

PREA Facility Audit Report: Final

Name of Facility: Stevens Correctional Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 08/14/2025

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: 08/14/2025

AUDITOR INFORMATION

Auditor name: OConnor, Darla

Email: doconnor@strategicjusticesolutions.com

Start Date of On-Site Audit: 05/14/2025

End Date of On-Site Audit: 05/16/2025

FACILITY INFORMATION

Facility name: Stevens Correctional Center

Facility physical address: 795 Virginia Avenue, Welch, West Virginia - 24801

Facility mailing address:

Primary Contact

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

Warden/Jail Administrator/Sheriff/Director

Name:	Charles Gore
Email Address:	charles.p.gore@wv.gov
Telephone Number:	304-436-5420

Facility PREA Compliance Manager

Name:	Grady Thomas
Email Address:	Grady.H.Thomas@wv.gov
Telephone Number:	304-436-5420

Facility Health Service Administrator On-site

Name:	Aimee Dillon
Email Address:	adillon@wexfordhealth.com
Telephone Number:	304-436-5420 ext. 53

Facility Characteristics

Designed facility capacity:	322
Current population of facility:	319
Average daily population for the past 12 months:	322
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys

In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	18-80
Facility security levels/inmate custody levels:	I to IV
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	96
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	27
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	7

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

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

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

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

POST-AUDIT REPORTING INFORMATION

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:

2025-05-14

2. End date of the onsite portion of the audit:

2025-05-16

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?

☒ Yes

☐ No

<p>a. Identify the community-based organization(s) or victim advocates with whom you communicated:</p>	<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>Family Refuge Center, 702 Bland Street, Bluefield, WV was contacted and confirmed they are a resource for the facility. They provide a hotline and support and advocacy services. They have SANE personnel who meet a victim at the hospital emergency department and conduct a SANE examination.</p> <p>Stop Abusive Family Environments, Inc. (SAFE), P.O. Box 669, Welch, WV, was contacted and confirmed they are a resource for the facility. They provide emotional support services for sexual abuse victims regardless of when the abuse occurred. They provide a hotline, counseling services, victim advocacy, and legal and financial assistance.</p> <p>Welch Community Hospital, located at 454 McDowell Street, Welch, WV, 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>
<p>AUDITED FACILITY INFORMATION</p>	
<p>14. Designated facility capacity:</p>	<p>322</p>
<p>15. Average daily population for the past 12 months:</p>	<p>322</p>

16. Number of inmate/resident/detainee housing units:	8
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)
Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	322
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:	6
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:	6
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:	2
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:	5

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:	1
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:	0
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:	4
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:	0
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:	0
34. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0

35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):

Over the past year, the facility has supported a multifaceted and professionally diverse group of individuals, including staff, volunteers, and contractors, all of whom play an essential role in maintaining the daily functions and specialized services of the institution. This group comprises correctional officers, administrative support staff, healthcare and mental health providers, educational personnel, and program facilitators, each contributing to the overall safety, well-being, and rehabilitation of the incarcerated population.

All individuals working within or providing services to the facility—regardless of their role—have received comprehensive training on the Prison Rape Elimination Act (PREA). This includes instruction on the facility’s zero-tolerance policy toward sexual abuse and harassment, mandatory reporting procedures, and the protocols for maintaining professional boundaries and ensuring the safety of all individuals in custody.

Volunteers and contractors who offer religious, educational, vocational, and rehabilitative programming have been subject to thorough background screening and orientation. These individuals are not only vetted prior to their involvement with the incarcerated population but are also provided with targeted PREA training that aligns with the nature and frequency of their interaction with individuals in custody.

The facility exercises continual oversight of this diverse workforce to ensure that all personnel maintain compliance with agency standards for PREA education, behavior, and accountability. This active monitoring reinforces the facility’s commitment to cultivating a secure, respectful, and trauma-informed environment for everyone—staff and incarcerated persons alike.

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
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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:	113
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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:	7
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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:	27
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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:

As of the first day of the onsite audit, the facility's workforce—including staff, volunteers, and contractors—comprised a diverse, multidisciplinary team that plays a vital role in the institution's daily functions and rehabilitative initiatives. The staff body includes a broad range of professionals, such as correctional officers, healthcare and mental health practitioners, administrative personnel, and program coordinators. Each member of this team is required to complete PREA-specific training and pass applicable screening measures before being granted access to the facility or having contact with incarcerated individuals.

Volunteers and contractors also contribute significantly to the facility's operations by providing educational programming, religious services, counseling, reentry support, and essential maintenance services. Like full-time staff, these individuals undergo background checks and are trained on the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, as well as their reporting responsibilities under PREA.

The facility maintains comprehensive and up-to-date records for all personnel, including documentation of training completion, clearance status, and role-specific access permissions. This systematic approach ensures that every individual who enters the facility is both qualified and aware of their responsibilities in promoting a culture of safety and accountability.

At the time of the audit, there were no notable concerns or deficiencies in how the facility tracked, trained, or managed its staff, volunteer, or contractor populations. The institution demonstrated strong administrative oversight and a consistent commitment to ensuring that everyone working within the facility—regardless of employment status or role—is equipped to uphold PREA standards and contribute to a safe and respectful environment for all.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

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

16

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

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

42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	<p>To ensure a geographically representative and randomized selection of incarcerated individuals for interviews, the Auditor implemented a stratified sampling approach during the onsite audit process. Prior to the visit, the facility's housing unit roster, physical layout, and custody classifications were thoroughly reviewed. Upon arrival, the Auditor conducted an on-the-ground assessment of housing areas to validate the information and guide the selection of interview candidates. Individuals were randomly selected from a broad range of housing locations, including general population units, specialized housing areas (such as protective custody or medical observation, where applicable), and varying custody levels. This intentional distribution across different units helped to prevent concentration from any single area and supported the inclusion of diverse voices, experiences, and perspectives from throughout the facility.</p> <p>In addition to location, the Auditor also took into account dormitory size, population density, and classification designations to further refine the balance of the selection process. These considerations ensured that the sample reflected the full range of individuals housed within the institution, rather than relying on convenience or proximity.</p> <p>By employing this comprehensive and geographically inclusive approach, the Auditor was able to capture a well-rounded and equitable cross-section of the incarcerated population. This method strengthened the validity of the audit findings by ensuring that input was gathered from individuals in all corners of the facility, thereby offering a more holistic understanding of facility operations and conditions related to PREA compliance.</p>
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<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):	<p>Random selection of incarcerated individuals for interviews was conducted to ensure a diverse and representative sample across housing units, security levels, age groups, length of stay, and other relevant demographics.</p> <p>There were no significant barriers encountered in conducting these interviews. All selected individuals were made available in a timely manner, and private, confidential settings were used to ensure comfort and confidentiality. Staff were cooperative in facilitating the process, and incarcerated individuals were generally willing to participate.</p>
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	13
<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>	
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:	2

48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	2
49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	2
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:	4
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:	1
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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>

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).	<p>At the time of the on-site audit, there were no incarcerated individuals housed at the facility who met the criteria for this interview category. As a result, no interviews were conducted with individuals in this classification for this standard.</p>
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:	<p>4</p>
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:	<p>0</p>
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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>
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).	<p>At the time of the on-site audit, there were no incarcerated individuals housed at the facility who met the criteria for this interview category. As a result, no interviews were conducted with individuals in this classification for this standard.</p>
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:	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<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. 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).</p>	<p>At the time of the on-site audit, there were no incarcerated individuals housed at the facility who met the criteria for this interview category. As a result, no interviews were conducted with individuals in this classification for this standard.</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<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. 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).</p>	<p>At the time of the on-site audit, there were no incarcerated individuals housed at the facility who met the criteria for this interview category. As a result, no interviews were conducted with individuals in this classification for this standard.</p>

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

As the on-site portion of the Prison Rape Elimination Act (PREA) audit began, the facility reported a total incarcerated population of 322 individuals. In alignment with the requirements outlined in the PREA Auditor Handbook, this population size mandated that the Auditor conduct no fewer than thirteen random interviews as well as thirteen targeted interviews with individuals identified as being at elevated risk for sexual abuse or sexual harassment.

The definition of “targeted” individuals, as guided by federal PREA standards, includes a range of vulnerable populations. These include people who identify as transgender or intersex, individuals who are gay or bisexual, persons with limited English proficiency, those with cognitive or physical disabilities, individuals under the age of 18 housed in adult correctional settings, people with a known history of sexual victimization, and those who have reported sexual abuse or harassment while incarcerated.

To identify eligible individuals for targeted interviews, the Auditor conducted a detailed review of intake screening documentation and worked closely with classification and mental health staff. Through this collaborative process, it was determined that 31 individuals within the facility met one or more criteria for inclusion in the targeted interview group.

In accordance with audit protocols and to ensure a balanced and adequate representation, the Auditor completed thirteen targeted interviews, meeting the minimum threshold required. In addition, sixteen random interviews were conducted with individuals selected from across various housing areas within the facility. This approach ensured a diverse and representative cross-section of the incarcerated population, capturing a broad range of perspectives and experiences related to institutional safety, reporting processes, and PREA education.

The combined total of twenty-nine interviews provided the Auditor with meaningful insight

	into the facility's efforts to uphold the standards of the Prison Rape Elimination Act and offered valuable context for evaluating the institution's compliance with key provisions related to inmate protection, awareness, and access to support systems.
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)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> 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>Specialized Staff, Volunteers, and Contractor Interviews</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>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>21</p>
<p>63. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
65. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
66. Were you able to interview the PREA Compliance Manager?	<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 checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Clasasification Staff
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<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
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

<p>70. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>Specialized staff selected for interviews were identified based on their direct involvement in the facility's PREA-related processes, including conducting investigations, overseeing compliance, and implementing victim services. Staff were selected from multiple shifts and roles to ensure a well-rounded understanding of institutional practices. Interviewees included investigative personnel, the PREA Compliance Manager, and the Facility Head or designee. These individuals demonstrated a clear understanding of their responsibilities under PREA and were able to articulate policies and procedures accurately. The selection process prioritized individuals who could provide firsthand insight into how the facility implements and sustains compliance with PREA standards. No barriers to access or concerns related to staff availability were encountered during the interview process.</p>
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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

<p>71. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:

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

☒ Yes
☐ No

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

☒ Yes
☐ No

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

☒ Yes
☐ No

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

☒ Yes
☐ No

<p>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).</p>	<p>The Auditor was granted full and unrestricted access to all areas of the facility during the on-site review. This included housing units, intake and booking areas, medical and mental health units, administrative offices, program spaces, segregation units, and any other locations where incarcerated individuals may be present. Observations were conducted to assess physical plant conditions, supervision practices, camera coverage, and the availability and visibility of PREA-related postings and reporting mechanisms (such as grievance forms, phones, and hotlines). Critical functions were informally tested, including the operation of the PREA hotline and the accessibility of grievance and reporting tools. Staff interactions with incarcerated individuals were observed, and informal conversations were held with both staff and individuals in custody to gauge their awareness of PREA protections and reporting procedures.</p> <p>Facility staff were cooperative and responsive throughout the site review. No barriers to access were encountered, and all requests for additional information, documentation, or clarification were promptly addressed. The physical environment appeared clean, well-maintained, and consistent with safe and secure operational practices.</p>
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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.

<p>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?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

PERSONNEL AND TRAINING FILES: The PAQ represents 113 facility staff.

PREA Education: 44 personnel records were checked regarding PREA Education. All 44 records reviewed had successfully completed PREA training in the past 12 months. All (100%) had participated in PREA Education in the past 12 months.

CRIMINAL CHECKS: 44 criminal background checks were reviewed, and all were found to be current and timely.

ADMINISTRATIVE ADJUDICATION: 44 records were reviewed regarding administrative adjudication, and all were found to have answered the 3 administrative adjudication questions.

INMATE RECORDS:

RISK ASSESSMENTS/REASSESSMENTS: On the first day of the audit there were 322 inmates, there were 40 inmate records reviewed, regarding 72-hour risk assessment and 30-day risk reassessment. In each record reviewed the initial assessment was completed within 72 hours of the inmate's arrival. The 30-day risk reassessment was completed within 30 days of the inmate's arrival.

INMATE PREA EDUCATION: On the first day of the audit there were 322 inmates, there were 40 inmate records reviewed regarding PREA Education. In each of the 40 records reviewed the inmates received ALL PREA information and education at the time of arrival at the facility.

PREA ALLEGATIONS

At the time of the on-site audit, facility staff reported a total of 11 allegations of sexual abuse and sexual harassment within the past 12 months.

SEXUALABUSE ALLEGATIONS

There were eight allegations of sexual abuse reported during the audit period. Of these, five involved inmate-on-inmate conduct. All five were investigated administratively, with two referred for criminal investigation. The outcomes of these inmate-on-inmate cases included two allegations determined to be

unsubstantiated and three substantiated. One criminally investigated allegation was referred to the grand jury, but the individual was not indicted. The other two allegations were not referred for prosecution due to the the lack of cooperation from the victim.

The remaining three sexual abuse allegations involved staff-on-inmate conduct. All three were referred for criminal investigation. One of these allegations was substantiated, while the remaining two were unsubstantiated.

Prosecution was declined in all three allegations. The staff member involved in the substantiated allegations resigned prior to being terminated from the agency. The staff member has been banned from all agency facilities.

Medical and mental health services were made available to all victims and perpetrators within 24 hours of the staff becoming aware of the allegation.

There were no forensic examinations in the past 12 months.

All inmates were notified of the result of the investigations.

All sexual abuse allegations, except those that were determined to be unfounded, had a sexual abuse incident review within 30 days of the end of the investigation.

SEXUAL HARASSMENT ALLEGATIONS

During the same 12-month period, there were three reported allegations of sexual harassment. Two of these involved inmate-on-inmate conduct and were investigated administratively. One of these cases was determined to be unsubstantiated, and the other was deemed unfounded.

The third sexual harassment allegation involved staff-on-inmate conduct. This case was investigated administratively and determined to be unfounded.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	5	0	3	2
Staff-on-inmate sexual abuse	3	0	0	3
Total	8	0	3	5

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	2	3
Staff-on-inmate sexual harassment	0	0	2	1
Total	0	0	4	4

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	2	3
Staff-on-inmate sexual abuse	0	0	2	1
Total	0	0	4	4

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	1	1	9
Staff-on-inmate sexual harassment	9	1	0	0
Total	0	2	1	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

6

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<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)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	3
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<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)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<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)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	3
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<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)

<p>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>3</p>
<p>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files

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

1

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

☐ Yes

☒ No

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

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

☒ Yes

☐ No

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

<p>101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>During the on-site audit, the auditor conducted a thorough review of a selection of sexual abuse and sexual harassment investigation files to assess compliance with PREA standards. Files were chosen to ensure representation of both inmate-on-inmate and staff-on-inmate allegations, as well as a range of case outcomes, including substantiated, unsubstantiated, and unfounded determinations. The review process focused on verifying that investigations were conducted promptly, thoroughly, and objectively; that investigative steps were clearly documented; and that evidence, witness statements, and relevant records were collected and preserved in accordance with agency policy.</p> <p>Particular attention was given to whether referrals for criminal investigation were made when warranted, whether investigative findings were supported by the evidence, and whether case dispositions were consistent with the facts presented. The auditor also reviewed documentation confirming that all victims were offered medical and mental health services, that inmates were informed of the investigation outcomes, and that sexual abuse incident reviews were conducted when required. The files demonstrated the facility's adherence to established investigative protocols and its efforts to ensure accountability and transparency in addressing all allegations.</p>
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SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

<p>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.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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Non-certified Support Staff

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

☒ Yes

☐ No

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

1

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

☐ The audited facility or its parent agency

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

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

☐ Other

Identify the name of the third-party auditing entity

Diversified Correctional Services

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> Exceeds Standard (Substantially exceeds requirement of standard) Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<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
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with the PREA standard related to agency coordination and oversight, the Auditor reviewed the following documents:</p> <ol style="list-style-type: none"> The agency's completed Pre-Audit Questionnaire (PAQ) and supporting materials West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, titled Prison Rape Elimination Act (PREA) Compliance, effective October 7, 2022 The Agency Organizational Chart The Facility Organizational Chart <p>INTERVIEWS</p> <p>Director of PREA Compliance / PREA Coordinator</p>

Interviews with the agency's Director of PREA Compliance (DPC) revealed that this individual possesses both the authority and the time necessary to develop, implement, and oversee the agency's PREA compliance initiatives across all facilities under its jurisdiction. The DPC functions as the subject matter expert on all matters related to PREA accreditation and is charged with shaping and executing relevant policies and practices to ensure alignment with PREA standards.

The agency's PREA Coordinator (PC) similarly affirmed during interviews that their role is solely dedicated to ensuring facility compliance with PREA requirements. The PC confirmed that they hold the authority needed to direct necessary changes related to PREA compliance and are not tasked with unrelated responsibilities that could dilute their focus.

PREA Compliance Manager (PCM)

At the facility level, the PREA Compliance Manager (PCM) plays a critical role in maintaining PREA compliance. Interviews with the PCM confirmed that adequate time is allocated to fulfill all PREA-related duties, and the individual demonstrates a strong understanding of the responsibilities associated with the role.

Provision (a): Written Policy Mandating Zero Tolerance

The facility's response in the PAQ confirms the presence of a comprehensive, agency-wide written policy that mandates zero tolerance toward all forms of sexual abuse and sexual harassment. This policy extends to all facilities operated directly by the agency or through contractual agreements. The PAQ also indicates that the policy outlines specific procedures for prevention, detection, and response, as well as detailed definitions of prohibited behaviors and corresponding sanctions for individuals found responsible.

Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, affirms this commitment. On page 4, Section A, the policy declares a strict zero-tolerance stance regarding any form of sexual abuse, misconduct, or harassment involving staff, volunteers, contractors, or individuals in custody. The policy prohibits all sexual activity between staff and incarcerated individuals, between volunteers or contractors and incarcerated persons, and among incarcerated individuals themselves—regardless of consent. Violations are subject to both administrative and criminal sanctions under West Virginia Code §61-8B-10.

Page 2 of Policy 430.00 defines the Director of PREA Compliance as the agency's PREA subject matter expert responsible for implementing and coordinating efforts to meet PREA standards. Page 4, Section C, mandates that each facility's Superintendent, in collaboration with the DPC, must appoint a Facility PREA Compliance Manager (PCM) who is granted sufficient time and authority to develop and oversee PREA initiatives within their facility. Page 3 specifies that the PREA Coordinator must be an upper-level official with agency-wide responsibility and adequate time and authority to support compliance efforts across all locations.

Provision (b): Agency-Level PREA Oversight

	<p>According to the PAQ, the agency employs a centralized Director of PREA Compliance (DPC) positioned within the Office of Professional Standards (OPS). This organizational placement was confirmed through a review of the agency’s structure and reinforced by interviews with the PC. The DPC is considered an executive-level role and is wholly dedicated to PREA compliance matters.</p> <p>The Organizational Chart places the DPC within the OPS and directly reporting to the Director of Investigations. The DPC oversees a team that includes the agency’s PREA Coordinators and designated support staff, forming what is referred to as the Office of PREA Compliance. Together, they hold collective responsibility for developing and implementing the agency’s strategies to meet PREA mandates. The DPC is not only afforded the necessary authority but also the full-time capacity to carry out these duties effectively.</p> <p>Each facility under WVDCR’s jurisdiction designates one PREA Compliance Manager (PCM), who reports directly to the DPC on matters related to PREA compliance, reinforcing a clear and consistent line of accountability throughout the agency’s structure.</p> <p>Provision (c): Facility-Level PREA Oversight</p> <p>As reported in the PAQ, the facility maintains a dedicated PREA Compliance Manager (PCM). At the facility level, the PCM reports to the Warden or Superintendent, while also maintaining a direct line of communication with the Director of PREA Compliance on all matters related to PREA.</p> <p>Policy 430.00, page 4, Section C, reinforces this arrangement by requiring that each facility appoint a PCM—selected by the Superintendent in consultation with the DPC—who is granted the time, authority, and resources needed to ensure full implementation of PREA standards locally.</p> <p>CONCLUSION</p> <p>Based on a thorough review of documentation, agency policy, and organizational structure—supported by interviews with key personnel—the Auditor finds that the agency and facility are in compliance with the requirements of the PREA standard addressing zero tolerance of sexual abuse and sexual harassment. The roles and responsibilities of the PREA Coordinator, Director of PREA Compliance, and PREA Compliance Managers are clearly defined, appropriately placed within the agency hierarchy, and supported by policy and practice. These roles are fully empowered to lead and sustain the agency’s commitment to PREA compliance.</p>
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENT REVIEW

As part of the PREA audit process, the Auditor conducted a comprehensive review of documentation relevant to the agency's practices for contracting with private and public entities for the confinement of incarcerated individuals. The materials reviewed included:

1. The Pre-Audit Questionnaire (PAQ) and associated documentation
2. West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, titled Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022
3. An interview with the Agency Contract Administrator

INTERVIEWS

Agency Contract Administrator

During the interview, the Contract Administrator confirmed unequivocally that all contracts involving the housing of individuals under the custody of the West Virginia Division of Corrections and Rehabilitation—without exception—contain explicit language requiring full adherence to PREA standards. This mandate applies to both new contracts and contract renewals, ensuring consistent expectations for compliance across all partnering facilities. The Contract Administrator emphasized the agency's commitment to holding contracted facilities to the same standards of accountability as state-run institutions.

