled Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022. This policy outlines the agency’s zero-tolerance approach to sexual abuse and sexual harassment and details procedures for holding contractors and volunteers accountable.</p> <p><b>INTERVIEW</b></p> <p>During the on-site audit, the Facility Head provided an in-depth explanation of the facility’s practices regarding allegations involving contractors and volunteers. It was clearly articulated that, upon receiving any allegation or concern involving a contractor or volunteer, the matter is immediately referred for formal investigation. During the course of the investigation, the contractor or volunteer in question is barred from entering or participating in facility operations until the issue is fully resolved. This ensures the integrity of the investigation and protects the safety of all individuals housed in the facility.</p> <p><b>PROVISIONS</b></p> <p><b>Provision (a):</b></p> <p>According to the PAQ, there have been no incidents in the past twelve months in which contractors or volunteers were reported to licensing bodies or law enforcement for sexual abuse or sexual harassment-related conduct. This was further validated through interviews and corroborating documentation.</p> <p>Policy 430.00, Section IX, B, establishes that any contractor, volunteer, intern, or other non-agency individual who engages in, fails to report, or knowingly condones sexual abuse or sexual harassment shall be subject to appropriate disciplinary measures. The policy prohibits any form of retaliation against individuals involved in reporting or investigating such misconduct. In accordance with this provision, any contractor or volunteer found to have engaged in sexual abuse is permanently prohibited from offender contact and must be reported to the appropriate law enforcement agency and any relevant licensing authorities.</p>

	<p><b>Provision (b):</b></p> <p>As noted in Provision (a), there were no reported cases involving contractors or volunteers engaging in sexual abuse during the prior twelve-month period. Consequently, no remedial actions were necessary during this review period.</p> <p><b>CONCLUSION</b></p> <p>After careful consideration of all documentation, policy review, and on-site interviews, the Auditor concludes that the facility is in full compliance with all elements of the standard related to disciplinary and corrective actions for contractors and volunteers. The agency has well-established procedures in place to address allegations and ensure accountability, even though no such incidents occurred within the audited timeframe.</p>
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115.78	Disciplinary sanctions for inmates
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>As part of the comprehensive assessment for compliance with PREA Standard §115.78 – Disciplinary Sanctions for Inmates, the Auditor conducted a thorough review of the facility’s Pre-Audit Questionnaire (PAQ) along with accompanying supporting documentation. Key among the reviewed materials was the West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, titled Prison Rape Elimination Act (PREA) Compliance, most recently updated on October 7, 2022.</p> <p><b>INTERVIEWS</b></p> <p><b>Facility Head</b></p> <p>During the on-site audit, the Auditor interviewed the Facility Head, who provided detailed insight into the facility’s approach to inmate discipline related to incidents of sexual abuse. The Facility Head explained that disciplinary measures are determined based on the severity and nature of the violation, and sanctions are consistently applied in a fair and equitable manner across the inmate population. Possible disciplinary actions may include changes in housing assignments, loss of good time credit, and, when warranted, referral for criminal prosecution.</p> <p>When the behavior in question involves an individual with a history of mental illness or developmental disabilities, mental health professionals are actively engaged in the disciplinary process to ensure appropriate, informed decisions are made regarding sanctions.</p> <p>The Facility Head confirmed that, within the past twelve months, no inmate has been disciplined for reporting an allegation of sexual abuse made in good faith.</p>

**Medical Staff**

Medical personnel were also interviewed and affirmed their role in supporting the rehabilitative process for inmates found responsible for acts of sexual abuse. They explained that when appropriate, they may recommend therapy, counseling, or other targeted interventions designed to address underlying behavioral or psychological factors contributing to abusive conduct. These services are integrated into the facility's overall counseling program and are offered as part of both individual and group sessions. Importantly, participation in such therapeutic programming is not a prerequisite for accessing other institutional programs or privileges.

**PROVISIONS****Provision (a)**

According to the facility's PAQ, disciplinary sanctions are only imposed on individuals after a formal disciplinary process concludes that the inmate committed inmate-on-inmate sexual abuse, either through an administrative finding or a criminal conviction.

During the audit period, the facility reported one administrative finding of inmate-on-inmate sexual abuse. This matter was referred to the appropriate law enforcement agency for criminal investigation and possible prosecution, and the case remained open at the time of the on-site visit. The Facility Head confirmed this report.

There were no criminal convictions related to inmate-on-inmate sexual abuse within the past twelve months.

WVDCR Policy 430.00, page 22, Section IX, Subsection C, outlines that all sexual contact between inmates—whether forced or voluntary—is prohibited and may result in disciplinary action. However, mutual sexual contact is classified as a rule violation rather than sexual abuse. The policy further mandates that sanctions must be proportionate to the seriousness of the offense, the inmate's disciplinary history, and sanctions applied in similar cases involving individuals with comparable records.

**Provision (b)**

The PAQ affirms that disciplinary sanctions imposed following a substantiated incident of sexual abuse are determined through a formal disciplinary process. Sanctions are tailored to reflect the nature and context of the abuse, the individual's disciplinary history, and comparable precedents involving other inmates. This process was confirmed through the interview with the Facility Head.

WVDCR Policy 430.00, p. 22, IX, C, supports this provision by requiring that all sanctions be fair, proportional, and consistent with how similar offenses have been addressed.

**Provision (c)**

The PAQ and interviews confirm that when deciding on potential disciplinary sanctions, the facility's process includes an evaluation of whether the inmate's mental illness or developmental disabilities may have contributed to the behavior. The Facility Head affirmed that such factors are taken into account to ensure the

appropriateness of disciplinary responses.

This practice is aligned with Policy 430.00, p. 22, IX, C, which explicitly requires consideration of mental health factors when determining sanctions.

**Provision (d)**

The facility reported in its PAQ that it offers access to counseling, therapy, or other rehabilitative interventions aimed at addressing the root causes of abusive behavior. The decision to require participation in these services as a condition for accessing other programming or benefits is made on a case-by-case basis. This approach was further confirmed through interviews with medical staff, who discussed the therapeutic resources available to inmates.