PROVISIONS

Provision (a): Contractual PREA Requirements

According to the facility's response in the PAQ, the agency currently maintains two contracts—either initiated or renewed on or after August 20, 2012, or since the date of the last PREA audit—with private organizations or governmental entities for the purpose of housing incarcerated individuals.

WVDCR Policy 430.00, PREA Compliance, dated October 7, 2022, directly addresses this provision. Page 4, Section D (1-3), requires that any new contract or contract renewal involving the confinement of individuals under WVDCR custody must:

- Include a contractual obligation to comply fully with all PREA standards;
- Adhere to all applicable WVDCR policies; and
- Implement a mechanism for the agency to monitor the contracted facility's performance regarding PREA compliance.

These stipulations ensure that contracted entities are held to the same expectations and scrutiny as WVDCR-operated facilities, thereby maintaining continuity and integrity in the agency's approach to PREA implementation.

	<p>Provision (b): Ongoing Oversight of Contract Facilities</p> <p>Further supporting this provision, the agency reported in the PAQ that both contracts referenced above require the respective facilities to adopt, implement, and comply with the national PREA standards. The agency's oversight responsibilities do not end at the signing of a contract; rather, they are reinforced through continuous monitoring and accountability measures.</p> <p>The Contract Administrator detailed that prior to and during the execution of any contract, the policies and procedures of each partnering agency or private entity are thoroughly reviewed to ensure alignment with PREA requirements. These reviews are not only preventive but also proactive, aiming to identify and rectify any inconsistencies that may undermine compliance.</p> <p>Additionally, every contracted facility is required—per the terms of the contract—to report all PREA-related allegations to WVDCR. This includes a full submission of the allegation, investigation documentation, and final determination to the agency's Director of PREA Compliance. This process ensures that WVDCR maintains visibility over all incidents and can intervene or advise as needed to maintain accountability.</p> <p>CONCLUSION</p> <p>After reviewing all relevant documents, policies, and interview findings, the Auditor concludes that the West Virginia Division of Corrections and Rehabilitation is in full compliance with PREA Standard §115.12, which addresses the obligations of agencies that contract with other entities for the confinement of individuals. The agency has established clear contractual language, comprehensive monitoring mechanisms, and effective communication protocols to ensure all contractors adhere to PREA standards. These practices reflect a strong and ongoing commitment to the safety, dignity, and rights of all individuals in custody, regardless of the facility in which they are housed.</p>
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115.13	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>As part of the PREA compliance assessment, the Auditor conducted an extensive review of relevant documentation to evaluate the facility's efforts in ensuring adequate supervision and monitoring. The following materials were examined:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) and all supporting documentation 2. West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7,

2022

3. Facility Unannounced Round Logs

4. Copies of the facility's Staffing Plan and any accompanying Deviation Logs

INTERVIEWS

Facility Head

During the interview, the facility head provided detailed insight into the institution's approach to managing staffing and oversight. It was reported that discussions regarding compliance with the facility's staffing plan—and any deviations from it—are a standing agenda item during routine staff meetings. The facility head confirmed that they personally review staffing levels, assess how those levels impact inmate programming, and consider whether modifications to the video monitoring system are needed to improve supervision.

Further, the facility head evaluates additional operational and safety factors, including the physical design of the facility (with particular attention to blind spots and areas of potential isolation), oversight from internal and external bodies, the demographics and risk profiles of the incarcerated population, and patterns or trends in substantiated or unsubstantiated sexual abuse incidents. Staffing structure, supervisory coverage, and overall institutional needs are also continuously reviewed and adjusted as necessary to ensure a safe and secure environment.

Intermediate-or-Higher-Level Staff

Staff in supervisory roles confirmed that they conduct frequent walkthroughs and interact regularly with both front-line staff and incarcerated individuals. These rounds are conducted throughout each shift and serve as a direct observation and engagement opportunity for facility leadership. Supervisors are responsible for auditing logbooks, verifying documentation, and monitoring compliance with operational and PREA requirements.

The Auditor observed supervisory staff actively engaged in facility operations during the on-site portion of the audit. Supervisors were seen making rounds and performing duties across different units, demonstrating an active presence throughout the facility. Interviewees stated that supervisors are required to complete unannounced rounds and document them using Attachment 16 of the PREA Compliance Manual. These records are submitted monthly to the facility's PREA Compliance Manager (PCM). The Auditor verified this process by reviewing completed documentation, which confirmed adherence to the requirement.

Random Staff

During interviews with randomly selected facility staff, individuals consistently demonstrated knowledge of policies prohibiting the advance notification of supervisory rounds. Staff clearly articulated that alerting others to an impending unannounced round is not permitted and could result in disciplinary action unless the

disclosure is tied to a legitimate operational necessity.

PROVISIONS

Provision (a): Annual Staffing Plan Review

According to the PAQ, the facility maintains a formal staffing plan, which is reviewed at least annually. This plan is tailored to the facility's rated capacity of 332 individuals and considers a broad range of operational and safety variables.

WVDCR Policy 430.00, page 5, Section A (1-11), requires that all facilities develop and implement a PREA staffing plan that supports adequate supervision and, where applicable, appropriate use of video monitoring to protect incarcerated individuals from sexual abuse. In developing these plans, facilities are instructed to consider:

- Nationally accepted correctional practices
- Judicial or investigative findings of staffing inadequacies
- Oversight agency reports and recommendations
- Internal reviews
- Facility layout, including potential blind spots
- Population demographics and risk factors
- Placement and availability of supervisory staff
- Programming schedules across shifts
- Relevant state or local laws and standards
- Trends in substantiated and unsubstantiated sexual abuse incidents
- Any other relevant information that may influence staffing needs

This comprehensive, data-informed approach ensures that the staffing plan remains aligned with safety goals and PREA standards.

Provision (b): Staffing Plan Deviations

The PAQ indicates that there were no reported deviations from the staffing plan during the 12-month period preceding the audit. As such, there were no recorded justifications for deviation or trends identified during that timeframe.

In accordance with WVDCR Policy 430.00, page 5, Section B, if a deviation does occur, it must be documented by the PREA Compliance Manager or designee, including a written justification. These records are then submitted to the Superintendent, the appropriate Assistant Commissioner, and the Office of PREA Compliance for review and oversight.

Provision (c): Ongoing Staffing Plan Assessment

WVDCR Policy 430.00, page 5, Section C, mandates that each facility, in coordination with the Office of PREA Compliance, must annually assess whether changes are needed to the following:

	<ul style="list-style-type: none"> • The facility's PREA staffing plan • Staffing patterns across shifts • Deployment and configuration of video monitoring or other surveillance technologies • Allocation of resources to support consistent adherence to the staffing plan <p>This annual review ensures that the facility remains responsive to emerging needs, evolving risks, and lessons learned from internal and external evaluations.</p> <p>Provision (d): Unannounced Rounds</p> <p>To actively deter sexual abuse and harassment, WVDCR Policy 430.00, page 5, Section E, requires that each facility conduct at least four unannounced supervisory rounds per month, with two rounds occurring 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 an individual whose sole purpose for being at the facility is to complete the round, ensuring that the visit is truly unannounced and separate from regular operational duties.</p> <p>Documentation of these rounds is completed using Attachment 16 of the PREA Compliance Manual and submitted to the PCM each month. The Auditor's review of the round logs confirmed that the facility is in compliance with this expectation.</p> <p>Policy 430.00, page 5, Section F, further states that no staff member is permitted to alert others about the timing or occurrence of unannounced rounds unless such notification is directly tied to essential operational needs. Violations of this provision may result in disciplinary action.</p> <p>CONCLUSION</p> <p>After a thorough review of agency documentation, facility records, and in-depth interviews with leadership, supervisory staff, and front-line employees, the Auditor finds that the West Virginia Division of Corrections and Rehabilitation and the facility under review meet all provisions of the PREA standard concerning supervision and monitoring. The agency has implemented a robust and well-documented staffing plan, maintained effective oversight mechanisms, and enforced policies designed to prevent sexual abuse through initiative-taking supervision, staff accountability, and the strategic use of unannounced rounds.</p>
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENT REVIEW

To assess compliance with the PREA standard related to the housing and treatment of youthful inmates, the Auditor reviewed multiple sources of documentation and conducted an on-site evaluation. The materials and observations included:

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

OBSERVATIONS

During the facility walkthrough, the Auditor observed no individuals who appeared to be youthful offenders. A careful review of the inmate roster confirmed this observation—there were no individuals with birthdates later than 2006, which would indicate youthful offender status under PREA guidelines.

INTERVIEWS

Facility Head

In a formal interview, the Facility Head confirmed that the institution does not house youthful offenders. They explained that the facility is designated for adult incarceration only and that their classification protocols ensure youthful offenders are not admitted or retained in the population.

PREA Compliance Manager (PCM)

The PREA Compliance Manager (PCM) echoed this assertion during a separate interview, confirming that the facility has not housed any youthful offenders within the audit review period. The PCM also stated that, should the classification or housing needs of the population change in the future, the facility would follow all applicable PREA requirements to ensure full protection of youthful individuals.

PROVISIONS

Provision (a): Youthful Offender Housing Restrictions

According to the PAQ and corroborated through interviews with both the PCM and the Facility Head, the facility does not house any youthful offenders. This has remained consistent over the course of the past twelve months.

WVDCR Policy 430.00, page 6, Section G, outlines specific protections for youthful individuals in custody. It mandates that no juvenile offender is to be placed in any housing area where they may have sight, sound, or physical contact with adult offenders. This includes shared dayrooms, common spaces, shower areas, sleeping quarters, or any area outside the housing units. Though this policy applies when youthful individuals are present, it was confirmed that such circumstances have not occurred at this facility.

	<p>Provision (b): Sight and Sound Separation or Supervision</p> <p>Policy 430.00 also specifies that if a youthful offender were ever housed in a facility with adults, WVDCR must ensure sight and sound separation at all times. Alternatively, the facility must provide continuous direct staff supervision to prevent any contact between youthful and adult offenders.</p> <p>While this requirement is not currently applicable due to the absence of youthful inmates, the agency has policies and safeguards in place to guide staff actions if such a situation were to arise in the future.</p> <p>Provision (c): Use of Isolation for Compliance</p> <p>In addition, Policy 430.00, page 6, Section G, emphasizes that WVDCR will make every effort to avoid using isolation as a means to maintain separation between youthful and adult offenders. In the rare event that separation is necessary, it must not result in the denial of access to required services or opportunities. Youthful individuals must continue to receive daily large-muscle exercise, special education services (when legally required), and other programming and work opportunities whenever possible, unless exigent circumstances prevent this.</p> <p>Again, while this provision is not currently in use at the audited facility, it demonstrates the agency's commitment to the humane and developmentally appropriate treatment of youthful individuals should be housed in the future.</p> <p>CONCLUSION</p> <p>Based on a comprehensive review of the Pre-Audit Questionnaire, facility documentation, inmate rosters, on-site observations, and interviews with key facility personnel, the Auditor concludes that the West Virginia Division of Corrections and Rehabilitation and this specific facility are fully compliant with all PREA standards related to the housing and care of youthful inmates. The absence of youthful offenders was consistently confirmed through multiple sources, and the agency has clear policies in place to ensure compliance in the event that youthful individuals are ever placed in custody.</p>
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>As part of the compliance assessment for this standard, the Auditor conducted a comprehensive review of the Pre-Audit Questionnaire (PAQ) and the facility's supporting documentation. Key agency policies were examined, including West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape</p>

Elimination Act (PREA) Compliance, dated October 7, 2022; Policy 411.00, Gender Nonconforming Inmates/Residents, dated February 1, 2020; and Policy 111, Training and Employee Development, effective January 1, 2019. In addition, the Auditor reviewed training records specific to staff education in cross-gender and transgender search procedures.

OBSERVATIONS

During the on-site facility tour, the Auditor observed practices directly related to cross-gender interactions and privacy protocols. Staff members of a different gender than the residents were observed entering housing units, with clear verbal announcements of their presence made prior to entry. This included announcements when the Auditor, herself of a different gender than the incarcerated individuals, entered housing and restroom areas. The consistent use of verbal notifications demonstrated the facility’s adherence to policy regarding cross-gender presence in living areas.

INTERVIEWS

Staff Interviews:

Facility staff consistently reported that they had received training in conducting cross-gender searches. Staff also confirmed that cross-gender strip searches and cross-gender body cavity searches do not take place at this facility. When asked about staffing practices, staff affirmed that there is always a sufficient number of both male and female staff members available to conduct any required searches. In instances where additional support may be needed, staff from either gender can be redirected to meet the need. All staff were familiar with and consistently followed the requirement to announce their presence when entering housing units occupied by individuals of a different gender. Importantly, staff also confirmed that no searches are ever performed for the sole purpose of determining an individual’s genital status.

Inmate Interviews:

Inmates provided consistent feedback aligning with staff reports. They affirmed that staff members of the opposite gender do not perform pat-down or strip searches. They also verified that announcements are made before opposite-gender staff enter the housing unit or restroom areas. Residents expressed confidence in their ability to shower and change clothing without being viewed by staff of a different gender, citing sufficient accommodations to preserve privacy.

PROVISIONS

Provision (a):

According to the facility’s PAQ response, there were no instances of cross-gender strip searches or visual body cavity searches conducted during the previous twelve months. WVDCA Policy 430.00, Section H (p. 6), expressly prohibits cross-gender pat-down, strip, or visual body cavity searches, except in exigent circumstances or when performed by qualified medical personnel. Any such exception must be documented

via an incident report. For facilities with a rated capacity of 50 or fewer individuals, cross-gender pat-down searches of female individuals are not permitted, absent exigent circumstances. Furthermore, the policy emphasizes that access to programming or out-of-cell opportunities should not be restricted to meet this standard. Staff training records confirmed that all employees have received instruction regarding proper cross-gender search procedures.

Provision (b):

The PAQ and staff interviews confirmed that the facility prohibits cross-gender pat-down searches of female residents unless an exigent circumstance arises.

Provision (c):

Facility policy mandates documentation of all cross-gender strip and visual body cavity searches. At the time of the on-site audit, there were no transgender individuals housed at the facility; therefore, no interviews on this specific provision were conducted with transgender individuals.

Provision (d):

According to the PAQ, the facility has policies and procedures in place to ensure that all incarcerated individuals can shower, use the restroom, and change clothing without exposure of their breasts, buttocks, or genitalia to non-medical staff of a different gender—except in cases of exigency or incidental exposure during routine cell checks. This policy includes protection against in-person and video surveillance viewing.

WVDCR Policy 430.00 (pp. 6–7, Section I) affirms these protections, stating that incarcerated individuals must be permitted to perform personal hygiene and bodily functions without visual exposure to non-medical staff of the opposite gender. Policy 411.00 (p. 3, Section III, B) specifically addresses the needs of transgender and intersex individuals, stating that they must be offered the opportunity to shower separately from others. Additionally, Policy 430.00 (p. 7, Section J) requires staff to announce their presence when entering any housing unit occupied by individuals of the opposite gender. At the time of the audit, there were no transgender individuals housed at the facility, and therefore, no interviews on this provision were conducted with this population.

Provision (e):

Policy 430.00 (p. 7, Section K) prohibits staff from conducting searches or physical examinations of transgender or intersex individuals solely to determine genital status. In cases where genital status is unknown, staff are instructed to attempt to determine this information by engaging in respectful dialogue with the individual or by consulting medical records. Similarly, Policy 411.00 (p. 3, Section III, D) reinforces that inmate preference should be considered when assigning staff to conduct strip searches, with cross-gender searches permissible only in exigent circumstances.

Provision (f):

	<p>WVDCR Policy 430.00 (p. 7, Section L) mandates that all staff receive training on how to conduct searches of transgender and intersex individuals in a manner that is professional, respectful, and as non-intrusive as possible while maintaining institutional safety. Policy 111, Training and Employee Development (pp. 5-6), outlines the comprehensive training topics required for all staff, contractors, and volunteers. These include the agency’s zero-tolerance policy for sexual abuse and harassment, responsibilities for prevention and reporting, recognition of signs of abuse, and effective communication with lesbian, gay, bisexual, transgender, intersex, and gender nonconforming individuals. Training is tailored to the gender of the population at each facility, and supplemental training is provided when staff are reassigned to facilities housing individuals of a different gender. Refresher training occurs at least every two years, with supplemental information provided in interim years to maintain policy awareness. All training is documented via employee signature or electronic acknowledgment.</p> <p>CONCLUSION</p> <p>After a thorough review of policies, training materials, records, facility practices, and interviews with both staff and incarcerated individuals, the Auditor concludes that the facility fully complies with all provisions of this standard. The facility demonstrates a strong commitment to protecting the privacy and dignity of individuals in custody, maintaining appropriate limits to cross-gender viewing and searches, and ensuring respectful, gender-appropriate staff conduct.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>In preparation for assessing compliance with PREA Standard §115.16, the Auditor conducted an extensive and detailed review of all pre-audit materials submitted by the facility. This review encompassed the Pre-Audit Questionnaire (PAQ) and a broad range of supporting documentation, with particular emphasis on 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 serves as the foundational document outlining the agency’s expectations and obligations for ensuring that all individuals—regardless of disability or language proficiency—are provided meaningful access to PREA-related information, protections, and services.</p> <p>The Auditor also carefully examined operational documents that reflected the facility’s commitment to effective and inclusive communication. Among these were the contract agreement with Homeland Language Services, LLC, which provides on-</p>

demand interpretation and translation services. Accompanying materials included the WVDCR-specific Homeland Language Services (HLS) Call Guide, procedural instructions for utilizing telephone interpretation and video remote interpreting (VRI), protocols for requesting sign language interpretation, and comprehensive guidelines for staff to access these services in real time. Training documents were also reviewed, including core and refresher modules focused on accommodating individuals with disabilities and those with limited English proficiency (LEP), as well as educational materials and posted signage in both English and Spanish to support accessibility throughout the facility.

OBSERVATIONS

While touring the facility, the Auditor observed that PREA-related informational and educational materials were prominently displayed in areas frequented by incarcerated individuals and staff alike. Posters, flyers, and handouts were visible in dayrooms, housing units, intake areas, visiting rooms, program spaces, and administrative offices. These materials were consistently presented in both English and Spanish, ensuring broad accessibility. Educational content shared with incarcerated individuals—whether during intake or as part of ongoing education efforts—was similarly offered in both languages. The facility’s strategic placement of materials and multi-language approach reflected an intentional and inclusive effort to remove communication barriers for all individuals in custody.

INTERVIEWS

Facility Head

The Facility Head affirmed that the institution has developed and maintains effective systems for delivering PREA-related information and services to individuals with disabilities and those who are LEP. According to the Facility Head, the facility ensures access by using professional interpretation services, deploying bilingual staff when appropriately trained, and adapting materials or communication formats based on the unique needs of each person. These measures are designed to guarantee that no one is excluded from understanding their rights or participating fully in PREA-related processes.