Policy 430.00, p. 22, Section X, Subsection A, states that when an inmate is found guilty of misconduct related to sexual abuse, and therapeutic interventions are available, the facility shall consider mandating participation as a condition for program access or other privileges.

**Provision (e)**

The facility ensures that disciplinary action related to sexual conduct with staff is only imposed when it is determined that the staff member did not consent to the sexual interaction. This protocol was verified by the Facility Head during the interview.

This requirement is codified in Policy 430.00, p. 22, IX, C, which permits discipline only when non-consensual contact is established.

**Provision (f)**

The PAQ clearly indicates, and the Facility Head affirmed, that no inmate is disciplined for filing a report of sexual abuse in good faith, even if the allegation cannot ultimately be substantiated. The facility strictly prohibits retaliatory or punitive actions in such cases.

Policy 430.00, p. 22, X, C, reinforces this practice, stating that reports made in good faith and based on a reasonable belief do not constitute false allegations, regardless of the investigation's outcome.

**Provision (g)**

The facility maintains a policy that prohibits all sexual activity between inmates. However, such behavior is classified as sexual abuse only when it is determined that the activity involved coercion. This distinction was verified through the Facility Head interview.

Per Policy 430.00, p. 22, IX, C, all sexual activity—coerced or consensual—is subject to disciplinary action, though only coercive acts meet the threshold for classification as sexual abuse. Mutual sexual contact is considered a rules violation but not sexual abuse.

**CONCLUSIONS**

Following a comprehensive review of documentation and interviews with key facility personnel, the Auditor finds that the facility fully complies with each element of PREA

	Standard §115.78 related to disciplinary sanctions for inmates. The facility demonstrates a structured, fair, and policy-driven disciplinary process that aligns with PREA requirements and promotes accountability while considering individual circumstances and mental health needs. No areas of noncompliance were identified.
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<b>115.81</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>DOCUMENT REVIEW</b></p> <p>As part of the audit process, the Auditor conducted a comprehensive review of the Pre-Audit Questionnaire (PAQ) and all associated documentation submitted by the facility. Among the key documents reviewed was the West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, titled Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022. This policy outlines the agency’s approach to identifying, documenting, and responding to inmates who have a history of sexual victimization or abusiveness and ensuring that appropriate follow-up care is provided in a timely and confidential manner.</p> <p><b>INTERVIEWS</b></p> <p><b>Medical and Mental Health Staff</b></p> <p>During interviews, medical and mental health staff demonstrated a clear understanding of their responsibilities under the PREA standard. They confirmed that when an individual is identified during intake as being at heightened risk—either due to previous victimization or a history of sexually aggressive behavior—the individual is offered a follow-up session with a mental health professional. Staff stated that these sessions are consistently scheduled to occur within 14 days of intake, as required by agency policy.</p> <p><b>Intake Staff</b></p> <p>Intake personnel affirmed that all medical and mental health data collected during the screening process is stored in a secure, restricted-access electronic database. Only qualified medical and mental health professionals have direct access to this system. Any disclosure of information to classification or other staff is limited strictly to what is necessary for treatment, safety, or housing decisions and is shared only on a verified need-to-know basis.</p> <p><b>Inmate Who Disclosed Prior Victimization</b></p> <p>The Auditor also conducted an interview with an inmate who had disclosed prior sexual victimization during intake screening. The individual confirmed that a mental health referral was immediately offered on the same day as the disclosure. The follow-up appointment was scheduled for the following week, aligning with the facility’s stated practices.</p>



## **PROVISIONS**

### **Provision (a)**

According to the PAQ and verified by intake and clinical staff, one individual disclosed prior sexual victimization during the screening process within the past 12 months. A mental health referral was promptly made, and the follow-up appointment was held within six days. This response meets the timeline required by agency policy.

WVDCR Policy 430.00, p. 13, Section V, J, mandates that when an offender reports having been a victim or perpetrator of sexual abuse—whether in an institutional setting or the community—the facility shall offer the individual a follow-up meeting with a mental health practitioner within 14 days of intake.

### **Provision (b)**

No inmates reported having previously perpetrated sexual abuse within the past 12 months, according to the PAQ and confirmed through staff interviews. As such, no referrals or follow-ups under this provision were necessary during the audit review period.

Policy guidance remains as described in Provision (a).

### **Provision (c)**

As noted in Provision (a), one inmate disclosed prior victimization during the screening process. This disclosure was documented and addressed in accordance with agency policy and timeframes.

### **Provision (d)**

The PAQ and interviews with risk screening and intake staff confirmed that access to sensitive information regarding prior sexual victimization or abusiveness is strictly controlled. Only medical and mental health practitioners—and select other staff with a demonstrated need—are permitted to view or discuss such information.

According to Policy 430.00, p. 22, Section XI, A, this information is limited to essential personnel involved in treatment, classification, housing, work assignments, and other decisions, and is disclosed only as required by federal, state, or local law. All practitioners are required to inform offenders at the start of services about their duty to report and the limits of confidentiality.

### **Provision (e)**

The PAQ indicates, and medical staff verified, that practitioners obtain informed consent from adult inmates before reporting any incidents of sexual victimization that occurred outside of an institutional setting. The exception to this is when the individual is under the age of 18, in which case mandatory reporting laws apply.

Policy 430.00, p. 22, Section XI, A, stipulates that informed consent must be secured before disclosing any such information involving incidents outside correctional environments, unless the individual is a minor.