Random Staff

A diverse group of staff members across different departments and shifts were interviewed to assess their familiarity with protocols for working with individuals requiring communication accommodations. Staff consistently described a clear understanding of the procedures in place for interacting with LEP individuals or those with disabilities. Most stated that when a bilingual colleague is unavailable, they are trained and expected to use Homeland Language Services to facilitate effective communication. Staff also expressed confidence in the accessibility and reliability of these services and conveyed a shared understanding that timely and accurate communication is critical when addressing sensitive matters such as reporting sexual abuse or harassment.

Incarcerated Individuals with Disabilities

Several individuals who self-identified as having a disability were interviewed to evaluate whether PREA education and related services were accessible to them. Each person confirmed they had received PREA information in a manner that accommodated their specific needs. These individuals reported feeling informed, supported, and not disadvantaged in any way due to their disability. All demonstrated an understanding of their rights under PREA, including how to access reporting mechanisms and protective services.

Limited English Proficient (LEP) Individuals

To assess the accessibility of PREA information for non-English speakers, the Auditor interviewed a Spanish-speaking individual with limited English proficiency. The individual confirmed they had received PREA education in Spanish and were instructed on how to access interpretation services if needed. They also indicated they were well informed about how to report incidents and felt that language was not a barrier to their understanding or participation in PREA-related processes. Their responses reflected confidence in the facility’s approach to language access.

PROVISIONS

Provision (a)

The facility has demonstrated that it has adopted and implemented procedures that ensure individuals with disabilities and those who are LEP are afforded equal access to all components of the sexual abuse prevention and response framework. This was confirmed through documentation, staff and leadership interviews, and direct testimony from incarcerated individuals. Section M of WVDCCR Policy 430.00 outlines the agency’s firm commitment to eliminating communication barriers by mandating the use of professional interpretation and translation services. These measures are in place to support equitable access at every stage of the PREA process—from initial education through reporting and investigation.

Provision (b)

In alignment with this standard, the facility has established a multi-faceted communication support system tailored to meet the varying needs of its population. The accommodations in place include:

- LEP Individuals: Access to printed and digital PREA materials in Spanish, including posters, handouts, and videos; interpretation services are available for additional languages through contracted providers such as Homeland Language Services and LanguageLine.
- Individuals Who Are Deaf or Hard of Hearing: Availability of captioned videos, written communications, and access to ASL interpretation via video remote platforms.
- Individuals with Visual Impairments: Provision of information through audio formats, verbal presentations by staff, and access to Braille materials as

	<p>needed.</p> <ul style="list-style-type: none"> • Individuals with Cognitive Disabilities: Staff deliver PREA content in simplified language and offer verbal explanations, with additional one-on-one assistance when appropriate. • Individuals with Limited Literacy: Written content is supplemented with oral instruction or audio delivery to ensure full comprehension. <p>Section N of Policy 430.00 explicitly requires facilities to adapt PREA-related communications to meet the individualized needs of each person in custody. This includes ongoing access to educational content throughout the duration of incarceration.</p> <p>Provision (c)</p> <p>The PAQ and accompanying interviews confirmed that the facility does not rely on incarcerated individuals to serve as interpreters, readers, or assistants for conveying PREA-related information. This aligns with the agency’s firm stance against such practices, as outlined in Section O of Policy 430.00. The policy explicitly prohibits the use of incarcerated individuals for these purposes except in clearly defined, time-limited emergency situations where immediate safety concerns exist and no other qualified interpreter is available. In such rare instances, use of a peer assistant is limited strictly to the time necessary to obtain professional assistance.</p> <p>CONCLUSION</p> <p>After conducting a comprehensive review of all documentation, completing an in-depth on-site observation, and engaging in interviews with the Facility Head, staff members, and incarcerated individuals, the Auditor concludes that the facility is in full compliance with PREA Standard §115.16. The institution has implemented a comprehensive and responsive system to ensure that all individuals—regardless of disability status or language proficiency—can fully understand, access, and benefit from the facility’s sexual abuse prevention and response program. The measures in place not only fulfill the technical requirements of the standard but also reflect a strong institutional culture of inclusion, dignity, and proactive engagement with vulnerable populations. All three provisions of the standard have been met without exception, affirming the facility’s adherence to both the letter and the spirit of PREA.</p>
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115.17	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>In preparation for evaluating compliance with PREA Standard §115.17—Hiring and</p>

Promotion Decisions—the Auditor conducted a thorough review of the facility’s Pre-Audit Questionnaire (PAQ) and all associated supporting documentation. The materials examined included several key policies issued by the West Virginia Division of Corrections and Rehabilitation (WVDCR), most notably:

- WVDCR Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022;
- WVDCR Policy 132.00, Non-Uniform Promotion Guidelines, dated April 18, 2022; and
- WVDCR Policy 135.00, Pre-Employment Processing, dated March 22, 2021.

These policy documents provide the framework through which WVDCR enforces rigorous standards in the areas of applicant screening, staff promotion, background investigations, and ongoing accountability—all designed to prevent the hiring or advancement of individuals who pose a risk to incarcerated persons.

The Auditor’s review also included a detailed analysis of selected personnel files. This examination confirmed that background checks, employment disclosures, and PREA-specific screening documentation were consistently completed and properly maintained in accordance with the agency’s policies and the requirements of the PREA standard.

INTERVIEW

Administrative Staff (Human Resources)

The Auditor conducted an in-depth interview with members of the administrative and human resources staff to gain further insight into the facility’s practices regarding employment screening and promotions. During the interview, HR staff confirmed that all new applicants are required to complete personnel documentation that includes PREA-related disclosure questions. These questions mirror the language in the standard and are designed to screen for any history of sexual abuse or misconduct.

The HR staff emphasized the agency’s proactive approach to PREA compliance, describing a centralized, comprehensive tracking system that monitors the completion of all background checks. This system is used for pre-employment screening, promotional reviews, and the mandated four-year rescreening interval for current staff.

The Auditor verified that each personnel file reviewed contained all required documentation, including verification of criminal history background checks and the inclusion of the three mandatory PREA questions outlined in Provision (a). Staff also confirmed that these questions are not only answered during initial employment but are reaffirmed annually through written self-assessments. Additionally, employees are under a continuing obligation to report any incidents or arrests that occur after hire.

HR staff reported that the facility and agency maintain a consistent process for ensuring that substantiated allegations of sexual abuse or harassment involving former employees are disclosed upon request to prospective employers. The facility

uses a centralized database to track background investigations and ensure timely rescreening of staff and contractors every four years.

PROVISIONS

Provision (a)

The PAQ reflects that the facility strictly prohibits the hiring or promotion of any individual who may have contact with incarcerated persons if that individual:

- 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;
- Has been convicted of engaging or attempting to engage in sexual activity in the community under circumstances involving force, threats, coercion, or when the victim was unable to consent or refuse; or
- Has been civilly or administratively adjudicated to have engaged in such behavior.

These prohibitions extend to all employees, contractors, and volunteers. HR personnel verified that this standard is enforced through pre-employment documentation, promotional review processes, and routine employee self-disclosure.

The PAQ reported a staffing total of 113 employees, 67 of whom were hired within the last 12 months. The facility also engaged 27 contractors and 7 volunteers during that time period. The Auditor reviewed 50 randomly selected personnel files and confirmed that each file included comprehensive background checks and PREA-related documentation.

The policies supporting this provision include:

- Policy 430.00, Sections P-R: Mandates full disclosure of prior misconduct during interviews and background screenings, prohibits the hiring or promotion of individuals with disqualifying histories, and requires ongoing affirmative disclosure of relevant incidents.
- Policy 132.00, Section E: Reiterates the agency's commitment to excluding individuals with a known history of sexual misconduct from positions that would involve contact with incarcerated persons.

Provision (b)

The facility further reported, and HR interviews confirmed, that when considering an individual for hire, promotion, or contractual engagement, the agency evaluates any known history of sexual harassment. This evaluation is integrated into the screening process and influences the agency's decision-making on employment or service eligibility.

Provision (c)

Before extending an offer of employment to any candidate who may have contact

with incarcerated persons, the facility conducts a criminal background records check. In addition, consistent with federal, state, and local laws, the agency makes diligent efforts to contact prior institutional employers to determine whether any substantiated allegations of sexual abuse exist, or whether the candidate resigned during an active investigation into such allegations. These practices were verified during the interview with HR staff.

Policy 430.00, Section S, explicitly requires that WVDCR pursue information from previous institutional employers concerning substantiated allegations or pending investigations. The policy also requires WVDCR to disclose any substantiated allegations upon request from another institutional employer conducting pre-employment inquiries.

Provision (d)

The facility reported that criminal background checks are conducted on all contractors who may have contact with incarcerated persons prior to the initiation of services. Two active service contracts were noted in the PAQ, and the facility confirmed that all personnel under these contracts who have potential inmate contact had completed required background checks.

Policy 430.00, Section Q, includes guidance for consulting child abuse registries when staff or contractors are to work with juvenile populations.

Provision (e)

WVDCR policy mandates that background checks for employees and contractors with inmate contact are repeated at minimum every four years. The Auditor confirmed through documentation and interviews that this policy is enforced consistently across the agency.

Policy 430.00, Section R, states that ongoing criminal background investigations are required every four years for all employees, contractors, interns, and volunteers who may have contact with incarcerated individuals.

Provision (f)

All applicants and current employees are required to respond to PREA-specific questions concerning past sexual misconduct. These questions are posed during interviews, included in written application materials, and revisited during annual self-evaluations. Employees are also under a continuous affirmative obligation to disclose any relevant misconduct, including new allegations or arrests.

This practice is mandated by Policy 132.00, which prohibits hiring or promoting any person found to have engaged in sexual abuse or misconduct, as defined in federal law and PREA standards.

Provision (g)

Material omissions or the intentional provision of false information concerning

	<p>previous misconduct are treated as grounds for disciplinary action, including termination. This was confirmed during the HR interview and is clearly articulated in agency policy.</p> <p>CONCLUSION</p> <p>Following a detailed review of agency policy, a comprehensive evaluation of personnel documentation, and interviews with key administrative personnel, the Auditor concludes that the facility is in full compliance with PREA Standard §115.17. The agency has established and consistently enforces policies that ensure individuals with a history of sexual abuse or harassment are not hired, promoted, or permitted to serve in any capacity that allows contact with incarcerated persons. Through a robust and transparent system of screening, disclosure, and ongoing monitoring, the West Virginia Division of Corrections and Rehabilitation demonstrates a strong institutional commitment to safety, accountability, and adherence to the core principles of the Prison Rape Elimination Act.</p>
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115.18 Upgrades to facilities and technologies	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</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>OBSERVATIONS</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 supervision and maintaining a safer environment for incarcerated individuals.</p> <p>INTERVIEW</p> <p>Facility Head</p>

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.

PROVISION (b)

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>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>CONCLUSION</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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115.21	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>As part of the assessment for compliance with PREA Standard §115.21, which addresses the use of evidence protocols and the provision of forensic medical examinations, the Auditor conducted an in-depth review of the Pre-Audit Questionnaire (PAQ), accompanying documentation, and conducted a series of interviews with key personnel. One of the foundational 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. Additionally, the facility provided a signed agreement with the West Virginia Foundation for Rape Information and Services (FRIS), which outlines the provision of victim advocacy services for incarcerated individuals who have experienced sexual abuse.</p> <p>INTERVIEWS</p> <p>PREA Director / PREA Coordinator</p> <p>During the interview, the Director of PREA Compliance (DPC) confirmed that the agency adheres to a uniform evidence protocol that is designed to maximize the potential for collecting usable physical evidence in both administrative and criminal investigations. The DPC further emphasized that this protocol is consistent with national best practices and aligned with the guidance provided by the U.S.</p>

Department of Justice's Office on Violence Against Women.

PREA Compliance Manager (PCM)

The facility's PREA Compliance Manager (PCM) verified that in the past twelve months, no forensic medical examinations had been conducted. The PCM also reiterated that, should the need arise, victim advocacy services are available and provided through the facility's ongoing agreement with FRIS. This partnership ensures that any individual in custody who experiences sexual abuse has access to trauma-informed advocacy services, beginning at the time of disclosure and extending through medical, investigatory, and follow-up phases.

SAFE/SANE Personnel

Medical personnel trained as Sexual Assault Nurse Examiners (SANEs) confirmed that forensic medical exams are conducted at two designated outside facilities: Welch Community Hospital, located at 454 McDowell Street, Welch WV, 24801 and Princeton Community Hospital, located at 122 12th Street, Princeton, WV 24740. Both facilities have the capacity to perform forensic exams by qualified staff. In cases where a resident requests support, a trained victim advocate is dispatched to meet with the individual and provide accompaniment before, during, and after the exam process. The advocate also assists in coordinating follow-up counseling services in collaboration with the facility's mental health professionals.

Facility Staff

Facility staff demonstrated a clear understanding of their roles in preserving evidence and ensuring appropriate response protocols are followed following an allegation of sexual abuse. Staff were able to accurately describe procedures for protecting both the victim and alleged abuser, preserving the crime scene, and ensuring a timely handoff to investigative or medical professionals. Their responses reflected training consistent with PREA standards and agency policy.

Inmates

At the time of the onsite audit, there were no incarcerated individuals present at the facility who had reported sexual abuse. Those previously identified as victims had been released before the audit began. As a result, no resident interviews in this category were conducted.

PROVISIONS

Provision (a): Evidence Protocol

The PAQ confirms that administrative investigations are conducted by agency personnel, while the West Virginia State Police handle any criminal investigations. Both follow a uniform evidence protocol designed to preserve physical evidence and support administrative and legal proceedings. The PCM verified the use of this consistent protocol. WVDCR Policy 430.00 (p. 18, Section VIII, A, 2) assigns investigative responsibilities to designated staff and outlines procedural steps in

response to allegations of offender-on-offender harassment. Additionally, Section D (p. 20) confirms that the Division attempts to make a victim advocate available from a rape crisis center during these investigations.

Provision (b): Youthful Inmates

According to facility records verified by the Auditor through review of the inmate roster, there were no youthful offenders housed at the facility. No individual was found with a birth date later than 2006, confirming all residents were at least 18 years of age at the time of the audit. Nonetheless, the PCM affirmed that, if youthful inmates were ever housed, the same evidence protocol would be applied using developmentally appropriate methods. WVDCR Policy 430.00 (p. 19, Section F) states that all investigations must follow best practices for investigating sexual assault and be guided by the national protocol for forensic medical exams issued by the DOJ Office on Violence Against Women.

Provision (c): Forensic Medical Exams

The PAQ reported zero forensic examinations during the prior twelve months. However, the facility maintains procedures to ensure that any incarcerated individual who experiences sexual abuse has access to forensic medical services at no cost. These examinations are performed by SANE professionals whenever available. If a SANE or SAFE is not available, a physician in an emergency room setting will conduct the exam. This was confirmed by the PCM and is consistent with WVDCR Policy 430.00. Specifically, p. 23, Section B states that all victims of sexual abuse are to be offered access to forensic medical exams, ideally conducted by SAFE/SANE professionals. Additionally, Section I (p. 20) mandates that a victim advocate, agency staff member, or qualified community-based advocate be present during the examination if requested by the victim.

Provision (d): Advocacy Agreements

A formal agreement exists between the WVDCR and the West Virginia Foundation for Rape Information and Services (FRIS), ensuring access to trained victim advocates for any incarcerated person who experiences sexual abuse. This agreement confirms that individuals are supported throughout the forensic examination and investigative processes. WVDCR Policy 430.00 (p. 23, Section D) outlines the agency's obligation to make such advocacy services available.

Provision (e): Advocacy Services During Exams

Reinforcing Provision (d), the FRIS agreement ensures that victim advocates are available upon request to accompany individuals during forensic exams and investigative interviews. This includes providing emotional support, crisis intervention, and informational resources. WVDCR Policy 430.00 (p. 23, Section D) reflects this commitment and outlines the process by which advocates or qualified staff members are made available during these critical interactions.

Provision (f): Coordination with Investigating Agencies

	<p>For allegations of sexual abuse that require criminal investigation, the West Virginia State Police serve as the lead investigative body. WVDCR Policy 430.00 (p. 23, Section D) states that when the agency is not the investigating authority, it will request that the external agency follow the same protocols outlined in WVDCR's PREA standards to ensure consistency and adherence to national best practices.</p> <p>Provision (g): Auditor Responsibility</p> <p>This provision is not applicable to auditor duties and is therefore not subject to review under this section.</p> <p>Provision (h): Access to Victim Advocates</p> <p>As stated in previous provisions, victim advocacy services are readily available to individuals in custody through the longstanding agreement with the West Virginia Foundation for Rape Information and Services. Advocates are specially trained to assist survivors of sexual abuse and are available to provide in-person support throughout all stages of the response and recovery process.</p> <p>CONCLUSION</p> <p>After a detailed review of all available documentation, policy directives, interview responses, and operational practices, the Auditor has determined that the facility is in full compliance with PREA Standard §115.21. Although no forensic medical exams were performed in the past year, the systems and agreements currently in place ensure that any individual in custody who experiences sexual abuse will receive trauma-informed medical care, evidence collection by trained professionals, and access to advocacy services without financial cost. The facility's adherence to a national evidence protocol and commitment to interagency collaboration reflects a well-developed, survivor-centered approach to sexual abuse response and prevention</p>
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115.22	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.22, which requires agencies to ensure that allegations of sexual abuse and sexual harassment are referred for investigation, the Auditor conducted a detailed review of documentation, policies, training records, and interview findings.</p> <p>The following documents were reviewed in support of this standard:</p> <ol style="list-style-type: none"> 1. The facility's completed Pre-Audit Questionnaire (PAQ)

2. West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022
3. Investigative records for reported PREA allegations
4. Training curriculum specific to investigative staff
5. Training records confirming the completion of PREA-specific instruction by designated investigators

WVDCR Policy 430.00 establishes the procedural framework for responding to allegations of sexual abuse and sexual harassment. It outlines the responsibilities of both internal and external investigative entities, including the Criminal Investigations Division (CID) and the West Virginia State Police, depending on the nature of the allegation.

INTERVIEWS

Facility Head

The designee for the Facility Head provided a clear and confident explanation of the agency's expectations regarding the referral and investigation of all PREA allegations. They affirmed that every report of sexual abuse or sexual harassment is treated as a serious matter, triggering immediate action consistent with agency policy and applicable legal standards. Whether an allegation falls under administrative or criminal jurisdiction, it is investigated thoroughly and without delay.

Randomly Selected Staff

Interviews conducted with a cross-section of staff revealed a consistent and accurate understanding of their duty to report any knowledge, suspicion, or disclosure related to sexual abuse or harassment. Staff members unanimously reported that they are required to report such information immediately and, at a minimum, before the conclusion of their shift. This uniform awareness across staff roles and ranks reflects strong training practices and a culture of accountability.

Investigative Staff

Designated investigative staff confirmed that all allegations, regardless of the perceived severity or initial credibility, are formally investigated. Incidents determined to involve potential criminal conduct are referred to the West Virginia State Police, while administrative-level cases are handled by internal facility investigators in accordance with WVDCR policy. Investigators expressed familiarity with the referral process, documentation requirements, and their respective roles in ensuring a trauma-informed and procedurally sound response.

PROVISIONS

Provision (a): Investigative Referrals and Forensic Services

At the time of the on-site audit, facility staff reported a total of 11 allegations of sexual abuse and sexual harassment within the past 12 months.

- SEXUAL ABUSE ALLEGATIONS

- There were eight allegations of sexual abuse reported during the audit period. Of these, five involved inmate-on-inmate conduct. All five were investigated administratively, with two referred for criminal investigation. The outcomes of these inmate-on-inmate cases included two allegations determined to be unsubstantiated and three substantiated. One criminally investigated allegation was referred to the grand jury, but the individual was not indicted. The other two allegations were not referred for prosecution due to the lack of cooperation from the victim.
- The remaining three sexual abuse allegations involved staff-on-inmate conduct. All three were referred for criminal investigation. One of these allegations was substantiated, while the remaining two were unsubstantiated. Prosecution was declined in all three allegations. The staff member involved in the substantiated allegations resigned prior to being terminated from the agency. The staff member has been banned from all agency facilities.
- Medical and mental health services were made available to all victims and perpetrators within 24 hours of the staff becoming aware of the allegation.
- There were no forensic medical examinations conducted during the audit review period; however, the facility maintains a standing arrangement with Welch Community Hospital, located at 454 McDowell Street, Welch, WV, where Sexual Assault Nurse Examiners (SANEs) are available to perform forensic exams as needed.
- All inmates were notified of the result of the investigations.
- All sexual abuse allegations, except those that were determined to be unfounded, had a sexual abuse incident review within 30 days of the end of the investigation.