## **CONCLUSION**

After a thorough review of documentation, policy, and interview findings, the Auditor concludes that the West Virginia Division of Corrections and Rehabilitation is in full compliance with all provisions of this PREA standard. The agency demonstrates consistent application of policy and practice concerning the identification,

	documentation, and treatment of individuals with a history of sexual abuse or abusiveness, in accordance with federal expectations.
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<b>115.82</b>	<b>Access to emergency medical and mental health services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>As part of the compliance verification process, the Auditor conducted a thorough review of the Pre-Audit Questionnaire (PAQ) along with all supporting documentation submitted by the facility. A key document reviewed was the West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, titled Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022. This policy outlines procedures for providing medical and mental health care to individuals in custody who report sexual abuse, including timely access to emergency services, forensic examinations, and follow-up care.</p> <p><b>INTERVIEWS</b></p> <p><b>Medical Staff</b></p> <p>Medical professionals interviewed during the on-site audit described the facility's process for responding to allegations of sexual abuse. When an individual is brought to medical following a reported sexual assault, a preliminary assessment is performed by a physician. This initial examination helps determine whether a Sexual Assault Response Team (SART) should be activated and whether immediate transport to an outside hospital is warranted based on the nature and severity of any injuries. If the SART protocol is implemented, a nurse provides initial recommendations for medical treatment and ongoing care before the individual is transported. A facility physician then issues any necessary medical orders. Individuals are also provided with information on sexually transmitted infection (STI) prophylaxis and other related medical care, in line with accepted clinical practices.</p> <p><b>Mental Health Staff</b></p> <p>Mental health practitioners reported that treatment services are initiated promptly and are tailored to the individual's needs, based on professional clinical judgment. These services are delivered in close coordination with medical staff to ensure comprehensive care. Interviewees affirmed that access to emergency contraception and STI prophylaxis is offered where clinically appropriate and in alignment with professional standards of care.</p> <p><b>First Responders (Security and Non-Security)</b></p> <p>Security staff serving as first responders explained that their immediate responsibilities include ensuring the safety and security of the individual who reported the assault, notifying medical and mental health staff, and preserving any potential evidence related to the incident.</p>

Non-security first responders, such as program or support staff, similarly emphasized their role in protecting the victim and ensuring prompt communication with security staff. They indicated that they remain with the individual until security personnel arrive to take further action.

## **PROVISIONS**

### **Provision (a)**

The PAQ and staff interviews confirmed that individuals who report sexual abuse are granted immediate and unrestricted access to emergency medical treatment and crisis intervention services. The type and extent of services provided are determined by qualified medical and mental health professionals using their clinical judgment. This requirement is detailed in WVDCR Policy 430.00, Section XI, Subsection B (page 23), which mandates that victims receive timely care and are offered access to forensic medical examinations conducted by Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE), whenever possible. If neither is available, a qualified medical provider may perform the examination. The policy also states that such examinations may not be refused at the facility level, and all efforts to obtain SAFE/SANE services must be documented.

### **Provision (b)**

According to the PAQ and verified through staff interviews, when qualified medical or mental health staff are not on duty at the time of a report, security first responders are trained to take immediate protective measures. This includes safeguarding the individual and promptly notifying medical and mental health personnel to initiate care as soon as possible.

### **Provision (c)**

The PAQ, corroborated by interviews with medical staff, confirmed that victims are provided timely information and access to emergency contraception and STI prophylaxis when clinically indicated.

### **Relevant directives include:**

- Policy 430.00, Section XI, Subsection C (p. 23): The facility maintains a list of local hospitals employing SANEs and determines the appropriate facility for transport. Any refusal by an individual to undergo a forensic exam is documented.
- Policy 430.00, Section XI, Subsection E (p. 23): States that victims of sexual abuse are to be informed about and provided access to emergency contraception, STI testing and treatment, and pregnancy-related services when medically appropriate. In cases where pregnancy results from abusive vaginal penetration during incarceration, victims must receive timely and comprehensive information about all lawful pregnancy-related medical options.

### **Provision (d)**

	<p>The PAQ and interviews with medical staff confirmed that all treatment services related to sexual abuse are provided at no financial cost to the victim. Services are offered regardless of whether the individual identifies the alleged abuser or cooperates with an investigation.</p> <p>This requirement is outlined in Policy 430.00, Section XI, Subsection B (p. 23), which also directs the facility to maintain a SAFE/SANE log documenting the provision or attempted provision of these services.</p> <p><b>CONCLUSION</b></p> <p>After reviewing all relevant documentation and conducting comprehensive interviews with facility personnel across medical, mental health, and security disciplines, the Auditor finds that the West Virginia Division of Corrections and Rehabilitation is in full compliance with all provisions of PREA Standard §115.82. The facility has demonstrated its ability to ensure timely and appropriate access to emergency medical and mental health services for individuals who report sexual abuse, consistent with professional standards of care and agency policy.</p>
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<b>115.83</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>DOCUMENT REVIEW</b></p> <p>As part of the audit process to assess compliance with PREA Standard §115.83 – Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, the Auditor conducted a comprehensive review of relevant materials and conducted interviews with key facility staff. The documentation reviewed included:</p> <ul style="list-style-type: none"> <li>• The Pre-Audit Questionnaire (PAQ) and all supporting documentation.</li> <li>• West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022.</li> </ul> <p><b>INTERVIEWS</b></p> <p><b>Medical and Mental Health Staff</b></p> <p>Staff confirmed a strong commitment to supporting individuals who have experienced sexual abuse, with services aligned to the PREA standard. The following practices were described:</p> <ul style="list-style-type: none"> <li>• <b>Immediate Access to Treatment:</b> Individuals who report sexual abuse are</li> </ul>

provided with prompt medical and mental health care.

- **Clinical Discretion:** Services are administered based on the independent, professional judgment of qualified medical and mental health practitioners.
- **No Financial Barriers:** All medical and mental health services related to sexual abuse are delivered at no cost to the individual, regardless of investigative outcomes or cooperation.
- **Community-Level Standards:** All care is consistent with the standards available in the broader community, ensuring quality and continuity. Confidentiality: Strict confidentiality is maintained; the identities of victims are protected and not disclosed without informed consent.
- **Emergency Contraception & STD Prophylaxis:** Emergency medical services, including pregnancy prevention and prophylaxis for sexually transmitted infections (STIs), are provided in accordance with accepted medical protocols when medically indicated.
- **Continuity of Care:** Follow-up appointments, treatment plans, and referrals to community providers or appropriate facilities are offered when individuals are transferred or released.
- **Evaluation of Abusers:** Known inmate-on-inmate abusers are referred for mental health evaluation within 60 days of being identified, and treatment is offered when clinically appropriate.
- **Screening for STIs:** All sexual abuse victims are offered STI testing as part of their medical evaluation.

These practices underscore the facility's emphasis on trauma-informed, victim-centered care and align with best practices in correctional health care and PREA compliance.

### **PREA Compliance Manager (PCM)**

The PREA Compliance Manager reaffirmed that all treatment services for victims are provided at no cost, irrespective of whether the individual identifies the alleged perpetrator or participates in the subsequent investigation. The PCM also confirmed that these services remain accessible and are not dependent on investigative cooperation.

### **Inmate Who Reported Abuse**

During the audit, individuals who previously reported sexual abuse shared consistent and credible accounts that further supported policy adherence:

- Staff responded swiftly and professionally upon receiving the report.
- Medical and mental health referrals were made without delay.
- Forensic examinations were offered, and support through victim advocacy was made available.
- Victim advocates accompanied individuals during forensic exams and explained the process in detail.
- No individual was charged for treatment or forensic examinations.

- All interviewees confirmed they were not subjected to polygraph testing.
- They received written notification regarding the outcomes of the investigation.

## **PROVISIONS**

### **Provision (a): Medical and Mental Health Care for Victims of Sexual Abuse**

The PAQ affirms that the facility provides medical and mental health evaluations and, as appropriate, treatment for all incarcerated individuals who have experienced sexual abuse, whether the incident occurred at the current facility or elsewhere. Interviews with clinical staff confirmed this practice.

**Policy Reference:** WVDCR Policy 430.00, dated October 7, 2022, Section XI, F (pp. 23–24).

### **Provision (b): Follow-Up Services and Continuity of Care**

According to the PAQ and interviews, evaluation and treatment plans include follow-up services and referrals for continued care upon transfer or release.

**Policy Reference:** WVDCR Policy 430.00, Section XI, F (pp. 23–24).

### **Provision (c): Community-Level Standard of Care**

The PAQ confirms—and medical and mental health staff affirmed—that services for sexual abuse victims meet or exceed the level of care provided in the community.

**Policy Reference:** WVDCR Policy 430.00, Section XI, F (pp. 23–24).

### **Provision (d): Pregnancy Testing for Victims**

The PAQ and staff interviews verified that individuals who experience sexually abusive vaginal penetration while incarcerated are offered timely pregnancy testing.

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

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

Where pregnancy results from sexual abuse, the PAQ and interviews confirmed that victims are provided with timely, comprehensive information about and access to all lawful pregnancy-related medical services.

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

### **Provision (f): STI Testing and Treatment**

Victims of sexual abuse are offered timely testing and treatment for sexually transmitted infections, consistent with accepted medical standards. This was verified in both the PAQ and staff interviews.

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

### **Provision (g): No Cost for Services / No Requirement to Cooperate**

Services are provided without cost to the individual, regardless of whether they name the perpetrator or agree to participate in any resulting investigation. This was confirmed by the PCM and medical staff.

	<p><b>Policy Reference:</b> WVDCR Policy 430.00, Section XI, B (p. 23).</p> <p><b>Provision (h): Mental Health Evaluation of Known Abusers</b></p> <p>The facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of the abuse history and offers treatment when deemed clinically appropriate. Additionally, any individual identified through the PREA screening tool as having perpetrated or experienced prior sexual abuse is offered a follow-up meeting with mental health staff within 14 days of intake.</p> <p><b>Policy References:</b></p> <ul style="list-style-type: none"> <li>• WVDCR Policy 430.00, Section XI, H (p. 24)</li> <li>• WVDCR Policy 430.00, Section V, J (p. 15)</li> </ul> <p><b>CONCLUSION</b></p> <p>Based on the comprehensive review of agency policy, supporting documentation, and detailed interviews with medical, mental health, and PREA staff—as well as individuals who have reported sexual abuse—the Auditor finds that the facility fully meets all requirements of PREA Standard §115.83. The institution has demonstrated a strong and consistent commitment to providing confidential, trauma-informed, and timely medical and mental health care to victims of sexual abuse, as well as addressing the treatment needs of identified abusers in a clinically appropriate manner.</p>
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115.86 Sexual abuse incident reviews	
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>As part of the assessment for compliance with PREA Standard §115.86 – Sexual Abuse Incident Reviews, the Auditor conducted a thorough review of the Pre-Audit Questionnaire (PAQ) and all accompanying supporting documentation. Central to this analysis was the West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, titled Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022. This policy outlines the agency’s formal procedures for conducting incident reviews following sexual abuse investigations and provided critical context for evaluating facility practice.</p> <p><b>INTERVIEWS</b></p> <p><b>Facility Head</b></p> <p>During the interview, the Facility Head affirmed that the Sexual Abuse Incident Review Team is composed of upper-level management personnel. They emphasized that input from line supervisors, facility investigators, and medical and mental health</p>

professionals is actively encouraged and incorporated into the review process. The Facility Head also noted the team's commitment to collaborative decision-making and its openness to recommendations from all contributing parties to ensure continuous improvement in facility practices and PREA compliance.

#### **PREA Compliance Manager (PCM)**

The PREA Compliance Manager confirmed that the report generated by the Sexual Abuse Incident Review Team is submitted directly to both the PCM and the Facility Head. This report includes findings and any recommendations that emerge from the review process and is used to inform policy and operational adjustments as necessary.

#### **Incident Review Team (IRT)**

A member of the Incident Review Team confirmed the composition of the team as including upper-level administrative staff. They explained that although the team is led by senior management, it actively seeks professional insight from staff with direct experience or specialized training—specifically, line supervisors, facility investigators, and healthcare professionals. The team emphasized that reviews are conducted in accordance with PREA standards and WVDCR policy, and that the team evaluates all required criteria. The findings and any proposed changes or recommendations are compiled into a formal report submitted to the Warden and the PREA Compliance Manager.