- SEXUAL HARRASSMENT ALLEGATIONS

- During the same 12-month period, there were three reported allegations of sexual harassment. Two of these involved inmate-on-inmate conduct and were investigated administratively. One of these cases was determined to be unsubstantiated, and the other was deemed unfounded.
- The third sexual harassment allegation involved staff-on-inmate conduct. This case was investigated administratively and determined to be unfounded.
- No forensic medical examinations were conducted during the audit review period; however, the facility maintains a standing arrangement with Welch Community Hospital, located at 454 McDowell Street, Welch, WV, where Sexual Assault Nurse Examiners (SANEs) are available to perform forensic exams as needed.
- All inmates were notified of the results of the investigations.
- Sexual abuse incident review is not necessary in sexual harassment

	<p>cases.</p> <p>Provision (b): Policy on Referral of Criminal Allegations</p> <p>Documentation confirms that the agency enforces a written policy that mandates the referral of all criminal allegations of sexual abuse or sexual harassment to an external investigative body with the appropriate legal authority. Specifically, WVDCR Policy 430.00 (Section VIII, paragraph 4) designates the Criminal Investigations Division (CID) as responsible for referring such allegations and for providing investigative support. This policy is publicly available on the agency's website, ensuring transparency and accessibility: https://dcr.wv.gov/resources/Pages/prea.aspx.</p> <p>The Facility Head's designee confirmed that all referrals to law enforcement are properly documented and tracked for accountability.</p> <p>Provision (c): Division of Investigative Responsibility</p> <p>Consistent with the information provided under Provision (a), administrative investigations remain the responsibility of trained facility staff, while allegations indicating potential criminal conduct are referred directly to the West Virginia State Police. This ensures that each case is addressed by the appropriate investigative authority, aligning with both policy and PREA requirements.</p> <p>Provisions (d) and (e): Not Applicable to Audit</p> <p>These provisions are not applicable for evaluation under this particular standard and were not assessed as part of this audit.</p> <p>CONCLUSION</p> <p>Following a comprehensive review of agency policies, the Pre-Audit Questionnaire, investigative training materials, case documentation, and multiple interviews with facility personnel, the Auditor concludes that the agency and facility are in full compliance with PREA Standard §115.22. The investigative process is supported by clearly articulated policies, consistent staff training, and a demonstrated commitment to ensuring that all allegations are appropriately referred and investigated. The facility's adherence to these protocols reflects an institutional culture of responsiveness, transparency, and survivor-centered care.</p>
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW

As part of the overall compliance assessment, the Auditor conducted a detailed and systematic review of documents related to staff training under the Prison Rape Elimination Act (PREA). The evaluation included the completed Pre-Audit Questionnaire (PAQ), the West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, titled Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, as well as the facility's PREA training curriculum, training sign-in logs, and a cross-section of randomly selected employee training records. These materials were reviewed to determine the thoroughness of training content, frequency of delivery, and adherence to PREA standards across all classifications of staff, volunteers, and contractors with potential contact with incarcerated individuals.

INTERVIEWS

Staff

The Auditor conducted onsite interviews with randomly selected staff members representing various roles within the facility. Without exception, staff confirmed they had received PREA training either upon hire or when the agency implemented the standards. In addition to the initial training, employees reported receiving recurring instruction during annual in-service trainings, which are further reinforced during shift briefings and other professional development activities. All interviewed staff confirmed participation in PREA training sessions held during the 2024 calendar year and expressed confidence in their understanding of how to carry out their responsibilities related to preventing, detecting, and reporting sexual abuse and harassment.

PROVISIONS

Provision (a): Initial Training Requirements

According to the PAQ and corroborating documentation, the agency ensures that all employees who may have contact with incarcerated individuals receive comprehensive training that includes, at minimum, the following core components:

- The agency's zero-tolerance policy toward all forms of sexual abuse and sexual harassment;
- Staff responsibilities in the prevention, detection, reporting, and response to sexual misconduct;
- The right of incarcerated individuals to be free from sexual abuse and harassment;
- The right of staff and individuals in custody to be protected from retaliation for reporting incidents;
- The nature of sexual abuse and harassment dynamics in correctional environments and common responses of victims;
- Techniques for recognizing indicators of potential or actual abuse;
- Appropriate professional boundaries and conduct to prevent inappropriate relationships;
- Effective, respectful communication strategies with all individuals, including

- those who identify as LGBTI or gender nonconforming;
- Applicable laws and policies regarding mandatory reporting to external authorities.
- Each staff member interviewed demonstrated a clear understanding of these key topics and confirmed they had been trained on all ten subject areas outlined in WVDCR

Policy 430.00. The Auditor reviewed the training curriculum and verified that the instructional content thoroughly addressed all required topics, with modules structured for clarity and knowledge retention. Specialized content was incorporated for staff in roles requiring additional or role-specific guidance.

Training records from 44 staff members across various departments were examined. Every file reviewed contained verifiable documentation of completed initial PREA training, including dated certificates of completion and signed acknowledgments confirming the participant's understanding of the material. These records demonstrated compliance with both the standard and agency policy.

WVDCR Policy 430.00 explicitly details staff training obligations. Page 8, Section A, requires all employees, contractors, interns, volunteers, and mentors to receive training on the zero-tolerance policy during orientation or within 30 days of onboarding. Section B outlines the full scope of PREA-related training topics that must be delivered, ensuring a robust, agency-wide approach to education and compliance.

Provision (b): Gender-Responsive Training

In accordance with PREA Standard 115.31(b), the agency ensures that training is tailored to the gender of the population served. The PAQ confirmed, and staff interviews reinforced, that employees assigned to facilities housing individuals of a different gender receive supplemental training prior to engaging with that population.

All interviewed staff affirmed receiving training specific to the gender demographics of the incarcerated individuals in their current facility. The Auditor reviewed gender-responsive materials that addressed critical differences in supervision, communication, and care, with content specifically focused on populations including men, women, transgender, and gender nonconforming individuals. Training also included procedural instruction on cross-gender searches, privacy expectations, and trauma-informed communication.

WVDCR Policy 430.00, page 9, Section D, mandates that PREA training be responsive to the gender of the population served. This requirement helps ensure that staff are not only informed but also sensitive and effective in their interactions with individuals in custody.

Provision (c): Ongoing and Refresher Training

At the time of the audit, the facility employed 113 staff members, of which 67 had been hired within the previous 12 months. The Auditor selected 44 of these staff members for training file review. All reviewed records demonstrated that staff had

	<p>received PREA-related training within the last calendar year.</p> <p>In addition to the formal biennial refresher training provided through the academy, the facility reinforces PREA standards through regular in-service updates, shift change briefings, internal newsletters, and educational materials displayed throughout the facility. This layered training approach supports retention and reinforces key responsibilities.</p> <p>According to the PAQ, the facility's refresher content mirrors that of the initial Basic Academy instruction to maintain continuity. WVDCR Policy 430.00, page 9, Section E, further requires annual refresher training to ensure staff remain informed of evolving practices and changes in policies. Training requirements extend to volunteers and contractors, with their instruction calibrated to reflect their roles and level of contact with individuals in custody.</p> <p>Provision (d): Documentation of Training Completion</p> <p>The facility maintains comprehensive documentation of all staff training. Each training session is followed by staff acknowledgment of receipt and understanding, typically through signed certificates or rosters. The Auditor's review of training files revealed complete and accurate documentation for every PREA training session completed within the prior 12 months.</p> <p>Where formal certificates were not required, training attendance was captured through sign-in sheets and verified against staff rosters. These documents were clearly dated and filed in each employee's training folder. WVDCR Policy 430.00, page 9, Section C, stipulates that Certificates of Understanding be retained for all employees, contractors, and volunteers, with copies submitted to the Office of PREA Compliance for centralized tracking and accountability.</p> <p>CONCLUSION</p> <p>Based on a thorough review of policies, training records, instructional content, and staff interviews, the Auditor concludes that the facility meets the requirements of the PREA standard related to staff training. The training program is structured, comprehensive, and consistently implemented. Employees are clearly informed of their responsibilities under PREA and are provided with the tools and knowledge necessary to uphold a safe, respectful, and abuse-free environment for all individuals within the facility. The Auditor found no areas of noncompliance in this domain.</p>
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW

In evaluating compliance with PREA Standard §115.32 – Training of Volunteers and Contractors, the Auditor conducted an in-depth review of materials submitted prior to the on-site portion of the audit. A central component of 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 serves as the foundational framework for outlining the training expectations for volunteers and contractors who may have contact with individuals in custody.

The policy emphasizes the critical importance of equipping non-facility staff—including volunteers and contract personnel—with the knowledge and tools necessary to prevent, recognize, and report incidents of sexual abuse and sexual harassment. The Auditor also reviewed documentation provided in the Pre-Audit Questionnaire (PAQ), which detailed the training process, curriculum components, and recordkeeping practices maintained by the facility.

INTERVIEWS

Contractor Interviews

During the on-site assessment, contractors interviewed by the Auditor demonstrated a strong understanding of the PREA standards and the agency’s zero-tolerance policy toward all forms of sexual abuse and harassment. Each contractor confirmed that they had completed PREA-specific training that was customized based on their job duties and degree of interaction with incarcerated individuals. When asked to explain how they would respond to witnessing or being informed of a PREA-related incident, contractors accurately outlined their reporting responsibilities and the appropriate internal channels for doing so.

Volunteer Interviews

Volunteers participating in the audit also conveyed a clear grasp of their responsibilities under PREA. Each confirmed receipt of training tailored to their service roles and interactions within the facility. Interviewees could confidently explain the significance of PREA, recognize behaviors that constitute sexual abuse or harassment, and describe the procedures for reporting allegations. Their responses reflected a strong commitment to supporting a safe and respectful facility environment, consistent with agency expectations.

PROVISIONS

Provision (a): Training Requirement

According to the PAQ and corroborating facility documentation, all volunteers and contractors who may have contact with incarcerated individuals are required to receive PREA training that aligns with the agency’s sexual abuse and harassment prevention protocols. The facility reported that, as of the audit period, a total of 29 volunteers and contractors had successfully completed this training. This number was verified through a review of individual training files, each of which included documentation of completed PREA training.

Further, the facility noted that contractors are provided with the same orientation materials that newly hired WVDCR employees receive. This ensures consistency in how PREA principles are communicated and reinforced across all categories of personnel.

WVDCR Policy 430.00 (p. 9, Section E) states:

"The DCR shall provide employees with a yearly refresher to ensure that all employees know the DCR's current sexual harassment policies and procedures. Facilities shall ensure that volunteers and contractors who have contact with offenders have been trained on their responsibilities under the DCR's sexual abuse and sexual harassment prevention, detection, and response policies and procedures."

This policy language reaffirms the agency's commitment to training every individual who has the potential to influence or observe interactions with those in custody.

Provision (b): Tailored Training Content

The agency ensures that the type and extent of PREA training provided to volunteers and contractors is appropriate to the nature of their role and the degree of inmate interaction expected. Interviewees confirmed that their training was aligned with the scope of their responsibilities. They reported being educated on the agency's zero-tolerance policy and were given clear instructions on how to report suspicions or knowledge of abuse.

At a minimum, all training provided to contractors and volunteers covers:

- The agency's zero-tolerance policy for sexual abuse and sexual harassment; and
- Procedures for reporting incidents or suspicions of sexual misconduct.

This tailored training approach ensures that every volunteer or contractor, regardless of role, is prepared to act appropriately and responsibly in upholding PREA standards.

Provision (c): Documentation of Training and Understanding

The agency maintains comprehensive documentation confirming that all contractors and volunteers not only received PREA training, but also understood the material presented. This is accomplished through signed acknowledgment forms or certificates of understanding, which are stored in individual training files. Copies of these documents are also forwarded to the Office of PREA Compliance, in accordance with agency procedures.

WVDCR Policy 430.00 (p. 9, Section C) stipulates:

"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>The Auditor reviewed a representative sample of these forms and verified that the facility maintains complete and accurate records in alignment with this policy.</p> <p>CONCLUSION</p> <p>After a comprehensive review of agency policy, facility documentation, and the results of contractor and volunteer interviews, the Auditor finds the facility to be in full compliance with PREA Standard §115.32 – Training of Volunteers and Contractors. The training process is thorough, well-documented, and appropriately adapted to the level of inmate interaction. Volunteers and contractors demonstrated a strong understanding of the zero-tolerance policy, reporting expectations, and their individual roles in maintaining a safe environment for those in custody. The facility’s proactive and consistent approach to training reflects a clear commitment to upholding PREA’s core principles and fostering a culture of accountability and protection.</p>
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115.33	Inmate education
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>As part of the compliance review for PREA Standard §115.33 – Inmate Education, the Auditor conducted a detailed examination of documents submitted prior to the onsite assessment. These materials included the Pre-Audit Questionnaire (PAQ) and accompanying records provided by the West Virginia Division of Corrections and Rehabilitation (WVDCR). Among the most pertinent documents reviewed were WVDCR Policy 430.00, titled Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022; the agency’s PREA Education Brochure available in both English and Spanish; and educational materials distributed during the intake and orientation processes.</p> <p>OBSERVATIONS</p> <p>During the facility walkthrough, the Auditor observed a consistent and visible presence of PREA-related information displayed in all housing units and throughout communal areas. Signage was prominently posted in multiple locations, ensuring continued access to educational material. Posters, brochures, and other educational tools were provided in both English and Spanish, supporting language access and reinforcing key messages of the agency’s zero-tolerance stance on sexual abuse and harassment. Orientation materials were readily available, and their accessibility to the population was evident during the tour.</p> <p>INTERVIEWS</p>

Intake Staff

Interviews conducted with intake personnel confirmed that every individual entering the facility is provided with an Admission and Orientation (A&O) Handbook upon arrival. Staff explained that individuals are required to sign an acknowledgment form confirming receipt of this information, and this documentation is subsequently placed in their institutional files.

Randomly Selected Inmates

Interviews with a random sample of incarcerated individuals validated that PREA education is provided during the intake process. All individuals interviewed stated that they received information about the agency's zero-tolerance policy toward sexual abuse and sexual harassment and were clearly informed about available methods for reporting concerns or incidents. The consistency of these responses indicated a well-established and effective intake education process.

PROVISIONS

Provision (a):

According to the PAQ and corroborated through staff interviews, all individuals entering the facility are provided with PREA-related information during the intake process. This initial education includes an overview of the WVDCR's zero-tolerance policy, instructions on how to report incidents or suspicions of sexual abuse or harassment, and their right to live free from such harm. Intake education serves as an immediate safeguard, ensuring individuals are informed even before being placed into housing units.

The PAQ reports that 272 individuals were admitted during the 12-month review period, with all 272 receiving intake-level PREA education. This was further supported by interviews with 29 randomly selected individuals in custody, all of whom confirmed receiving education within 24 hours or less. Additionally, the Auditor reviewed 40 institutional files, each of which contained documentation verifying timely receipt of PREA information.

These practices align with WVDCR Policy 430.00 (p. 10, IV, A), which requires that all individuals receive age-appropriate, understandable education at intake and, if applicable, annually thereafter.

Provision (b):

The PAQ indicates that 100% of the 272 individuals admitted and housed for longer than 30 days received the full PREA education program. The comprehensive education sessions covered essential topics, including:

- The agency's zero-tolerance policy regarding sexual abuse and harassment
- Multiple methods for reporting incidents or concerns
- The right to be free from sexual victimization and retaliation

- The investigative process and protection from retaliation
- Strategies to reduce risk and avoid victimization
- A general overview of agency policies and expectations

Staff interviews confirmed that individuals are also informed during orientation that housing areas are staffed by both male and female correctional professionals, and that protections exist for those who report abuse or harassment.

Provision (c):

Documentation confirms that 100% of the 272 individuals received the comprehensive education program within the required 30-day timeframe. Intake staff reiterated that individuals are provided PREA education materials prior to their assignment to housing units, regardless of whether they are new to the facility or arriving as transfers.

According to Policy 430.00 (p. 11, IV, B), education is required with each transfer to a new facility and must include the provision of the handbook and formal instruction.

Provision (d):

PREA education is designed to be accessible to all individuals, including those with disabilities, limited English proficiency, or cognitive or developmental challenges. The PAQ and interviews confirm that the facility provides necessary accommodations to ensure understanding and access.

Limited English Proficiency: Materials are available in both English and Spanish. Additional translation services are available through the Language Line, which includes

American Sign Language (ASL) interpretation.

Hearing Impaired Individuals: Education is provided via visual media, written materials, and video remote ASL interpretation.

Visually Impaired Individuals: Staff deliver education through verbal explanation, recorded audio, or Braille materials.

Cognitive Impairments or Limited Literacy: Staff use simplified language, repetition, and supportive audio/visual tools to ensure comprehension.

Policy 430.00 (p. 10, IV, A) mandates that information be communicated in a manner that individuals can understand, utilizing written, verbal, and alternative formats as appropriate.

Provision (e):

The facility maintains complete records of all PREA education delivered. The Auditor verified 40 randomly selected files, each of which included signed documentation indicating that both the intake and 30-day comprehensive education were

	<p>administered. Although the policy allows up to 30 days for the delivery of full education, the facility consistently provides it well in advance.</p> <p>WVDCR Policy 430.00 (p. 7, N) emphasizes the importance of adapting educational content for individuals with special needs and making PREA information continuously available throughout the facility.</p> <p>Provision (f):</p> <p>PREA-related information remains readily accessible to all individuals in custody. The PAQ and facility tour confirmed that essential information is displayed through posters, brochures, and the inmate handbook. These resources are placed in housing units, dayrooms, and other communal spaces to allow ongoing access to education and reporting procedures.</p> <p>CONCLUSION</p> <p>Following a detailed review of policy documents, facility practices, file audits, onsite observations, and interviews with both staff and incarcerated individuals, the Auditor concludes that the facility exceeds expectations in meeting the requirements of PREA Standard §115.33 – Inmate Education. Each of the six provisions is actively enforced, consistently documented, and tailored to the needs of a diverse population. The agency has demonstrated a strong, proactive commitment to ensuring that every individual is informed of their rights, understands how to report concerns, and is empowered with the knowledge necessary to remain safe while in custody.</p>
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115.34	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>To evaluate the facility’s compliance with PREA Standard §115.34 – Specialized Training: Investigations, the Auditor undertook an in-depth review of all relevant documentation submitted prior to and during the onsite audit. The materials reviewed included:</p> <ul style="list-style-type: none"> • The Pre-Audit Questionnaire (PAQ) and all associated supporting documents; • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022;

- Investigator-specific training records, including certificates of completion, attendance rosters, and documentation of participation in both general PREA training and advanced investigative instruction;
- The agency's specialized training curriculum for investigators, which outlines required competencies for conducting sexual abuse and harassment investigations in correctional settings.

The documentation review established a comprehensive understanding of the agency's expectations, processes, and training standards for investigative staff. The Auditor found that the materials provided a solid foundation for assessing adherence to the standard and evaluating the preparedness of investigative personnel.

INTERVIEWS

Investigative Staff

During the onsite portion of the audit, the Auditor interviewed staff members assigned to conduct investigations into allegations of sexual abuse and sexual harassment within the facility. These personnel confirmed they had completed the general PREA training required of all staff, in addition to specialized instruction tailored specifically for investigative roles.

Interviewees demonstrated a strong grasp of the core concepts outlined in the standard. They spoke confidently about employing trauma-informed interviewing techniques, and they displayed clear knowledge of the appropriate use of Miranda and Garrity warnings. Investigators were also able to explain the evidentiary standards necessary to substantiate both administrative and criminal findings and described proper methods for collecting and preserving physical and testimonial evidence within a secure facility.

These interviews affirmed that investigative staff are well-prepared to carry out their responsibilities in accordance with PREA standards and agency policy, with professionalism, empathy, and legal precision.

PROVISIONS

Provision (a): Specialized Investigator Training

The facility reported via the PAQ that all individuals assigned to investigate sexual abuse or sexual harassment incidents had completed specialized training that extends beyond the general PREA instruction provided to all facility staff. This training addresses the unique challenges associated with investigations in a custodial setting.