### **PROVISIONS**

#### **Provision (a)**

According to the PAQ, the facility conducts a Sexual Abuse Incident Review (SAIR) at the conclusion of every investigation into alleged sexual abuse, provided the allegation is not classified as unfounded. These reviews occur regardless of whether the investigation substantiates the allegation. This practice is supported by WVDCR Policy 430.00, Section XII, Subsection A (p. 24), which mandates that the Office of PREA Compliance, in coordination with the facility's PCM, must conduct a Sexual Abuse Incident Review within thirty (30) days of the conclusion of any substantiated or unsubstantiated investigation. Allegations determined to be unfounded are exempt from review.

#### **Provision (b)**

The PAQ confirms that Sexual Abuse Incident Reviews are routinely conducted within 30 days following the closure of each investigation. Over the past 12 months, the facility completed seven investigations into allegations of sexual abuse that were classified as either substantiated or unsubstantiated, and each of these was followed by a timely incident review. These practices align with the requirements outlined in WVDCR Policy 430.00, which stipulates the 30-day timeframe for completing reviews.

#### **Provision (c)**

The PAQ affirms, and staff interviews corroborate, that the Sexual Abuse Incident Review Team includes members of upper-level facility management and incorporates perspectives from line supervisors, investigators, and medical or mental health practitioners. This composition is consistent with WVDCR Policy 430.00, Section XII,



	<p>Subsection A, which specifies the inclusion of these roles to ensure comprehensive and interdisciplinary review processes.</p> <p><b>Provision (d)</b></p> <p>The PAQ documents, and the Auditor confirmed through staff interviews, that the review team evaluates each case using a standardized set of criteria. These include:</p> <ul style="list-style-type: none"> <li>• Whether changes in policy or practice are necessary to improve the facility’s approach to preventing, detecting, or responding to sexual abuse;</li> <li>• Whether the incident or allegation may have been motivated by race, ethnicity, gender identity, actual or perceived sexual orientation, gang affiliation, or other dynamics within the facility;</li> <li>• Whether the location where the incident reportedly occurred includes any physical barriers that may have contributed to the opportunity for abuse;</li> <li>• Whether staffing levels at the time and location of the incident were adequate across all shifts;</li> <li>• Whether existing monitoring technology could be deployed or enhanced to better support staff supervision efforts.</li> </ul> <p>Additionally, the review team is responsible for preparing a formal report detailing its findings and recommendations. This report is submitted to the Facility Head and PREA Compliance Manager. These practices align with the requirements outlined in WVDCR Policy 430.00, Section XII, Subsection B (p. 24).</p> <p><b>Provision (e)</b></p> <p>The PAQ confirms that when the Sexual Abuse Incident Review Team makes recommendations for improvement, the facility implements those recommendations or documents the rationale for not doing so. This is consistent with WVDCR Policy 430.00, Section XII, Subsection C (p. 24), which requires that the facility either act on recommendations resulting from the incident review or provide a documented justification if recommendations are not implemented.</p> <p><b>CONCLUSION</b></p> <p>Following a comprehensive review of documentation, policy, and interview data, the Auditor finds that the agency and facility are fully compliant with all provisions of PREA Standard §115.86 – Sexual Abuse Incident Reviews. The facility demonstrates a strong commitment to maintaining accountability, learning from each incident, and making systemic improvements aimed at enhancing safety, prevention, and response to sexual abuse within the facility.</p>
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<b>115.87</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

## **DOCUMENT REVIEW**

As part of the PREA compliance assessment, the Auditor conducted an in-depth review of the facility's documentation. This included the completed Pre-Audit Questionnaire (PAQ) and all relevant supporting materials submitted in advance of the on-site visit. Central to the review was the West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, titled Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022. This policy outlines agency expectations and procedures related to the systematic collection, analysis, and reporting of data associated with allegations of sexual abuse within its correctional facilities.

## **INTERVIEWS**

### **Facility Head**

During the interview, the Facility Head affirmed that the agency systematically compiles and analyzes incident-based sexual abuse data at least once annually. This process ensures that patterns, trends, and areas requiring corrective action are identified and addressed across the correctional system. The Facility Head emphasized the agency's commitment to transparency and accountability in preventing and responding to sexual abuse.

### **PREA Compliance Manager (PCM)**

In a separate discussion, the PREA Compliance Manager (PCM) confirmed responsibility for the monthly collection of accurate and complete data for each allegation of sexual abuse involving individuals in custody. This includes both incarcerated person-on-incarcerated person incidents and incidents involving staff misconduct. The PCM explained the procedures used to ensure consistency with standardized definitions and reporting instruments, and the importance of thorough documentation in facilitating investigations and institutional improvements.

## **PROVISIONS**

### **Provision (a)**

The PAQ affirms that the agency/facility collects accurate and standardized data for every reported allegation of sexual abuse occurring in facilities under its jurisdiction. This is accomplished through the use of a uniform data collection tool that incorporates nationally recognized definitions and categories.

WVDCR Policy 430.00 (pages 24–25, section E) states that the facility's PREA Compliance Manager is responsible for ensuring data collection for all allegations of sexual abuse involving either another incarcerated individual or staff. Monthly incident-based reports are generated to maintain accurate records. The most recent annual PREA report reviewed by the Auditor supports that this practice is consistently followed and aligns with agency policy.

### **Provision (b)**

According to the PAQ, the agency compiles aggregated sexual abuse data on an annual basis.

WVDCR Policy 430.00 (page 25, section H) requires the Director of PREA Compliance

to produce an annual report summarizing the aggregated data, including recommendations for improvements and corrective actions. This report must compare current data to that of previous years and assess the agency's overall progress in addressing sexual abuse. Once finalized, the report is reviewed and approved by the Commissioner and is made publicly available through the

WVDCR website. When necessary to protect institutional security or personal safety, specific content may be redacted, with a clear explanation provided for the redaction. The policy also confirms that the agency will supply all such data to the U.S. Department of Justice (DOJ) upon request.

**Provision (c)**

The PAQ indicates that the agency ensures its data collection includes all elements necessary to answer questions from the most recent version of the Survey of Sexual Violence administered by the DOJ.

WVDCR Policy 430.00 (pages 24–25, section E) explicitly details that incident-based data shall include:

- The total number of allegations reported;
- The associated investigation numbers and outcomes;
- Collection and review of all relevant incident documents including investigation files and incident review summaries;
- Data obtained from any privately operated facility under contract with WVDCR; and
- All information required to respond to the DOJ's Survey of Sexual Violence.

**Provision (d)**

The PAQ confirms that the agency collects, maintains, and reviews data from all applicable incident-based sources, including written reports, investigative records, and the findings from sexual abuse incident reviews. This ensures that data collection is thorough and supports ongoing assessment and improvement efforts.

**Provision (e)**

In addition to gathering data from its own state-operated facilities, the agency also requires incident-based and aggregated data submissions from all privately operated facilities under contract to house individuals in custody.

This practice is supported by WVDCR Policy 430.00 (page 25, section E, paragraph 4), which mandates the inclusion of such data in agency records and analysis.

**Provision (f)**

The PAQ confirms that the agency makes its previous calendar year's sexual abuse data available to the Department of Justice upon request.

This obligation is further affirmed in Policy 430.00 under section H, as referenced in Provision (b), ensuring compliance with federal reporting requirements.

**CONCLUSION**

Based on the comprehensive review of documentation, relevant policies, and corroborating staff interviews, the Auditor concludes that the facility fully complies

	with all provisions of this standard. The agency has implemented a structured, consistent, and policy-driven approach to collecting, analyzing, and reporting sexual abuse data. These practices demonstrate a clear commitment to transparency, accountability, and continual improvement in the prevention and response to sexual abuse within its facilities.
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<b>115.88</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>DOCUMENT REVIEW</b></p> <p>As part of the compliance assessment process for this PREA audit, the Auditor thoroughly reviewed the Pre-Audit Questionnaire (PAQ) and all supporting documentation provided by the facility. Key documents included the West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, effective October 7, 2022, which outlines agency-wide protocols for addressing and preventing sexual abuse in confinement settings. Additionally, the Auditor accessed the WVDCR public PREA resource webpage at <a href="https://dcr.wv.gov/resources/Pages/prea.aspx">https://dcr.wv.gov/resources/Pages/prea.aspx</a>, which contains relevant public-facing reports and transparency measures.</p> <p><b>INTERVIEWS</b></p> <p><b>Facility Head</b></p> <p>During a detailed interview, the Facility Head demonstrated a clear understanding of PREA standards related to data review and its role in driving institutional improvement. The Facility Head affirmed that if patterns emerge from incident-based data—such as disproportionate targeting of LGBTI individuals or a concentration of incidents in a specific area of the facility—appropriate action is taken. This may include revisions to policy, adjustments to procedures, or targeted staff training.</p> <p>The Facility Head also confirmed that all PREA Annual Reports undergo internal review prior to their publication on the WVDCR website, ensuring accuracy, compliance, and transparency. Furthermore, it was confirmed that the facility uses data analysis to evaluate and enhance the effectiveness of its prevention, detection, and response efforts. This continuous improvement approach includes identifying problematic trends, implementing corrective actions, and contributing to the preparation of annual reports that document findings and institutional responses.</p> <p><b>PREA Compliance Manager (PCM)</b></p> <p>In a separate interview, the PREA Compliance Manager reinforced the agency's commitment to data-informed decision-making. The PCM described the ongoing process of collecting and evaluating data related to sexual abuse allegations to inform updates to policy, practice, and training. The PCM also confirmed the agency</p>

produces and posts an annual report summarizing these findings and actions on the official website to ensure transparency and accountability.

## **PROVISIONS**

### **Provision (a)**

The PAQ indicates that the agency systematically reviews both individual data points and aggregated findings to evaluate and improve its sexual abuse prevention, detection, and response practices. This review process supports:

- Identification of systemic or localized problem areas
- Implementation of corrective actions on an ongoing basis
- Development of an annual report detailing findings and responsive measures at both the facility and agency levels

These requirements are clearly addressed in WVDCR Policy 430.00, Section XII(G), which also mandates that all sexual abuse data be securely retained for a minimum of ten years following initial collection.

### **Provision (b)**

The PAQ affirms that the agency's annual PREA report includes a comparative analysis of current-year data alongside data from previous years. This comparison helps assess the agency's progress in mitigating and responding to sexual abuse.

WVDCR Policy 430.00, Section XII(H), specifically mandates this comparison and requires documentation of corrective actions and overall progress.

The Auditor reviewed the most recent published annual report and confirmed that it includes a meaningful year-over-year comparison consistent with PREA standards and agency policy.

### **Provision (c)**

The PAQ confirms that the annual PREA report is formally approved by the agency head and made publicly accessible.

WVDCR Policy 430.00, Section XII(H), requires the DCR Commissioner's approval of the report and mandates its publication on the agency's website.

The Auditor verified that the most recent annual report is available on the DCR's PREA webpage at <https://dcr.wv.gov/resources/Pages/prea.aspx>, meeting the requirement for public access.

### **Provision (d)**

The PAQ further confirms that when the agency determines that full publication of a report would pose a clear and specific threat to facility safety or security, it may redact certain sensitive content. In such cases, the agency must indicate the general nature of the redacted material.

This requirement is addressed in WVDCR Policy 430.00, Section XII(H), which also requires the agency to provide full annual data to the Department of Justice upon

	<p>request. The policy ensures transparency while balancing safety concerns.</p> <p><b>CONCLUSION</b></p> <p>After a comprehensive review of documentation, interviews with key staff, and an analysis of the agency’s current and past practices, the Auditor concludes that the facility fully meets all provisions of the PREA standard related to data review for corrective action. The institution demonstrates a strong commitment to using data to guide policy, improve safety outcomes, and maintain transparency through public reporting.</p>
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<b>115.89</b>	<b>Data storage, publication, and destruction</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>As part of the audit process for determining compliance with PREA Standard §115.89 – Data Storage, Publication, and Destruction, the Auditor conducted a comprehensive review of relevant materials and resources. These included:</p> <ul style="list-style-type: none"> <li>• The Pre-Audit Questionnaire (PAQ) along with all associated documentation provided by the facility.</li> <li>• West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, titled Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022.</li> <li>• Information and public records available through the West Virginia Division of Corrections and Rehabilitation’s official PREA website: <a href="https://dcr.wv.gov/resources/Pages/prea.aspx">https://dcr.wv.gov/resources/Pages/prea.aspx</a></li> </ul> <p><b>INTERVIEWS</b></p> <p><b>Facility Head</b></p> <p>During the interview, the Facility Head confirmed that incident-based and aggregate data related to sexual abuse allegations are securely retained at the facility level using a restricted-access data system. Access is granted strictly on a “need-to-know” basis. Additionally, the Facility Head affirmed that relevant data is also maintained at the agency level for compliance reporting purposes, including the completion of the Survey of Sexual Victimization (SSV-2), and that redacted summaries are published on the agency’s public website to support transparency.</p> <p><b>PREA Compliance Manager</b></p> <p>The PREA Compliance Manager reinforced the agency’s commitment to data security, describing internal procedures that limit access to sensitive information to only those staff with appropriate clearance. The manager emphasized that all data collected is</p>