The Auditor verified compliance by examining supporting documentation such as training certificates, sign-in logs, and curriculum materials. The review confirmed that all designated investigative personnel had completed the specialized training as required by WVDCR Policy 430.00 and PREA Standard §115.34(a).

As detailed in Policy 430.00 (dated October 7, 2022, pp. 9-10, Section F), all WVDCR

investigators are required to complete specialized training administered by the Corrections Investigation Division (CID). The policy mandates that this training be documented in each investigator's personnel file and that a copy be forwarded to the Office of PREA Compliance. The training curriculum includes:

- Trauma-informed techniques for interviewing individuals who may have experienced sexual abuse;
- Proper administration and legal implications of Miranda and Garrity warnings;
- Evidence collection methods tailored to secure institutional environments;
- Evidentiary thresholds for substantiating administrative and criminal cases.

This policy framework ensures investigators possess the necessary skills to conduct investigations that are thorough, legally compliant, and sensitive to the needs of all parties involved.

Provision (b): Training Curriculum Content

The PAQ affirmed, and the Auditor confirmed, that the content of the specialized investigator training addresses all elements required by the standard. A review of the training curriculum showed comprehensive coverage in the following areas:

- Best practices for conducting trauma-informed interviews with victims of sexual abuse;
- Legal instruction on the use and scope of Miranda and Garrity warnings in correctional investigations;
- Methods for the appropriate identification, documentation, and preservation of physical and testimonial evidence in a correctional setting;
- Criteria for determining substantiation in both administrative and criminal contexts.

The training program demonstrates alignment with current correctional investigation standards and equips staff with essential competencies necessary to perform their duties effectively and in full compliance with PREA.

Provision (c): Documentation of Completion

To meet the requirements of this provision, facilities must maintain documentation verifying that each investigator has completed the specialized training. During the audit, the Auditor reviewed a sample of investigator training files. Each file included certificates of completion, sign-in sheets, and formal acknowledgments of curriculum review.

This documentation clearly demonstrates that the agency maintains a robust tracking system to ensure that investigative personnel are trained in accordance with federal standards and agency policy.

Further, WVDCR Policy 430.00 (p. 9, Section C) requires that all training be documented with a Certificate of Understanding, which confirms that staff,

	<p>volunteers, and contractors have not only completed but comprehended the training. These certificates are retained in the individual's training record and shared with the Office of PREA Compliance.</p> <p>Provision (d): Not Applicable</p> <p>This provision is not applicable to the agency or facility and was not evaluated as part of this audit.</p> <p>CONCLUSION</p> <p>Based on the comprehensive review of policies, training curricula, documentation, and staff interviews, the Auditor concludes that the agency is in full compliance with PREA Standard §115.34 – Specialized Training: Investigations.</p> <p>All personnel responsible for investigating allegations of sexual abuse or sexual harassment have received the required specialized training. The curriculum is detailed and correctional-specific, ensuring that staff are well-equipped to handle investigations with professionalism, legal integrity, and a trauma-informed approach.</p> <p>The agency's training program reflects a strong commitment to maintaining investigative integrity, ensuring that allegations are handled thoroughly and responsibly. This preparation not only meets the expectations of PREA but also promotes a culture of safety, accountability, and zero tolerance for sexual misconduct across the facility.</p>
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115.35	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>To evaluate the facility's compliance with PREA Standard §115.35 – Specialized Training: Medical and Mental Health Care, the Auditor conducted a thorough and detailed review of multiple source materials. These included:</p> <ul style="list-style-type: none"> • The facility's completed Pre-Audit Questionnaire (PAQ) and all accompanying documentation submitted for review; • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance, most recently revised on October 7, 2022; <p>The specialized training curriculum developed for medical and mental health care</p>

<p>professionals, which outlines the scope, content, and delivery format of the required training;</p> <ul style="list-style-type: none">• Training records, attendance logs, and certification documents for both agency-employed and contract medical and mental health personnel assigned to the facility. <p>These materials formed the foundation for assessing the extent to which the agency fulfills the requirements of this standard, particularly regarding the delivery and documentation of specialized PREA training for healthcare practitioners.</p> <p>INTERVIEWS</p> <p>Medical and Mental Health Care Personnel</p> <p>During the onsite audit, the Auditor conducted individual interviews with several medical and mental health professionals currently serving at the facility. Each individual affirmed that they had completed both the agency’s general PREA training and the specialized instruction mandated for healthcare providers who may have contact with individuals who disclose sexual abuse or harassment.</p> <p>Staff demonstrated a strong understanding of their obligations under the PREA standard. They were able to articulate appropriate steps for responding to disclosures of sexual abuse, including how to preserve physical evidence, protect the rights and well-being of the individual, and follow mandatory reporting protocols. The interviews reflected a high level of awareness and confidence in responding effectively and sensitively to such incidents.</p> <p>PROVISIONS</p> <p>Provision (a): Specialized Training for Medical and Mental Health Practitioners</p> <p>According to the PAQ and corroborated by supporting documentation, the agency has established clear policies and practices that require all full-time, part-time, and contract medical and mental health staff working in WVDCR facilities to complete specialized PREA training. This instruction equips practitioners with the knowledge and tools needed to respond professionally and compassionately to individuals who have experienced sexual abuse or harassment.</p> <p>At the time of the onsite review, 23 medical and mental health professionals were regularly assigned to the facility. Documentation reviewed by the Auditor confirmed that all individuals had successfully completed the required training in accordance with agency policy and within designated timeframes.</p> <p>WVDCR Policy 430.00 (Section G, page 10) mandates that all medical and mental health practitioners—regardless of employment status—receive specialized PREA training either upon hire or within 30 days of assignment to the facility. The policy outlines the following minimum training components:</p>

- Techniques for identifying and preserving forensic evidence following a report of sexual abuse;
- Strategies for providing trauma-informed, victim-centered care and responding appropriately to disclosures of abuse or harassment;
- Clear instruction on reporting procedures, including internal reporting channels and notification requirements;
- An overview of staff responsibilities related to safety, confidentiality, and support of survivors.

The policy also explicitly states that contract healthcare providers are not authorized to conduct forensic medical exams, ensuring that such examinations are performed solely by trained forensic professionals external to the facility.

Provision (b): Forensic Examinations

This provision does not apply to this facility. Under WVDCR policy, medical personnel assigned to the facility are not permitted to perform forensic medical examinations in cases of alleged sexual abuse. Instead, individuals requiring such services are referred to external healthcare providers who are specially trained and credentialed in forensic evidence collection and sexual assault examination protocols.

Provision (c): Documentation of Training Completion

The agency maintains comprehensive and organized records verifying that all healthcare personnel have completed both general and specialized PREA training. The Auditor reviewed a sample of personnel files, which contained signed attendance sheets, training acknowledgments, and certificates of completion. Additionally, interviewees consistently recalled attending the training and were able to describe key concepts and takeaways, affirming the effectiveness of the instruction.

Provision (d): General PREA Training for Medical and Mental Health Staff

In addition to the specialized instruction detailed in Provision (a), all medical and mental health care professionals are required to complete the general PREA training that is mandated for all employees, contractors, and volunteers. This ensures a baseline understanding of the agency's zero-tolerance policy, the rights of individuals in custody, and the mechanisms available for reporting and responding to incidents of sexual misconduct.

The Auditor examined orientation materials, training logs, and sign-in sheets related to this general instruction. These materials aligned with WVDCR policy and confirmed that all medical and mental health staff—regardless of employment classification—received the full scope of PREA training required by the standard.

CONCLUSION

Following a comprehensive review of training policies, staff interviews, instructional content, and documentation of training completion, the Auditor finds that the facility is in full compliance with PREA Standard §115.35 – Specialized Training: Medical and

	<p>Mental Health Care.</p> <p>The agency has developed and implemented a well-structured, timely, and effective training program that reflects national best practices in correctional healthcare. All medical and mental health personnel have received the necessary instruction to carry out their responsibilities with professionalism, competence, and sensitivity. The prohibition on facility-based forensic exams is clearly established and consistently applied, further ensuring compliance.</p> <p>The Auditor commends the agency for its commitment to equipping healthcare professionals with the skills and knowledge required to support survivors of sexual abuse, protect the integrity of investigations, and uphold the rights and safety of those in custody. The training framework in place demonstrates a proactive and thoughtful approach to PREA compliance across all levels of healthcare service delivery within the facility.</p>
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.41 – Screening for Risk of Victimization and Abusiveness, the Auditor conducted a thorough review of the following documentation provided by the West Virginia Division of Corrections and Rehabilitation (WVDCR):</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and associated supporting materials 2. WVDCR Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance, effective October 7, 2022 3. WVDCR Policy 401.13 – Special Attention & Special Needs Alerts, effective August 29, 2022 4. Risk Screening Instrument (PREA Manual Attachment 3DCR) 5. 30-Day Risk Reassessment Instrument <p>These documents outline the agency’s procedures and timelines for conducting risk assessments related to sexual victimization and abusiveness, as well as the protocols in place for reassessments based on new or evolving information.</p> <p>OBSERVATIONS</p> <p>During the on-site audit, the Auditor held informal, yet informative, discussions with intake, classification, mental health, and custody staff. These conversations provided</p>

practical insight into how screening policies are operationalized within the facility setting, and how staff apply professional judgment while adhering to standardized risk screening protocols.

INTERVIEWS

PREA Director of Compliance (DPC)

The Director of PREA Compliance confirmed that access to risk screening data is strictly limited to staff with a legitimate need to know, such as mental health professionals, medical personnel, classification officers, and the facility's PREA Compliance Manager (PCM). This information is used exclusively to guide decisions about inmate housing, security classification, supervision levels, program eligibility, and work assignments. The DPC also affirmed that WVDCR does not detain individuals for civil immigration purposes.

Risk Screening Staff

Staff responsible for conducting PREA risk screenings reported that all individuals entering the facility are screened within 24 hours of intake. The assessment process considers numerous factors, including prior experiences of sexual victimization or perpetration, institutional behavior history, conviction for violent offenses, age, physical size, gender identity, sexual orientation, and any self-reported or observable indicators of vulnerability.

Reassessments are conducted at the 30-day mark, or sooner if there is a return to custody, a new PREA-related allegation, or receipt of information suggesting a change in risk status. Transgender individuals are reassessed every six months in accordance with agency policy. Staff emphasized that individuals are never penalized for declining to answer screening questions; efforts are made to engage and inform them about the process, but participation is voluntary.

PREA Compliance Manager (PCM)

The PCM explained that the goal of the screening process is to proactively identify those at increased risk of sexual abuse or who may pose a threat to others. Information gathered during the screening is used to make individualized, safety-driven decisions about housing, programming, and supervision. The PCM reiterated that access to this data is limited to those whose roles necessitate it, ensuring privacy and confidentiality are preserved.

Random Inmates

Inmates selected at random for interviews confirmed that they were asked questions about their safety concerns, prior victimization, mental health status, sexual orientation, and gender identity shortly after admission. Most recalled being screened within the first 72 hours and receiving a follow-up screening within approximately 30 days. Inmates reported that the screenings were conducted respectfully and confidentially.

PROVISIONS

Provision (a)

The PAQ and staff interviews confirmed that every individual entering the facility undergoes an intake screening using a standardized, objective assessment tool designed to identify those at risk of victimization or abusiveness. This process is conducted in private and considers a wide array of risk factors.

Policy Reference: WVDCR Policy 430.00, Sections V.A and V.C require private screenings at intake and transfer, using an objective tool addressing 10 risk factors, including age, gender identity, prior abuse, perceived vulnerability, and physical characteristics.

Policy Reference: WVDCR Policy 401.13, Section I mandates alerts in the Offender Information System (OIS) for individuals identified through screening as needing special attention.

Provision (b)

The PAQ documents that 100% of inmates (272 total) were screened within 72 hours of intake over the past 12 months. Facility practice supports this timeframe.

Policy Reference: WVDCR Policy 430.00, Section V.B.1 requires screenings within 72 hours.

Provision (c)

The facility utilizes a validated, objective screening instrument—PREA Manual Attachment 3DCR. Reassessments occur within 30 days of intake.

Provision (d)

The instrument addresses a comprehensive set of risk indicators, including physical, developmental, and mental disabilities, age, physical stature, incarceration history, past convictions, LGBTI status, and prior sexual victimization or aggressiveness.

Provision (e)

Agency staff rely on available records and disclosures to determine prior acts of sexual abuse or assaultive conduct. These are included in the screening criteria.

Provision (f)

Staff confirmed that reassessments are routinely completed within 30 days of intake and as new information arises.

Policy Reference: WVDCR Policy 430.00, Section V.G details reassessment guidelines, specifying the incorporation of new records, mental health and medical evaluations, and interviews.

Provision (g)

	<p>Triggers for reassessment include inmate requests, incident reports, allegations of sexual abuse, changes in behavior, or other significant developments.</p> <p>Policy Reference: WVDCR Policy 430.00, Sections V.B.2-4 and V.G outline these criteria clearly.</p> <p>Provision (h)</p> <p>Inmates are not subject to discipline for opting out of screening questions. When necessary, staff make housing and supervision decisions based on the available information.</p> <p>Policy Reference: WVDCR Policy 430.00, Section V.F protects inmates from disciplinary action related to non-responsiveness.</p> <p>Provision (i)</p> <p>The PAQ confirms that all inmates with stays longer than 30 days were reassessed based on new or additional information. Confidentiality protocols are in place to limit data sharing to authorized personnel only.</p> <p>Policy Reference: WVDCR Policy 430.00, Section V.F also reinforces limitations on disclosing sensitive information.</p> <p>CONCLUSION</p> <p>Following a detailed review of all relevant documentation, direct interviews with agency leadership, staff, and inmates, as well as on-site observations of intake and classification procedures, the Auditor concludes that the facility is in full compliance with PREA Standard §115.41 – Screening for Risk of Victimization and Abusiveness. The facility has implemented comprehensive screening protocols that are consistently applied and supported by policy, staff training, and internal monitoring.</p>
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115.42 Use of screening information	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.42 – Use of Screening Information, the Auditor conducted a thorough analysis of the following documentation provided by the facility:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and associated attachments 2. West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022

3. Individual inmate records reflecting current housing and programmatic placements
4. The facility's full inmate roster, used to verify the absence of designated housing units for LGBTI individuals
5. Notes and transcripts from interviews with the Director of PREA Compliance (DPC), PREA Compliance Manager (PCM), designated risk screening personnel, and a transgender individual currently residing in general population

This review enabled the Auditor to assess how screening information is actively utilized to inform housing, program, work, and educational placements, with an emphasis on individual safety, dignity, and PREA compliance.

INTERVIEWS

Director of PREA Compliance (DPC)

The DPC explained that while the legal sex designation is recorded during the intake process, housing and programmatic decisions are not determined solely by that classification. Instead, the agency employs a case-by-case approach that prioritizes the health and safety of each individual. Input from transgender and intersex individuals regarding their personal safety is treated as vital and influential in the final determination.

Regular reassessments of housing and program placements for transgender and intersex individuals occur at least every six months, or sooner if incidents or safety concerns arise. The DPC confirmed that the agency does not operate housing units specifically for LGBTI individuals, and separation decisions are based strictly on individualized risk factors, not identity alone.

Risk Screening Staff

Personnel involved in the PREA screening process affirmed that the classification of transgender and intersex individuals is always approached individually. Staff rely on validated assessment tools, interviews, behavioral history, and open dialogue with the inmate to develop a comprehensive safety profile. Inmates' self-reported safety concerns are formally documented and actively shape placement outcomes. Staff also reaffirmed that reassessments take place biannually or in response to incidents.

PREA Compliance Manager (PCM)

The PCM offered further insight into the practical application of screening information, highlighting that classification results directly affect housing, programming, work assignments, and education placement. The facility prioritizes keeping those vulnerable to sexual victimization separated from those considered high risk for predatory behavior. According to the PCM, the views of transgender and intersex individuals regarding their own safety are central to decision-making.

Transgender Inmate

The Auditor interviewed a transgender individual currently housed within general population. This person confirmed never having been housed in a separate or dedicated unit for transgender individuals. They expressed satisfaction with current accommodations, including access to private showering options. A review of the inmate roster confirmed their integration into general population housing.

PROVISIONS

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

According to the PAQ and corroborated by staff interviews, the facility utilizes screening results to inform individualized decisions around housing, work details, education, and program assignments. This process ensures vulnerable individuals are appropriately separated from those assessed as potentially abusive.

Verified in: WVDCR Policy 430.00, Section I (p. 14) – outlines mandatory use of screening data for individualized placement decisions.

Provision (b): Individualized Determinations

The facility makes placement decisions through a highly individualized process that incorporates assessment outcomes and inmate interviews. Staff consistently apply this practice to promote safety across the population.

Verified in: Risk screening staff interviews and PAQ responses.

Provision (c): Placement of Transgender and Intersex Individuals

Transgender and intersex individuals are not automatically housed based on biological or legal sex. Instead, WVDCR staff evaluate the unique needs of each person to ensure appropriate placement. Their health, safety, and dignity are prioritized while avoiding unnecessary operational challenges.

Verified in: WVDCR Policy 430.00, Section K (p. 14) – affirms that case-by-case determinations guide placement, with focus on the safety and well-being of the individual.

Provision (d): Regular Reassessments

Reassessments for transgender and intersex inmates are conducted at least every six months or sooner if warranted by specific events or safety concerns. This ongoing evaluation helps maintain appropriate and secure placements.

Verified in: WVDCR Policy 430.00, Section L (p. 14)

Interview confirmations from risk screening staff and the transgender inmate

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

The facility places significant emphasis on each transgender or intersex inmate's self-reported concerns regarding their safety. These concerns are carefully reviewed and

	<p>have meaningful impact on housing and program decisions.</p> <p>Verified in: WVDCR Policy 430.00, Section L (p. 14) – explicitly states that the inmate’s own views are integral to placement decisions</p> <p>Confirmed through interviews with staff and the transgender inmate</p> <p>Provision (f): Shower Privacy for Transgender and Intersex Individuals</p> <p>All transgender and intersex individuals are offered separate showering accommodations upon request. Staff routinely make arrangements for alternate shower times or provide access to privacy-equipped facilities. Housing units are outfitted with shower stalls that enhance individual privacy.</p> <p>Verified in: WVDCR Policy 430.00, Section L (p. 14)</p> <p>Interviews with staff and the transgender inmate, who expressed satisfaction with the accommodations provided</p> <p>Provision (g): Prohibition on Segregated Housing Based on Identity Alone</p> <p>WVDCR does not operate, nor does it assign individuals to, dedicated units for LGBTI individuals based solely on their sexual orientation or gender identity.</p> <p>Placement is based solely on legitimate, documented safety concerns and not generalized identity categories.</p> <p>Verified in: WVDCR Policy 430.00, Section L (p. 14)</p> <p>Inmate roster and interview verification confirm that transgender individuals are housed in general population</p> <p>CONCLUSION</p> <p>After a detailed examination of documentation, interviews, and current practices, the Auditor finds the West Virginia Division of Corrections and Rehabilitation to be in full compliance with PREA Standard §115.42 – Use of Screening Information.</p> <p>The facility demonstrates a clear commitment to individualized assessment and responsible use of screening data to promote safety, respect, and equity. Housing and program placements are made using a comprehensive, person-centered approach—particularly for transgender and intersex individuals, whose safety concerns are given substantial and documented consideration. Routine reassessments, privacy accommodations, and a strict policy against segregation based solely on LGBTI status collectively affirm the agency’s dedication to PREA compliance and the protection of all individuals in custody.</p>
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

As part of the comprehensive compliance assessment, the Auditor conducted a meticulous review of the Pre-Audit Questionnaire (PAQ) and all relevant supporting documentation submitted by the West Virginia Division of Corrections and Rehabilitation (WVDCR). Central to this review was WVDCR Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022. This policy establishes the agency's protocols and safeguards to protect incarcerated individuals from sexual abuse, with particular emphasis on the limited and appropriate use of involuntary segregated housing for protective purposes.