safeguarded in accordance with agency policy and that retention periods are clearly defined and followed.

**PREA Coordinator (PC)**

The PREA Coordinator provided detailed insights into the agency's data handling practices. The PC explained that all data is stored securely using local Risk Management Systems designed to restrict access exclusively to authorized personnel. At the agency level, data is compiled to support the annual reporting process, in compliance with §115.87 and §115.89. The PC affirmed that personally identifying information is removed prior to any public release. Furthermore, the agency publishes an annual PREA report on its website, which includes a comparative analysis of data across multiple years, outlines corrective actions taken, and assesses the agency's progress in addressing incidents of sexual abuse.

**PROVISIONS**

**Provision (a): Secure Retention of Incident-Based and Aggregate Data**

The PAQ confirms that both incident-based and aggregate data related to sexual abuse allegations are securely retained by the agency. This was further verified through interviews with the PREA Coordinator. WVDCR Policy 430.00, Section XII(G), explicitly requires that all sexual abuse data be securely retained for a minimum of ten (10) years following the date of the initial collection. The policy applies to facilities directly operated by the agency, as well as privately operated facilities under contract. This standard supports consistent data preservation across all operational environments.

**Provision (b): Annual Public Reporting of Aggregate Data**

The agency's commitment to transparency is demonstrated through its annual publication of aggregate sexual abuse data on its official website: <https://dcr.wv.gov/resources/Pages/prea.aspx>. The PAQ indicates this practice is carried out consistently and was validated through the interview with the PREA Coordinator. Policy 430.00, Section XII(H), requires the Director of PREA Compliance to prepare and submit an annual report to the DCR Commissioner. This report must include facility-specific recommendations, summaries of corrective actions, comparisons to previous years, and an overall assessment of the agency's efforts to address and prevent sexual abuse. The Commissioner must approve this report, which is then published for public access. Redactions may be made only when necessary to protect the safety and security of facilities, and any such redactions must be clearly explained.

**Provision (c): Removal of Personal Identifiers Prior to Publication**

According to the PAQ and confirmed in interviews, all personally identifying information is removed before aggregate data is made publicly available. WVDCR Policy 430.00, Section XII(H), authorizes the redaction of personal identifiers or other specific content when its publication would present a clear and specific threat to facility safety or security. In such cases, the nature of the redacted material must be disclosed.

**Provision (d): Minimum Ten-Year Data Retention**

The agency's commitment to long-term data retention is affirmed through the PAQ

	<p>and was corroborated by the PREA Coordinator. Policy 430.00, Section XII(G), clearly mandates that all sexual abuse data be securely retained for at least ten (10) years from the date of collection, unless otherwise dictated by federal, state, or local law. This retention period ensures the agency maintains sufficient historical data to support both internal analysis and external accountability.</p> <p><b>CONCLUSION</b></p> <p>Based on a thorough review of documentation, interviews with key facility and agency personnel, and analysis of applicable policies, the Auditor concludes that the facility is in full compliance with all provisions of PREA Standard §115.89. The facility and agency have demonstrated effective practices related to the secure storage, timely publication, and proper destruction of sexual abuse data. Their processes meet or exceed federal requirements, ensure accountability, and reflect a strong commitment to transparency and the safety of all individuals in custody.</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>The Auditor reviewed publicly accessible materials available on the Georgia Department of Corrections (GDC) website, specifically the PREA-dedicated page: <a href="https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea">https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea</a>.</p> <p>This webpage includes comprehensive audit documentation, facility-specific reports, and aggregated sexual abuse data that align with federal PREA standards for transparency and accountability.</p> <p><b>INTERVIEWS</b></p> <p><b>PREA Coordinator (PC)</b></p> <p>During the interview, the PREA Coordinator confirmed that this facility audit falls within the second year of the current three-year audit cycle, which spans 2022–2025. The PC emphasized that all GDC-operated facilities were audited during the previous three-year cycle (2019–2022), ensuring that every institution under the agency’s purview was assessed for PREA compliance as required. Additionally, the PC pointed to the GDC’s public website as a source of multiple reports related to sexual abuse data, noting that these are published in accordance with PREA standards and updated regularly for public review.</p> <p><b>Random Inmates</b></p>



In interviews with random inmates, each person confirmed that they had been informed of their right to communicate confidentially with the Auditor. All those interviewed stated they were permitted to send written correspondence to the Auditor in a manner identical to legal mail, preserving confidentiality throughout the process.

## **PROVISIONS**

### **Provision (a): Audit Frequency and Availability of Reports**

The facility is currently in year two of the ongoing 2022–2025 PREA audit cycle. Audit reports from prior years are readily accessible on the GDC’s publicly available website, demonstrating the agency’s commitment to transparency. The dedicated PREA webpage contains a collection of reports from facilities across the state, offering a clear view of sexual abuse data, corrective actions, and progress over time. These reports may be viewed at:

<https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea>.

### **Provision (b): Timely Completion of Facility Audits**

The Auditor verified that this audit represents the third year of the fourth PREA audit cycle for GDC facilities. The PREA Coordinator confirmed that every facility operated by GDC was audited during the previous audit cycle (2019–2022), meeting the federal requirement that all covered facilities undergo an audit at least once every three years. The GDC PREA webpage continues to provide updated reports detailing each facility’s audit results, reflecting compliance with this provision.