INTERVIEWS

Facility Head or Designee

During the interview process, the Facility Head confirmed that any placement in segregated housing—whether for disciplinary, administrative, or protective purposes—is subject to formal documentation and a periodic review process. Each case is re-evaluated at least every thirty (30) days to assess whether continued segregation is justified and remains the least restrictive means necessary to ensure safety.

Staff Assigned to Segregated Housing

Staff members assigned to oversee segregated housing units reported, both in formal interviews and informal discussions, that there had been no known instances within the past year of individuals being involuntarily segregated as a result of sexual abuse or retaliation. Staff demonstrated awareness of PREA standards and expressed confidence in their ability to respond appropriately should such a situation arise.

Inmates in Segregated Housing

At the time of the onsite audit, no individuals were housed in segregation as a result of alleged sexual abuse or for protective custody purposes. Those in segregated housing were there due to administrative concerns such as classification status or institutional safety, or because of disciplinary sanctions. No cases were identified that required interviews specific to sexual victimization-related segregation.

PREA Compliance Manager (PCM)

The facility's PREA Compliance Manager confirmed that no individuals had been placed in involuntary segregated housing for protective reasons related to sexual victimization or risk thereof in the previous twelve months. The PCM further emphasized that all housing decisions are continuously monitored to ensure alignment with PREA requirements, and alternative housing options are thoroughly evaluated before any use of involuntary segregation is considered.

PROVISIONS

Provision (a)

The PAQ indicates, and interviews confirmed, that the agency's policies strictly prohibit the placement of individuals at high risk of sexual victimization into involuntary segregated housing unless no other viable housing options exist. The use of such housing is reserved for exceptional situations and is never implemented as a default response. No individuals were placed in involuntary segregation under this provision during the past year.

Relevant Policy: WVDCR Policy 430.00, PREA Compliance, p. 14, Section M, affirms that individuals assessed to be at high risk for sexual victimization may only be placed in segregated housing if alternative options are unavailable. If an immediate assessment cannot be completed, a temporary placement in segregation may occur, not to exceed 24 hours.

Provision (b)

The agency asserts, as reflected in the PAQ, that if involuntary segregated housing is deemed necessary for protective reasons, the affected individual is still provided access to programs, privileges, educational services, and work assignments whenever feasible. The Facility Head confirmed this during the interview and stated that any restrictions are documented in writing, including the reason for the limitation and its expected duration.

Relevant Policy: WVDCR Policy 430.00, PREA Compliance, p. 15, Section O, outlines that individuals placed in protective segregation are to receive as much access as possible to the same opportunities available to the general population. If any restrictions occur, documentation is required. Such placements should not exceed 30 days without a documented justification and the Superintendent's approval within 72 hours.

Provision (c)

There were no instances within the past twelve months where an individual at high risk for sexual victimization was held in involuntary segregation for more than 30 days while awaiting alternative placement. This information, originally detailed in the PAQ, was validated through interviews with the PREA Compliance Manager and other key staff.

Provision (d)

The PAQ also reflected that no individual was placed in involuntary segregation beyond 30 days as a safety measure related to sexual victimization concerns. Staff members assigned to segregated housing were consistent in their accounts and confirmed that no such cases occurred during the review period. Accordingly, no incarcerated persons met the criteria for interviews related to this provision.

Relevant Policy: WVDCR Policy 430.00, PREA Compliance, pp. 14-15, Section N, Subsections 1-3, requires that any involuntary placement be accompanied by clear documentation that includes:

	<ul style="list-style-type: none"> • The nature of the specific safety threat; • A summary of alternative options considered; and • A rationale explaining why no alternatives were deemed sufficient. <p>Provision (e)</p> <p>The agency, through the PAQ and corroborated by the PCM, reported that no individuals were placed in protective segregation under this provision during the review period. As no qualifying placements occurred, no interviews were conducted under this standard.</p> <p>Relevant Policy: WVDCR Policy 430.00, PREA Compliance, p. 15, Section O, reiterates that protective custody placements must not restrict access to programs, education, and work unless absolutely necessary. All restrictions must be documented, and placements should not last beyond 30 days without Superintendent-approved justification. The PREA Compliance Manager must be notified of such placements within 24 hours, and 30-day reassessments are mandated to ensure continued necessity.</p> <p>CONCLUSIONS</p> <p>After a thorough and multi-faceted evaluation of the Pre-Audit Questionnaire, facility records, agency policies, and interviews with facility leadership, line staff, and the PREA Compliance Manager, the Auditor finds the facility to be in full compliance with all PREA standards related to the use of segregated housing for protective custody. The evidence demonstrates that the agency has implemented strict safeguards to ensure that involuntary segregation is used only as a measure of last resort and that individuals placed under such conditions continue to receive essential services, opportunities, and dignity in accordance with the federal PREA standards.</p>
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115.51	Inmate reporting
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>In preparation for the PREA audit, the Auditor conducted a thorough and systematic examination of documentation submitted by the West Virginia Division of Corrections and Rehabilitation (WVDCR). This review included the agency's completed Pre-Audit Questionnaire (PAQ), along with key policy materials such as WVDCR Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022. Additional documentation included facility-specific orientation resources designed to educate individuals in custody about their rights and reporting options, which were available</p>

in both English and Spanish to ensure linguistic accessibility.

A critical component of the documentation review was the formal Memorandum of Understanding between WVDCR and the West Virginia Foundation for Rape Information and Services (WV FRIS). This partnership ensures that individuals in custody have confidential access to trained victim advocates, providing them with essential emotional support and crisis intervention services.

OBSERVATIONS

During the onsite portion of the audit, the Auditor observed that PREA-related materials were posted in clear view throughout the facility. These materials were presented in English and Spanish and were displayed in locations frequently accessed by incarcerated individuals, including housing units, dayrooms, corridors, intake areas, visitation spaces, and the dining hall. The postings outlined individuals' rights, how to report incidents, and contact information for internal and external reporting entities.

The Auditor also conducted spot checks of inmate telephones across various housing units. All telephones were functional, and their locations ensured accessible and relatively private communication. Incarcerated persons could use the phones to place unrestricted calls, including calls to external advocacy services through the WV Fusion Center. Phone numbers were posted clearly, and the dialing process was straightforward, ensuring usability by all individuals regardless of technological familiarity.

INTERVIEWS

PREA Compliance Manager (PCM)

The facility's PREA Compliance Manager confirmed that individuals in custody are provided with multiple avenues to report sexual abuse, sexual harassment, retaliation, or staff misconduct. These options include internal reporting (such as to any staff member, the PCM, or the State PREA Director) and external reporting through WV Fusion Center. The PCM emphasized that confidentiality and accessibility are central to the agency's approach. Incarcerated individuals are not restricted to internal channels—they may report to family members, legal representatives, or outside organizations at any time.

Random Staff

Interviews with randomly selected line staff confirmed a consistent and comprehensive understanding of their responsibilities related to PREA reporting. Staff reported that if they received a disclosure of sexual abuse or harassment, they would act without delay—separating the involved individuals, notifying a supervisor, preserving potential evidence, and initiating the reporting process. Staff also confirmed that they are trained to accept allegations via multiple channels, including verbal disclosures, written notes, anonymous submissions, and third-party reports.

Staff were equally aware that they, too, have confidential methods available to report

concerns about sexual abuse or misconduct. These methods include directly contacting the facility's PCM, the State PREA Director, or utilizing the external support services provided by WV FRIS.

Random Inmates

Interviews with incarcerated persons revealed a strong awareness of their rights and the available reporting methods. Interviewees described a variety of options for making reports, such as speaking directly with staff, by dialing #01 from any inmate phone for calls routed through the WV Fusion Center, writing to the State PREA Director, or asking a trusted friend or family member to report on their behalf. Several individuals expressed a preference for speaking to a staff member first, citing trust in specific personnel.

There was widespread recognition of WV FRIS as an external advocacy group offering emotional support and counseling services. Incarcerated persons were aware that their conversations with WV FRIS could remain confidential, and they viewed the organization as a safe and trusted resource.

PROVISIONS

Provision (a):

The PAQ, as well as corroborating interviews and documents, confirm that the facility offers multiple accessible and confidential avenues for individuals in custody to report incidents of sexual abuse, sexual harassment, retaliation for reporting, or staff misconduct. These avenues include internal routes, such as staff and administrative contacts, and external options, such as calls routed through the WV Fusion Center, by dialing #01 from any inmate telephone phone.

Relevant Policy: WVDCR Policy 430.00, PREA Compliance, Section VI.A (page 15), establishes that all individuals in custody are to be afforded multiple opportunities—both internal and external—to confidentially report allegations of sexual victimization or related staff misconduct.

Provision (b):

The agency has implemented at least one external reporting mechanism that is independent from the Department of Corrections and Rehabilitation. WV Fusion Center serves this role by offering confidential, toll-free communication. Although phone calls are recorded and monitored for quality assurance, individuals may request anonymity when contacting the agency.

Relevant Policy: WVDCR Policy 430.00, Section VI.A (page 15), confirms that the department shall maintain an external reporting system through which individuals can report sexual abuse and harassment confidentially and independently. This system must allow for prompt notification to appropriate DCR officials, while preserving the reporting individual's privacy when requested.

Provision (c):

	<p>Staff are trained and required to accept reports of sexual abuse or harassment through all available methods, including verbal disclosures, written reports, anonymous tips, and third-party communications. Interviewed staff were well-versed in these requirements and consistently stated their obligation to act immediately upon receiving any allegation.</p> <p>Relevant Policy: WVDCR Policy 430.00, Section VI.B (page 15), designates all staff, contractors, volunteers, and interns as mandatory reporters. The policy mandates that they accept all allegations and take immediate action to ensure safety and begin the investigation process.</p> <p>Provision (d):</p> <p>In addition to enabling incarcerated individuals to report safely, the agency also provides confidential pathways for staff to report knowledge or suspicions of sexual abuse, harassment, or related misconduct. Interviews and the PAQ confirmed that staff may contact the State PREA Director, the facility's PCM, or WV Fusion Center directly to share such concerns in confidence.</p> <p>CONCLUSIONS</p> <p>Following a comprehensive review of policy documents, facility observations, and interviews with staff and individuals in custody, the Auditor finds that the agency is in full compliance with the PREA standard related to inmate reporting. The facility has created a supportive, well-structured environment in which allegations of sexual abuse and harassment can be reported safely, confidentially, and without fear of retaliation.</p> <p>Multiple internal and external channels are available and well-publicized. Staff and incarcerated people alike demonstrated strong awareness of these procedures and a shared understanding of the facility's zero-tolerance stance on sexual misconduct. The policies and practices in place reflect a firm and proactive commitment by WVDCR to the prevention, detection, and response to sexual victimization within its institutions.</p>
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.52 – Exhaustion of Administrative Remedies, the Auditor conducted a thorough review of all relevant documentation submitted by the West Virginia Division of Corrections and Rehabilitation (WVDCR). Materials reviewed included:</p>

1. The Pre-Audit Questionnaire (PAQ) and associated supporting documentation
2. WVDCR Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022

This documentation provided the framework for evaluating the processes in place for individuals in custody to report incidents of sexual abuse through the facility's grievance system.

INTERVIEWS

Random Staff:

Staff members selected at random consistently demonstrated a solid understanding of the grievance procedures related to PREA allegations. They confirmed that individuals in custody are permitted to file formal grievances to report either an incident of sexual abuse or a substantial risk of imminent harm. Staff were able to clearly explain the procedures for handling both standard and emergency PREA-related grievances, including the required timeframes for response. All staff affirmed their commitment to treating such allegations with urgency and seriousness, and acknowledged the agency's policy of immediate action upon receipt of such reports.

Random Inmates:

Those incarcerated within the facility confirmed during interviews that they were aware they could report sexual abuse or threats of sexual abuse through the grievance process. Although none of the individuals interviewed had personally filed a PREA-related grievance, they exhibited a strong familiarity with the procedures. Several expressed that they would prefer to report directly to staff or use the PREA hotline for faster response or increased privacy. Others noted the ability to submit grievances anonymously and without fear of retaliation as important safeguards provided by the facility.

PROVISIONS

Provision (a):

The PAQ and staff interviews confirmed that allegations of sexual abuse and harassment are not addressed through the standard administrative grievance process. Instead, any grievance containing a PREA-related allegation is immediately routed to investigative staff for appropriate handling. These reports bypass the traditional grievance channels to ensure timely and confidential responses.

Policy Reference: WVDCR Policy 430.00, p. 16, Section D — outlines that grievances involving sexual abuse must be sent directly to the Superintendent or their designee and are treated as official reports of abuse. There is no time limitation for filing such grievances, although time limits apply to non-PREA matters.

Provision (b):

The facility does not impose time limits for filing grievances related to sexual abuse. Individuals in custody are not required to seek informal resolution before filing, nor are they compelled to follow any preliminary process prior to submitting a formal complaint.

Policy Reference: WVDCR Policy 430.00, p. 16, Section D — confirms that informal resolution is not applicable to grievances alleging sexual abuse.

Provision (c):

Individuals in custody may submit grievances concerning allegations of sexual abuse without routing them through, or having them reviewed by, any staff member implicated in the complaint. The policy safeguards against conflicts of interest and ensures impartial handling of all such grievances.

Policy Reference: WVDCR Policy 430.00, p. 16, Section D, Subsections 1-2 — affirms that grievances must be processed by staff not named in or associated with the allegation.

Provision (d):

Although no PREA-related grievances were filed during the previous 12 months, policy requires that any such grievance receive a final agency decision within 90 days of submission.

Policy Reference: WVDCR Policy 430.00, p. 16, Section E — mandates a response deadline of 90 days for grievances involving allegations of sexual abuse.

Provision (e):

While the PAQ indicated there were no grievances submitted by third parties in the past year, the agency policy expressly permits third-party grievance submissions. Family members, legal representatives, fellow incarcerated individuals, advocates, and staff may file on behalf of someone in custody. Should the individual decline the assistance, this decision must be formally documented.

Policy Reference: WVDCR Policy 430.00, p. 16, Section F — provides for third-party reporting and outlines documentation procedures when assistance is refused.

Provision (f):

There were no emergency grievances related to sexual abuse filed within the past year. However, policy delineates a clear emergency grievance procedure, which ensures swift response and resolution when an individual is at risk of imminent sexual abuse.

Policy Reference: WVDCR Policy 430.00, p. 16, Section G — emergency grievances must be delivered to the Superintendent or designee without delay. An initial response must be issued within 48 hours, and a final decision rendered within 5 calendar days. Documentation must reflect whether the individual was at substantial risk and detail the actions taken to protect them.

	<p>Provision (g):</p> <p>There were no instances reported in the past year in which an individual was disciplined for filing a PREA-related grievance in bad faith. The policy clearly states that disciplinary measures may only be applied when it is substantiated that a grievance was made with malicious intent.</p> <p>Policy Reference: WVDCR Policy 430.00, p. 16, Section H — disciplinary action is permissible only when a grievance is demonstrably filed in bad faith.</p> <p>CONCLUSION</p> <p>Following a comprehensive review of the facility’s policies, procedures, documentation, and interviews with both staff and incarcerated individuals, the Auditor finds the West Virginia Division of Corrections and Rehabilitation in full compliance with PREA Standard §115.52 – Exhaustion of Administrative Remedies. The agency has implemented strong safeguards that allow for multiple, accessible avenues for reporting sexual abuse—both through and beyond the grievance process—without imposing unnecessary restrictions or exposing individuals to retaliation. The policies and practices reflect a commitment to prompt, confidential, and victim-centered response procedures that uphold the intent of the standard.</p>
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115.53	Inmate access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. West Virginia Division of Corrections and Rehabilitation, Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 3. Contract between the agency/facility and the West Virginia Foundation for Rape Information and Services (FRIS) 4. “Reporting is the First Step” informational material 5. Outside Confidential Support Services Agency Information 6. Inmate Intake Package <p>OBSERVATIONS</p> <p>During the facility tour, the Auditor observed that PREA-related information was prominently posted throughout the facility. The PREA Hotline number was clearly visible and placed near inmate telephones for easy access.</p> <p>The Auditor tested several inmate telephones and confirmed they were operational. A successful test call was made to an outside support agency. The Auditor was able to</p>

Speak directly with an advocate, without the need to provide any identifying information. The advocate was responsive and confirmed that no personal details were required for the call to proceed.

INTERVIEWS

Random Inmates:

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

PREA Compliance Manager (PCM):

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

Intermediate or Higher-Level Staff:

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

PROVISIONS

Provision (a):

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

- Giving inmates mailing addresses and telephone numbers (including toll-free options) for state and local advocacy organizations.
- Enabling reasonable communication between inmates and those organizations in as confidential a manner as possible.
- Providing access to the FRIS hotline (*9088) and the hotline through Stop Abusive Family Environments, Inc. (SAFE), P.O. Box 669, Welch, WV 24801; 304-436-8117 (24/7 hotline), both of which offer emotional support services for past and current sexual victimization.

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

Relevant Policies:

	<ul style="list-style-type: none"> • Policy 430.00, p. 11, §5 – Provides contact info for immigration service agencies and ensures confidential communication. • Policy 430.00, p. 11, §3 – Requires inmates be informed of monitoring and reporting limits prior to accessing outside support. <p>Provision (b):</p> <p>The PAQ confirms that inmates are informed in advance about the extent to which their communication with support agencies will be monitored and how reports of abuse will be forwarded under mandatory reporting laws.</p> <p>During the interview process Inmates acknowledged the confidentiality limitations during interviews. They understood that disclosures involving child abuse, intent to harm oneself or others, or ongoing criminal activity would be reported to law enforcement by SAFE staff.</p> <p>Relevant Policy: Policy 430.00, p. 15, VI, A – Requires the agency to provide a method for inmates to report abuse to a public or private entity not affiliated with the DCR, and permits anonymous reports.</p> <p>Provision (c):</p> <p>The agency maintains a contract with FRIS to provide victim advocacy services, including emotional support and access to a monitored hotline. A copy of this contract was made available to the Auditor.</p> <p>Relevant Policies:</p> <ul style="list-style-type: none"> • Policy 430.00, p. 16, §I – Directs the DCR to maintain or attempt MOUs with community service providers to support inmates confidentially. • Policy 430.00, p. 16, §I – Requires that detainees held for civil immigration purposes receive contact info for consular officials and DHS representatives. <p>CONCLUSION</p> <p>Based on the comprehensive review of documentation, facility observations, and interviews with staff and inmates, the Auditor finds that the agency/facility is fully compliant with all provisions of PREA Standard §115.53. The agency provides inmates with meaningful and confidential access to external victim advocacy and emotional support services, supported by formal agreements and consistent implementation</p>
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

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.

Key documents reviewed included:

- West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, titled Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022
- Informational materials titled "Reporting is the First Step"
- The official WVDCR website: www.dcr.wv.gov, which outlines methods for reporting sexual abuse or harassment, including third-party avenues

The materials collectively outline the agency's procedures, resources, and available tools for supporting reports of sexual abuse by individuals outside the facility on behalf of those who are incarcerated.

INTERVIEWS

Random Inmate Interviews

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.

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 demonstrate effective communication of this right within the facility.

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: dcrcprea@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 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.

Unless otherwise precluded by federal, state, or local law, medical and mental health practitioners shall be required to report sexual abuse.”

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.

Implementation and Practice

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

	<p>facility.</p> <p>CONCLUSION</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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115.61	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>To assess the agency’s compliance with the Prison Rape Elimination Act (PREA) Standard §115.61 – Staff and Agency Reporting Duties, the Auditor conducted a thorough review of the following key documents:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and all associated supporting documentation submitted by the West Virginia Division of Corrections and Rehabilitation (WVDCR). • WVDCR Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance, effective October 7, 2022. <p>These materials outline the agency’s expectations for prompt and mandatory reporting by staff, procedures for maintaining confidentiality, protocols for handling allegations of sexual abuse and sexual harassment, and processes for involving the appropriate investigative and protective authorities.</p> <p>INTERVIEWS</p> <p>PREA Director / PREA Compliance Coordinator:</p> <p>The PREA Compliance Director emphasized that WVDCR has a zero-tolerance policy for sexual abuse and sexual harassment and has implemented clear, agency-wide procedures for staff to report any related allegations. The Director stated that all reports—whether received verbally, in writing, anonymously, or via third-party sources—must be immediately referred to the designated facility investigator. The</p>

Director stressed that all allegations are handled with urgency and seriousness, and staff are expected to act without delay or discretion when reporting concerns.

Medical and Mental Health Staff:

Healthcare professionals demonstrated a sound understanding of their dual roles under PREA: as care providers and as mandated reporters. Each practitioner interviewed stated that they are required to report any disclosure, suspicion, or evidence of sexual abuse. Moreover, they consistently noted that patients are informed at the beginning of services that confidentiality is limited in cases involving allegations of sexual abuse, in accordance with mandatory reporting laws. Staff described the delicate balance between clinical care and legal reporting obligations, while also emphasizing their commitment to protecting the safety and dignity of every patient.

Facility Head:

The Facility Head affirmed a strong institutional commitment to mandatory reporting and described the facility’s established chain of communication for processing allegations of sexual abuse or harassment. The Facility Head confirmed that staff are required to report immediately, not only incidents and suspicions of sexual misconduct, but also any retaliation, or failures to act by other staff. Reports are promptly routed to the PREA Compliance Manager (PCM) and forwarded to designated investigative staff. The Facility Head confirmed that all allegations are addressed in a timely and confidential manner in alignment with agency policy.

Random Staff:

Randomly selected staff interviews revealed a consistent understanding of PREA’s mandatory reporting expectations. Staff could accurately describe the steps to take upon receiving an allegation, including immediate separation of individuals when necessary, preservation of evidence, and prompt notification to their supervisor and the PCM. Staff unanimously expressed that reports of sexual abuse or harassment are not discretionary and must be communicated to designated personnel without delay. Importantly, staff recognized the need to maintain confidentiality and acknowledged that information is only to be shared with individuals who have a legitimate need to know, such as supervisors, health professionals, and investigators.

PROVISIONS

Provision (a): Immediate Reporting Obligation

The PAQ and interviews confirmed that all WVDCR employees, contractors, and volunteers are mandated to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment. This obligation extends to incidents that may have occurred at another facility, as well as any known retaliation against someone who reported or cooperated in an investigation. Staff are also required to report any failure by other personnel to comply with their responsibilities.

Policy Reference: WVDCR Policy 430.00, p. 15, Section VII(B), mandates that all individuals affiliated with the agency are mandatory reporters and must accept and promptly document allegations received through any channel. Disciplinary action may result from a failure to report. Health professionals must report all incidents unless legally prohibited.

Provision (b): Confidentiality and Limited Disclosure

The agency enforces strict controls over the disclosure of information related to sexual abuse reports. Interviews and policy review confirmed that sensitive information is only shared with personnel who need the information to make treatment, management, or security-related decisions. This limited disclosure ensures victim privacy, investigative integrity, and the protection of involved parties.

Policy Reference: WVDCR Policy 430.00, p. 17, Section VII(A), underscores that information must only be shared as necessary for treatment, investigation, or institutional decision-making purposes.

Provision (c): Responsibilities of Medical and Mental Health Staff

Healthcare providers are obligated to report any suspected or confirmed case of sexual abuse immediately. They are also responsible for informing individuals, prior to the initiation of services, about the limitations of confidentiality stemming from their role as mandated reporters.

Policy Reference: WVDCR Policy 430.00 includes clear language affirming the duty of medical and mental health personnel to report sexual abuse and educate patients about confidentiality boundaries.

Provision (d): Reporting Allegations Involving Minors or Vulnerable Adults

The agency ensures that any allegation involving a person under the age of 18 or a vulnerable adult is referred to the appropriate state or local protective services agency. This practice aligns with West Virginia's statutory requirements for mandated reporting of suspected abuse involving vulnerable populations.

Policy Reference: WVDCR Policy 430.00, p. 22, Section XI(A), specifies that staff must inform patients of their duty to report and outlines confidentiality limits. Reporting prior abuse that occurred outside of an institutional setting requires informed consent unless the individual is a minor.

Provision (e): Referrals for Investigation

All allegations—regardless of whether submitted by the alleged victim, a third party, or anonymously—are referred without exception to the facility's designated investigative personnel. This ensures that each report is given a full and fair review under agency and PREA guidelines.

CONCLUSION

Following a detailed analysis of the Pre-Audit Questionnaire, WVDCR policy, and

	<p>extensive interviews with staff at multiple levels, the Auditor concludes that the agency is fully compliant with PREA Standard §115.61 – Staff and Agency Reporting Duties.</p> <p>The West Virginia Division of Corrections and Rehabilitation has established a clear, enforceable, and well-understood framework that ensures every report of sexual abuse or sexual harassment is taken seriously, responded to without delay, and referred for proper investigation. The agency’s policies promote accountability, confidentiality, and transparency. All interviewed staff demonstrated an appropriate level of awareness, responsibility, and training with respect to reporting duties, confirming that the agency has effectively implemented the requirements of this standard.</p>
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115.62	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>To assess the facility’s compliance with PREA Standard §115.62, Agency Protection Duties, the Auditor reviewed the following documents:</p> <ul style="list-style-type: none"> • The completed Pre-Audit Questionnaire (PAQ) and accompanying supporting materials provided by the facility. • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022. <p>Policy 430.00 outlines the agency’s obligation to act immediately when it becomes aware that an individual in custody may be at risk of sexual abuse. The policy affirms the agency’s commitment to taking all necessary protective measures, including separation of individuals involved, housing adjustments, and coordination with investigative and medical personnel.</p> <p>INTERVIEWS</p> <p>Agency Head (AH)</p> <p>During the interview, the Agency Head confirmed that WVDCR takes swift and decisive action when information becomes available suggesting an incarcerated individual may be at risk of sexual abuse, sexual harassment, or sexual misconduct. In such cases, the head of the facility where the individual is housed is notified immediately, and a protective strategy is implemented without delay.</p>

The AH further explained that possible protective actions include temporarily relocating the individual to another housing unit within the facility or, when appropriate, to an entirely different facility to ensure safety. If the alleged perpetrator is identified that individual is placed in administrative segregation while the investigation is conducted to prevent any further risk to the potential victim.

Facility Head

The Facility Head echoed the Agency Head's statements and emphasized that the facility responds without hesitation when any information surfaces suggesting that an incarcerated person may be at risk. Immediate protective measures are taken to safeguard the individual, which may involve a housing unit transfer or relocation to another facility entirely, depending on the specific circumstances.

If the alleged perpetrator is known, they are promptly placed in segregated housing to eliminate the potential for further contact with the victim and to preserve the integrity of the investigation. The Facility Head confirmed that these decisions are always made with the goal of ensuring the safety and well-being of all individuals involved.

Random Staff

During interviews with randomly selected staff members, each demonstrated a solid understanding of the appropriate steps to take if they received an allegation of sexual abuse from an incarcerated individual. Staff consistently reported they would immediately separate the alleged victim from the alleged perpetrator, take steps to ensure the safety and well-being of the potential victim, notify their supervisor or shift commander, and preserve any potential evidence related to the report. Their responses indicated that the agency's protection protocols are well communicated and understood throughout the facility.

PROVISIONS

Provision (a):

According to the facility's response in the Pre-Audit Questionnaire, there were zero instances in the past 12 months where the agency determined that an individual was subject to a substantial risk of imminent sexual abuse. However, interviews and documentation demonstrated that, should such a circumstance arise, the agency has robust procedures in place to act immediately.

WVDCR Policy 430.00 clearly requires immediate protective action when an individual is identified as being at risk of imminent harm. Staff are trained to recognize potential threats and are empowered to initiate protective measures without delay. These may include separation, housing reassignments, increased supervision, or placement of the alleged perpetrator in administrative segregation.

The agency's proactive stance and readiness to act immediately help ensure that individuals in custody are protected from harm and that all actions align with PREA requirements.

	<p>CONCLUSION</p> <p>Based on the review of policy documentation, PAQ responses, and comprehensive interviews with staff and leadership, the Auditor concludes that the West Virginia Division of Corrections and Rehabilitation is in full compliance with PREA Standard §115.62 – Agency Protection Duties.</p> <p>Although no cases were reported in the past year involving an imminent risk of sexual abuse, the agency has demonstrated through policy and staff readiness that it is well equipped to respond effectively and immediately if such a situation were to arise. The agency’s approach reflects a strong commitment to safety, accountability, and compliance with PREA standards.</p>
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115.63	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>To evaluate the facility’s compliance with PREA Standard §115.63, Reporting to Other Confinement Agencies, the Auditor conducted a detailed review of the following documentation:</p> <ul style="list-style-type: none"> • The facility’s completed Pre-Audit Questionnaire (PAQ) and all related supporting materials. • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022. • Documentation outlining reporting practices and procedures related to allegations of sexual abuse or sexual harassment involving other facilities. <p>Policy 430.00 provides clear direction regarding the agency’s obligation to notify other confinement agencies when it receives an allegation of sexual abuse that is alleged to have occurred while the individual was housed in another facility. The policy requires that such notifications be made in writing within 72 hours of receiving the report and that appropriate steps be taken to ensure the allegation is investigated in accordance with PREA standards. This policy establishes accountability mechanisms and outlines specific responsibilities for documentation and follow-up.</p> <p>INTERVIEWS</p> <p>Agency Head (AH)</p> <p>The Agency Head confirmed that all allegations of sexual abuse, sexual harassment, or staff sexual misconduct reported within any WVDCR-operated facility are treated</p>

with urgency and are subject to thorough investigation. The AH acknowledged that when an allegation is received concerning an incident that occurred at another correctional facility—regardless of jurisdiction—the WVDCR is committed to promptly notifying the appropriate official at that facility or agency in accordance with PREA requirements.

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

The Director of PREA Compliance affirmed that if an allegation is received involving abuse or misconduct alleged to have taken place at another confinement facility, the matter is immediately referred to an assigned unit investigator. The DPC also confirmed that written notification to the relevant agency or facility head is completed within the 72-hour timeframe required by policy and PREA standards. Documentation of this process is maintained for accountability and verification purposes.

Facility Head

The Facility Head explained that any incoming allegation from another facility or agency is taken seriously and is handled in strict compliance with policy. Upon receiving a report, the facility assigns the case to a unit investigator and ensures written notification is provided to the agency where the alleged incident occurred. The Facility Head underscored that the agency's policy provides a clear structure to ensure that timely and appropriate notifications are consistently made.

PREA Compliance Manager (PCM)

The PREA Compliance Manager confirmed that the facility understands its responsibility to both report and respond to allegations that may involve another correctional facility. The PCM demonstrated awareness of the agency's duty to initiate prompt communication with the appropriate party, maintain thorough documentation, and ensure the integrity of any investigative process that may result. The PCM expressed confidence in the agency's procedures and staff training on this matter.

PROVISIONS

Provision (a):

The PAQ indicated that in the past 12 months, the facility had received no allegations involving sexual abuse that occurred at another confinement facility. This was verified during interviews with the Facility Head. Nevertheless, agency policy and interview responses demonstrate that the facility is fully prepared to implement all requirements outlined in this provision if such a situation were to arise.

According to WVDCR Policy 430.00, page 15, Section C, the following steps must be taken within 72 hours of receiving an allegation that an individual was sexually abused while confined at another institution:

- Provide written notification to the head of the facility or agency where the

alleged abuse occurred.

- Notify the WVDCR Office of PREA Compliance.
- Complete and retain documentation using the designated attachment provided in the PREA Manual.
- If necessary, initiate telephone contact with the other agency or facility to expedite the process.

This procedure ensures timely communication, accurate documentation, and compliance with federal requirements.

Provision (b):

When the facility receives an allegation that an individual was abused while confined elsewhere, WVDCR policy places responsibility on the head of the receiving facility to notify the appropriate leadership at the facility where the abuse is alleged to have occurred. This process was confirmed through interviews and is clearly outlined in agency policy to maintain consistent, prompt, and formal communication between agencies.

Provision (c):

As reported in the PAQ and affirmed by the Facility Head, any notifications made to other confinement facilities are executed in writing and within the required 72-hour period. This procedural safeguard is explicitly stated in Policy 430.00 and supported through the facility's documented practices.

Provision (d):

The PAQ indicated that the facility had received one allegations from other confinement agencies in the past 12 months regarding sexual abuse alleged to have occurred within the facility. This was confirmed during the interview with the Facility Head. The facility followed all established investigative procedures in place to address and respond to the allegation in full compliance with PREA standards. All time frames were met and the inmate was promptly notified of the outcome.

CONCLUSION

Following an extensive review of agency policy, relevant documentation, and multiple staff interviews, the Auditor finds that the West Virginia Division of Corrections and Rehabilitation has established clear, consistent procedures that align with the expectations of PREA Standard §115.63 – Reporting to Other Confinement Agencies.

Although the facility did not receive or report any allegations involving other facilities in the past 12 months, all staff interviewed demonstrated a thorough understanding of their responsibilities under this standard. Agency policy clearly mandates prompt, written notification and thorough documentation, ensuring readiness and compliance should such a case arise. The facility is therefore determined to be in full compliance with this PREA standard.

115.64	Staff first responder duties
	<p data-bbox="256 185 959 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 342 544 376">DOCUMENT REVIEW</p> <p data-bbox="256 409 1417 824">In preparation for the audit, the Auditor conducted a detailed review of critical documentation related to first responder responsibilities in cases of sexual abuse allegations. Materials reviewed included the facility's completed Pre-Audit Questionnaire (PAQ) and accompanying documentation. Also reviewed were key policies, including the West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, and the WVDCR Coordinated Response Plan, Attachment 4-DCR, dated August 2019. These documents collectively outline the expectations, responsibilities, and procedural steps for staff responding to incidents of sexual abuse.</p> <p data-bbox="256 857 432 891">INTERVIEWS</p> <p data-bbox="256 936 440 969">Facility Head</p> <p data-bbox="256 1003 1481 1373">During the interview process, the Facility Head confirmed that all first responders, both security and non-security staff, receive PREA-specific training designed to ensure prompt, effective, and compliant responses to incidents of alleged sexual abuse. The Facility Head emphasized that training is ongoing and delivered through multiple platforms, including annual in-service sessions, on-the-job instruction, and regular meetings. It was further confirmed that first responders are granted access to the WVDCR Coordinated Response Plan, Attachment 4-DCR, and are expected to familiarize themselves with its contents and utilize it as a guide when responding to incidents.</p> <p data-bbox="256 1406 715 1440">Security Staff – First Responders</p> <p data-bbox="256 1473 1461 1731">Security personnel serving in first responder roles verified that they had received extensive PREA training through annual in-service courses, shift briefings (turnouts), and on-the-job learning. These individuals were able to clearly articulate their responsibilities during the initial moments of a reported sexual abuse incident. Security staff confirmed that they maintain access to the Coordinated Response Plan and routinely refer to it to reinforce their understanding of the required procedures.</p> <p data-bbox="256 1765 683 1798">Non-Security First Responders</p> <p data-bbox="256 1832 1453 2089">Non-security staff, when interviewed, demonstrated a clear understanding of their roles in the event they are the first to discover or be informed of a sexual abuse allegation. These staff members consistently stated they would: immediately notify security personnel, ensure the alleged victim and abuser are separated, advise both individuals not to engage in any actions that could compromise potential physical evidence, and maintain the integrity of the scene until security staff arrive. In</p>

addition, non-security staff conveyed a strong awareness of and commitment to maintaining confidentiality during such incidents.

Random Staff

Across all staff interviews, personnel consistently and reliably described the appropriate response protocol to allegations of sexual abuse. Staff articulated the required steps, including: separating the victim from the alleged abuser, securing the scene, preserving evidence, ensuring medical assistance is provided when needed, and promptly reporting the incident through the appropriate chain of command. Staff appeared confident in their roles and well-versed in the agency's expectations regarding immediate response duties.

PROVISIONS

Provision (a)

According to the Pre-Audit Questionnaire, the facility reported eight allegations of sexual abuse in the 12 months prior to the audit. In each of these instances, documentation indicated that the victim and the abuser were separated by the first responder. Further, in four of the allegations, the first responder was able to collect physical evidence and instructed the victim and the abuser not to do anything that might destroy evidence,

The Auditor reviewed case files associated with each allegation, which included the initial complaint, investigative referrals, mental health referrals, and other supporting documentation such as administrative remedy forms and outcome notifications. Where applicable, individuals involved were appropriately informed of the results of the investigations, and the cases were formally closed following due process.

WVDCR Policy 430.00, dated October 7, 2022, Section VII, D (p.17), outlines the protocol that must be followed upon learning of an allegation of sexual abuse. It mandates that the first responding staff member is to immediately separate the alleged victim and abuser, secure the crime scene, and protect any potential evidence. The policy further instructs the responder to direct the alleged victim and perpetrator not to engage in any activity that may compromise physical evidence, such as bathing, brushing teeth, eating, drinking, smoking, or changing clothes. In addition, the policy mandates that responders adhere to the coordinated procedures outlined in the WVDCR Coordinated Response Plan.

The Coordinated Response Plan, Attachment 4-DCR, dated August 2019, reiterates that the first responder must separate the parties involved and maintain separation until the investigation has concluded or further direction is provided by investigative staff.

Provision (b)

The PAQ noted that of the eight sexual abuse allegations reported in the past 12 months, none involved a non-security staff member acting as the initial responder. Nevertheless, the agency's procedures, as documented, require non-security first

	<p>responders to take specific initial actions: direct the alleged victim not to take any steps that could destroy physical evidence and promptly notify a security staff member to assume control of the situation. This aligns with PREA standards for initial response and helps ensure immediate protective measures are in place even when a non-security staff member is the first to respond.</p> <p>CONCLUSION</p> <p>Based on the Auditor’s review of policy documentation, case files, and information gathered through staff interviews, the facility has demonstrated compliance with the standard related to staff first responder duties. Both security and non-security staff have been trained in appropriate response procedures, have access to the Coordinated Response Plan, and are prepared to act in a manner that preserves evidence, protects individuals, and initiates the investigative process. The facility meets all applicable provisions of this PREA standard.</p>
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115.65	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>As part of the PREA compliance audit, the Auditor conducted a comprehensive review of documentation submitted by the West Virginia Division of Corrections and Rehabilitation (WVDCR). Materials examined included the facility’s completed Pre-Audit Questionnaire (PAQ) and accompanying supporting documents, WVDCR Policy 430.00 titled Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022, and the WVDCR Coordinated Response Plan, Attachment 4-DCR, dated August 2019. Together, these documents outline the agency’s policies, procedures, and structured approach for ensuring an effective and timely response to incidents of sexual abuse and sexual harassment.</p> <p>INTERVIEWS</p> <p>Facility Head</p> <p>In a detailed interview, the Facility Head confirmed that the institution has implemented a comprehensive Coordinated Response Plan that clearly delineates the specific responsibilities of staff in various roles—including first responders, supervisors, medical and mental health professionals, investigators, and leadership—in the event of a sexual abuse incident. The Facility Head further explained that the plan is operationalized through multiple training platforms including annual in-service training sessions, regular monthly staff meetings, and direct on-the-job instruction. All designated first responders are trained and have immediate access to the plan to guide their actions when responding to an incident.</p>

First Responders

Each first responder interviewed demonstrated a clear understanding of their role and responsibilities following a report or discovery of alleged sexual abuse. Without exception, responders accurately described the steps they are expected to take, consistent with both policy and training. They confirmed that their response actions are informed by both formal instruction and access to the Coordinated Response Plan, which serves as a readily available resource when needed. Their responses reflected confidence in their preparedness and alignment with the agency's response protocols.

PROVISIONS

Provision (a)

According to the PAQ, the facility has established a written institutional plan that details the coordinated response required among first responders, health care and mental health staff, investigators, and facility administration following an incident of sexual abuse. This statement was confirmed by the Facility Head during the interview process.

The Auditor reviewed the Coordinated Response Plan, which provides a clear and concise framework for staff response to PREA-related incidents. While the plan is presented in a general format to allow for flexible application across various facilities and scenarios, it nevertheless outlines essential procedures and expected roles to ensure an immediate, appropriate, and trauma-informed response.

The West Virginia Division of Corrections and Rehabilitation Coordinated Response Plan, Attachment 4-DCR (dated August 2019), outlines the following specific responsibilities for first responders:

- Separate the alleged victim and alleged abuser and ensure they remain apart until the conclusion of the investigation.
- Secure and protect the scene to preserve potential evidence until investigators or appropriate personnel arrive.
- Notify the Shift Supervisor immediately following the incident.
- Advise the alleged victim not to take actions that could compromise physical evidence (e.g., bathing, changing clothes, brushing teeth).
- Ensure the alleged abuser does not engage in any actions that could destroy evidence by maintaining constant observation or placing the individual in a secure setting.