### **Provisions (c) through (g):**

Not applicable to this audit.

### **Provision (h): Auditor Access to Facility and Staff**

Throughout the on-site audit, the Auditor was granted unrestricted access to all areas of the facility. Staff at both the agency and facility levels were cooperative and readily available to escort the Auditor and provide immediate access to any location or record requested. There were no delays or barriers encountered during the review of physical areas or documentation.

### **Provision (i): Timely and Complete Information Provided to Auditor**

At every phase of the audit, the facility provided the Auditor with complete and timely responses to all information requests. Staff were professional, responsive, and ensured that all necessary documentation and records were submitted as needed.

### **Provisions (j) through (l):**

Not applicable to this audit.

### **Provision (m): Private Space for Interviews**

The Auditor was provided with a secure and private setting in which to conduct all interviews with staff and incarcerated individuals. These accommodations ensured

	<p>confidentiality and allowed interviewees to speak freely without interruption or concern of being overheard.</p> <p><b>Provision (n): Confidential Communication with the Auditor</b>  All interviewed incarcerated persons (100%) reported they were made aware of their right to confidentially contact the Auditor. They further indicated that they were provided the same mailing protections and processes used when corresponding with legal counsel, in full compliance with PREA standards.</p> <p><b>Provision (o):</b>  Not applicable to this audit.</p> <p><b>CONCLUSION</b>  Following a thorough review of documentation, interviews with agency and facility personnel, and confirmation of practices in alignment with the PREA auditing standards, the Auditor has determined that the agency and facility are fully compliant with all applicable provisions of the standard regarding the frequency, scope, and conduct of audits. The audit process was conducted transparently, with full cooperation from the facility and assurance that all requirements were met.</p>
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115.403	Audit contents and findings
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>DOCUMENT REVIEW</b>  As part of the compliance assessment, the Auditor conducted a thorough review of materials available on the Georgia Department of Corrections (GDC) publicly accessible website. The dedicated PREA page provides a broad range of documents, reports, and statistical data related to the agency's compliance with the Prison Rape Elimination Act (PREA). These materials are published in accordance with federal requirements to promote transparency, public accountability, and institutional oversight. The documents can be accessed at: <a href="https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea">https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea</a></p> <p><b>PROVISION</b></p> <p><b>Provision (f): Public Availability of Audit Findings and Sexual Abuse Data</b>  The Georgia Department of Corrections maintains a centralized PREA webpage that offers the public access to a comprehensive collection of reports related to sexual abuse incidents and audit outcomes from facilities across the state. These reports are published in a manner consistent with PREA Standard §115.403(f), which requires that final audit reports be made available to the public. The documents</p>

include statistical summaries, analysis of trends, and findings from facility audits, thereby supporting transparency and public trust in the agency's PREA compliance efforts.

Reports are available at: <https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea>

### **CONCLUSION**

Based on a detailed review of the documentation and resources provided through the agency's website, the Auditor concludes that the Georgia Department of Corrections and the audited facility are in full compliance with the requirements of PREA Standard §115.403(f). The agency has demonstrated its commitment to transparency by ensuring that audit findings and relevant sexual abuse data are publicly accessible, clearly presented, and published in alignment with federal guidelines.

<b>Appendix: Provision Findings</b>		
<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.11 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	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
<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.13 (b)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	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

<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	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
<b>115.14 (b)</b>	<b>Youthful inmates</b>	
	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
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	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
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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.)	
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.16 (b)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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
<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	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?	no
<b>115.17 (b) Hiring and promotion decisions</b>		
	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
<b>115.17 (c) Hiring and promotion decisions</b>		
	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
<b>115.17 (d) Hiring and promotion decisions</b>		
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	

	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
<b>115.22 (b) Policies to ensure referrals of allegations for investigations</b>		
	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
<b>115.22 (c) Policies to ensure referrals of allegations for investigations</b>		
	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
<b>115.31 (a) Employee training</b>		
	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
<b>115.31 (b)</b>	<b>Employee training</b>	
	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
<b>115.31 (c)</b>	<b>Employee training</b>	
	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
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	



	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
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	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
<b>115.33 (b)</b>	<b>Inmate education</b>	
	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
<b>115.33 (c)</b>	<b>Inmate education</b>	
	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
<b>115.33 (d)</b>	<b>Inmate education</b>	
	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
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	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
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.34 (b)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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.)	
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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?	
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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?	
<b>115.42 (a)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c)</b>	<b>Use of screening information</b>	
	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?	
<b>115.42 (d)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	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.)	
<b>115.43 (a)</b>	<b>Protective Custody</b>	
	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
<b>115.43 (b)</b>	<b>Protective Custody</b>	
	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
<b>115.43 (c)</b>	<b>Protective Custody</b>	

	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
<b>115.43 (d) Protective Custody</b>		
	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
<b>115.43 (e) Protective Custody</b>		
	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
<b>115.51 (a) Inmate reporting</b>		
	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
<b>115.51 (b) Inmate reporting</b>		
	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
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	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
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	

	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
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	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
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	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
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	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
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	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
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	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?	
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	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
<b>115.64 (b)</b>	<b>Staff first responder duties</b>	
	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
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	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?	
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	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
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	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
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	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

<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	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
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	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
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	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?	
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	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?	
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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?	
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse</b>	

	<b>victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	na

<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

<b>115.87 (a)</b>	<b>Data collection</b>	
	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
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	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
<b>115.87 (d)</b>	<b>Data collection</b>	
	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
<b>115.87 (e)</b>	<b>Data collection</b>	
	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
<b>115.87 (f)</b>	<b>Data collection</b>	
	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
<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	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?	
<b>115.88 (b)</b>	<b>Data review for corrective action</b>	
	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
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	

	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.403</b>	<b>Audit contents and findings</b>	

(f)	
	<div data-bbox="320 185 1273 555"> <p>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.)</p> </div> <div data-bbox="1302 185 1353 219">yes</div>