These steps, when executed promptly and thoroughly, support the preservation of evidence and reinforce the agency's commitment to safeguarding individuals in custody.

CONCLUSION

After a detailed review of agency policies, the Coordinated Response Plan, and a series of interviews with facility leadership and first responders, the Auditor concludes that the West Virginia Division of Corrections and Rehabilitation meets all

	requirements of the standard related to coordinated response. The facility has demonstrated a proactive and systematic approach to ensuring that all relevant personnel are trained, prepared, and supported in their responsibilities during the critical early stages of responding to a sexual abuse allegation.
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>As part of the PREA compliance assessment, the Auditor conducted a thorough examination of key documents submitted by the West Virginia Division of Corrections and Rehabilitation (WVDCR). These included the completed Pre-Audit Questionnaire (PAQ), which provided detailed responses to each standard, and WVDCR Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022. This policy outlines the agency’s commitment to PREA standards, including strategies and procedures aimed at preventing, detecting, and responding to sexual abuse and harassment within its facilities.</p> <p>INTERVIEWS</p> <p>Agency Head or Designee</p> <p>During the interview with the Agency Head’s designee, it was clearly affirmed that the State of West Virginia does not participate in collective bargaining with its employees. This distinction ensures that the agency retains the administrative flexibility necessary to implement immediate protective actions when addressing staff misconduct or allegations of sexual abuse or harassment.</p> <p>Administrative (Human Resources) Staff</p> <p>Human Resources personnel confirmed during interviews that WVDCR leadership possesses full authority to take precautionary measures when an employee becomes the subject of a sexual abuse or harassment investigation. This authority includes the ability to temporarily reassign the staff member or alter their job duties to eliminate or minimize any contact with the affected incarcerated individual. Such measures are implemented to maintain safety and uphold the integrity of the investigative process.</p> <p>PROVISIONS</p> <p>Provision (a)</p> <p>The Auditor confirmed, through review of the PAQ and supporting documentation, as well as through staff interviews, that WVDCR does not engage in collective bargaining</p>

	<p>agreements with employees. Staff are governed by the standards set forth in agency policy and the employee code of conduct. These policies clearly reflect a zero-tolerance approach to all forms of sexual abuse and sexual harassment. Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, specifically addresses this matter on page 15, Section E, stating that WVDCR does not possess the authority to enter into collective bargaining agreements, in accordance with West Virginia State Code. This unrestricted administrative authority supports the agency's ability to take swift and appropriate action when needed to protect incarcerated individuals.</p> <p>Provision (b)</p> <p>This provision is deemed not applicable for the purposes of this audit and was therefore not evaluated.</p> <p>CONCLUSION</p> <p>Based on a comprehensive review of agency documentation and corroborating interview responses, the Auditor concludes that the West Virginia Division of Corrections and Rehabilitation has the necessary authority and mechanisms in place to protect incarcerated individuals from contact with staff members who may be the subject of abuse-related allegations. The absence of collective bargaining constraints enhances the agency's capacity to act decisively and in accordance with PREA standards. As such, the Auditor finds the agency to be in full compliance with all applicable provisions of this standard.</p>
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To thoroughly assess compliance with the PREA standard concerning protection from retaliation, the Auditor conducted an extensive review of all pertinent materials. This review included the facility's Pre-Audit Questionnaire (PAQ) and the accompanying documentation submitted by the West Virginia Division of Corrections and Rehabilitation (WVDCR). Central to this evaluation was WVDCR Policy 430.00, titled Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022. This policy articulates the agency's firm commitment to safeguarding all individuals from retaliation following reports of sexual abuse or harassment and clearly delineates specific procedures designed to monitor for retaliation and intervene promptly when necessary.</p> <p>INTERVIEWS</p> <p>Agency Head or Designated Representative</p>

In discussion with the Agency Head or their designated representative, it was confirmed that the agency initiates its retaliation monitoring immediately upon receipt of an allegation. This monitoring continues for a minimum duration of 90 days to closely observe and address any signs of retaliatory conduct. Should the allegation be determined to be unfounded after a comprehensive investigation, the formal monitoring process may be concluded. However, vigilance remains ongoing for any individual—whether incarcerated or staff—who expresses concerns or fears about potential retaliation tied to their participation in an investigation. This proactive monitoring strategy reflects the agency’s commitment to creating a safe environment free from intimidation or reprisal.

Facility Head

The Facility Head underscored the institution’s culture of zero tolerance regarding retaliation. Both staff members and incarcerated individuals are actively encouraged and empowered to report any suspected or actual retaliation, irrespective of the parties involved. The Facility Head affirmed that the administration treats all such reports with utmost seriousness and urgency. Any substantiated instances of retaliation prompt immediate and appropriate disciplinary measures, reinforcing the facility’s dedication to a respectful and secure environment for everyone.

Designated Retaliation Monitor

The Retaliation Monitor, tasked specifically with overseeing retaliation concerns, provided comprehensive details on the agency’s multifaceted approach to detecting and preventing retaliation. This includes regular and systematic reviews of housing placements, work assignments, program participation, and disciplinary records for incarcerated individuals, as well as scrutiny of job assignments, performance evaluations, or reassignments for staff members. Any changes or actions that might indicate retaliatory motives are carefully evaluated. Upon suspicion or confirmation of retaliation, the agency launches a formal investigation and acts swiftly to mitigate and resolve the issue. The monitoring period extends for no less than 90 days with monthly status updates, and it may be prolonged if ongoing risks are identified.

PROVISIONS

Provision (a)

The PAQ affirms that WVDCR maintains a formalized retaliation monitoring plan, supported by designated personnel responsible for its implementation. Consistent with WVDCR Policy 430.00, Section VII(G), the agency is required to monitor the treatment and conduct affecting individuals who report sexual abuse or are alleged victims for a minimum of 90 days. This monitoring encompasses reviewing any disciplinary actions, housing or program changes, and, for staff members, work assignments and performance evaluations. The policy allows for extending the monitoring period if necessary. Documentation of all monitoring activities is mandatory, and any observed retaliation must be reported to the Office of PREA Compliance within 24 hours. Monitoring responsibilities may cease only if an allegation is determined to be unfounded. Additionally, individuals who express fear

of retaliation must be offered appropriate protective measures and support services.

Provision (b)

The agency’s policies explicitly safeguard both incarcerated persons and staff members who report sexual abuse or harassment or cooperate in investigations. Policy 430.00, Section VII(F), outlines multiple protective interventions such as reassignment of housing or work duties, separation from alleged perpetrators, and access to emotional support resources. These measures are designed to reduce the risk of retaliation and ensure the physical and psychological safety of those involved.

Provision (c)

According to the PAQ, no incidents of retaliation were reported within the previous 12-month period. This absence of reported retaliation suggests that the agency’s preventive protocols and monitoring mechanisms are effective and reliable.

Provision (d)

The agency’s retaliation monitoring plan mandates regular status checks, conducted at least monthly, on all individuals under observation. This regular oversight ensures any emerging concerns are quickly identified and addressed.

Provision (e)

The agency pledges to take immediate and appropriate protective actions if any person involved in an investigation—whether complainant, witness, or respondent—expresses concern or fear about retaliation. This policy aligns with the agency’s overarching objective to foster a safe, transparent, and supportive environment for all.

Provision (f)

In situations where an allegation is conclusively determined to be unfounded after thorough investigation, the obligation to continue retaliation monitoring is lifted, as outlined in both the PAQ and WVDCR Policy 430.00.

CONCLUSION

Based on a comprehensive examination of agency policies, detailed interviews with key personnel, and thorough analysis of information provided in the Pre-Audit Questionnaire, the Auditor concludes that the West Virginia Division of Corrections and Rehabilitation fully complies with all aspects of the PREA standard related to protection from retaliation. The agency has established and implemented robust protocols for early identification, prevention, and resolution of retaliation. Furthermore, the facility has fostered a culture of accountability, transparency, and safety that actively supports and protects all individuals within its care and oversight.

115.68	Post-allegation protective custody
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 266 544 300">Auditor Discussion</p> <p data-bbox="256 344 443 378">DOCUMENTS</p> <p data-bbox="256 412 1474 490">To evaluate the facility’s adherence to PREA Standard §115.68, the Auditor conducted a detailed review of key documentation, including:</p> <ul data-bbox="331 557 1474 759" style="list-style-type: none"> • The facility’s Pre-Audit Questionnaire (PAQ) and all related 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. <p data-bbox="256 792 1437 1039">These documents comprehensively describe the agency’s policies and operational procedures designed to meet PREA requirements. Particular emphasis is placed on the management of inmates at risk of sexual abuse, including the use of protective custody and the exploration of alternatives to segregation. The policies underscore the agency’s commitment to safeguarding inmates while avoiding unnecessary or prolonged isolation.</p> <p data-bbox="256 1084 432 1117">INTERVIEWS</p> <p data-bbox="256 1151 440 1184">Facility Head</p> <p data-bbox="256 1218 1445 1588">During a detailed interview, the Facility Head confirmed that inmates placed in protective custody due to their vulnerability to sexual victimization are not automatically excluded from facility programs and services. These individuals continue to have opportunities to engage in work assignments, educational classes, and other rehabilitative programming, as long as such participation does not undermine institutional safety or security. The Facility Head emphasized that decisions regarding program access are made on a case-by-case basis, reflecting thorough individualized assessments that balance inmate welfare with operational considerations.</p> <p data-bbox="256 1632 794 1666">Staff Supervising Segregated Housing</p> <p data-bbox="256 1700 1477 2069">Staff responsible for supervising inmates in segregated or restrictive housing explained that the facility employs multiple housing strategies to protect vulnerable individuals. They clarified that the facility does not default to placing inmates who report sexual abuse into involuntary segregation. Instead, the use of segregated housing is strictly a last-resort measure. The staff reiterated that alternative housing placements are carefully evaluated and prioritized to minimize the detrimental effects that segregation can have on inmates. When segregation is deemed necessary, the process is guided by formal assessments and subject to ongoing review to ensure that the inmate’s placement remains justified and proportionate.</p>

	<p>Inmates in Segregated Housing Due to Sexual Abuse Risk</p> <p>At the time of the onsite audit, records and staff confirmed that there were no inmates housed in segregated units specifically due to a risk of sexual victimization or because they had reported sexual abuse. This finding was supported by both documentation and direct interviews with involved personnel.</p> <p>PROVISIONS</p> <p>Provision (a)</p> <p>The agency's policy explicitly prohibits the automatic or default placement of inmates in involuntary segregated housing solely on the basis of sexual abuse allegations. Instead, placement in segregation is only authorized after a thorough assessment determines that no other reasonable alternatives exist to separate the inmate from potential aggressors. According to the PAQ and confirmed during interviews with housing staff:</p> <p>No inmates have been involuntarily placed in segregated housing for short-term periods (1 to 24 hours) pending assessment in the past 12 months.</p> <p>No inmates have been held involuntarily in segregated housing for longer than 30 days awaiting transfer to alternative housing or protective arrangements.</p> <p>Policy mandates regular reviews of any inmate placed in segregation for protective purposes, requiring a reassessment at least every 30 days to determine if continued separation remains necessary. The Facility Head confirmed that these reviews are consistently conducted and properly documented in facility records.</p> <p>CONCLUSION</p> <p>After a comprehensive evaluation of the agency's policies, extensive review of pertinent documentation, and in-depth interviews with the Facility Head, housing staff, and relevant stakeholders, the Auditor finds the facility in full compliance with PREA Standard §115.68. The agency has demonstrated a clear commitment to using alternatives to segregation wherever feasible and ensures that protective custody is applied judiciously and in accordance with established guidelines. All aspects of the standard related to protective custody and post-allegation housing decisions have been fully met, reflecting best practices that safeguard inmate welfare while maintaining institutional security.</p>
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To thoroughly evaluate compliance with PREA Standard §115.71 regarding</p>

investigations into sexual abuse and harassment allegations, the Auditor reviewed an extensive collection of documents, including:

- The facility's Pre-Audit Questionnaire (PAQ) and all related supporting materials;
- The West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, titled Prison Rape Elimination Act (PREA) Compliance, effective October 7, 2022.

These documents comprehensively detail the agency's investigative procedures, training requirements, evidence management protocols, and retention policies for investigative records. They serve as the foundational framework guiding how the agency responds to and manages allegations of sexual misconduct within correctional settings.

INTERVIEWS

Investigative Staff

During confidential discussions with investigative personnel, staff provided a thorough overview of the facility's protocols and practices in responding to reports of sexual abuse or harassment. Key elements confirmed included:

- Investigations commence immediately upon receiving any report, regardless of the channel—whether direct in-person disclosures, telephone calls, written correspondence, third-party reports, or anonymous tips.
- Investigations consistently follow established, standardized procedures to ensure fairness and uniformity, no matter the source or nature of the report.
- Investigators complete both foundational and specialized training tailored to handling sexual misconduct allegations in correctional environments; training records were reviewed and verified by the Auditor.
- In cases where evidence suggests potential criminal charges, interviews that could be compelled are only conducted after consulting with prosecutorial authorities to preserve the integrity of criminal proceedings.
- Miranda warnings are issued when applicable in criminal investigations.
- Assessments of credibility are conducted independently and objectively for all participants involved, including victims, accused individuals, and witnesses, with no bias based on custodial status or professional roles.
- Polygraph examinations are explicitly excluded from the investigative process for PREA-related cases.
- Administrative investigations include evaluation of staff conduct to determine if any action or omission contributed to the incident.
- Each investigation culminates in a detailed written report that documents evidence, findings, and credibility determinations.
- When criminal conduct is indicated, cases are promptly referred to the West Virginia State Police for further criminal investigation.
- Should the State Police establish probable cause, the matter is forwarded to the grand jury for indictment consideration.

- The facility maintains extensive documentation related to investigations, including supervisory checklists, incident reviews within 30 days, retaliation monitoring forms, and housing assignment records.
- Investigations proceed without interruption even if the alleged victim or perpetrator leaves the facility or the agency.
- The facility actively collaborates with the West Virginia State Police and judicial authorities to remain informed and ensure adherence to due process throughout investigative and prosecutorial stages.

PREA Director of Compliance (DPC)

The DPC confirmed that all investigation records—both administrative and criminal—are securely retained for the duration of the alleged abuser’s incarceration or employment, plus an additional five years thereafter.

PREA Compliance Manager (PCM)

The PCM affirmed that investigations continue regardless of whether the alleged victim or accused individual departs from the facility or agency.

Facility Head

The Facility Head reported three substantiated allegations of sexual abuse that were referred for criminal prosecution within the 12 months preceding the audit.

Inmates Who Reported Sexual Abuse

At the time of the on-site audit, there were no reported incidents of sexual abuse within the past year; therefore, no inmate interviews were conducted related to this standard.

PROVISIONS

Provision (a)

The PAQ and investigative staff verified that all allegations of sexual abuse and sexual harassment are addressed with promptness, thoroughness, and impartiality.

Supporting Policy: WVDCR Policy 430.00, p. 19, A.6 mandates full staff cooperation in investigations, with disciplinary consequences for failure to comply.

Provision (b)

Investigative personnel receive specialized training specific to conducting sexual abuse investigations within correctional settings. Training completion was confirmed via records review.

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

Provision (c)

Investigators are trained to collect and preserve a full spectrum of evidence, including physical items, witness statements, and electronic data. The preponderance of the evidence standard guides administrative investigation outcomes.

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

Provision (d)

In cases where criminal prosecution is possible, investigators coordinate with prosecuting authorities before conducting any compelled interviews to avoid compromising potential legal proceedings.

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

Provision (e)

Credibility assessments are made on an individual basis for every person involved in the investigation. Polygraph testing is neither required nor utilized.

Supporting Policy: Confirmed by interviews and in alignment with PREA standards.

Provision (f)

Administrative investigations also review staff actions or omissions that may have contributed to the incident. Written investigative reports include thorough findings, credibility analyses, and evidentiary documentation.

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

Provision (g)

Criminal investigations are meticulously documented, including physical evidence, testimonial accounts, and related documents.

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

Provision (h)

No substantiated allegations involving criminal conduct requiring prosecution were recorded in the prior 12 months.

Supporting Policy: WVDCR Policy 430.00, pp. 19–20, Sections G and H.

Provision (i)

All investigative records are retained for the duration of the alleged abuser's incarceration or employment, plus an additional five years.

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

Provision (j)

Investigations continue even if the alleged victim or perpetrator leaves the agency or

	<p>facility.</p> <p>Supporting Policy: Verified through staff interviews and agency protocols.</p> <p>Provision (k)</p> <p>This provision is exempt from audit according to the PREA Auditor Handbook.</p> <p>Provision (l)</p> <p>When investigations are conducted by external entities, such as the West Virginia State Police, the facility cooperates fully and stays apprised of case developments. Administrative investigations remain internal, with criminal matters referred externally as appropriate.</p> <p>Supporting Policy: WVDCR Policy 430.00, p. 19, Section E.</p> <p>CONCLUSION</p> <p>After an exhaustive review of relevant policies, investigative files, and comprehensive interviews with key personnel, the Auditor finds that the facility is fully compliant with all applicable provisions of PREA Standard §115.71. The agency demonstrates a clear commitment to conducting thorough, timely, and impartial investigations of all allegations of sexual abuse and harassment, consistent with PREA requirements and agency policy.</p> <p>The investigative process is robust and transparent, incorporating specialized training, proper evidence handling, collaboration with external law enforcement, and stringent documentation and retention practices that uphold the integrity of both administrative and criminal investigations.</p>
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115.72	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>In evaluating compliance with PREA Standard §115.72 – Evidentiary Standard for Administrative Investigations, the Auditor conducted a meticulous examination of essential documentation provided by the facility. Key materials reviewed included:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) and its accompanying supporting records submitted by the facility; 2. 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 offered critical insights into the agency’s established protocols for conducting thorough, unbiased administrative investigations into allegations of sexual abuse and sexual harassment occurring within its correctional facilities. The policy details procedural expectations designed to promote transparency, fairness, and consistency throughout the investigative process.

INTERVIEWS

Investigative Staff

Confidential interviews with members of the investigative team revealed a steadfast commitment to conducting administrative investigations grounded in principles of impartiality and due diligence. Investigators articulated their training and approach to gathering and assessing a wide range of evidence, which may include:

- Detailed statements and testimony from all involved parties, including alleged victims, accused individuals, and eyewitnesses;
- Collection and review of physical evidence and pertinent documentation from the location of the alleged incident;
- Analysis of available technological sources, such as video surveillance footage, electronic communications, or other relevant data repositories.
- Crucially, investigative personnel underscored that when determining the validity of allegations, the agency applies an evidentiary standard no greater than a preponderance of the evidence. This means that decisions hinge on whether it is more likely than not that the incident occurred, rather than requiring proof beyond a reasonable doubt or any stricter threshold. This evidentiary approach aligns with federal PREA mandates and illustrates the agency’s dedication to equitable investigations that prioritize accountability and support for victims.

PROVISIONS

Provision (a)

The Pre-Audit Questionnaire clearly confirms, and investigative staff corroborated during interviews, that the agency uniformly utilizes the preponderance of the evidence standard when reaching conclusions in administrative investigations regarding sexual abuse and harassment allegations. No higher evidentiary benchmark is imposed at any stage of the investigative process.

This procedure is explicitly stated in the WVDCCR Policy 430.00 (dated October 7, 2022), specifically within Section VIII, H (page 20), which articulates:

“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.”

By adhering to this standard, the agency ensures that investigative findings are based on a fair and balanced evaluation of evidence, consistent with administrative

	<p>rather than criminal burden of proof. This approach safeguards the integrity of investigations while promoting a victim-sensitive and accountable correctional environment.</p> <p>CONCLUSION</p> <p>Following an exhaustive review of all pertinent policy documents, investigative records, and comprehensive interviews with investigative personnel, the Auditor concludes that the West Virginia Division of Corrections and Rehabilitation fully complies with PREA Standard §115.72. The agency consistently applies the appropriate evidentiary threshold—the preponderance of the evidence—in all administrative investigations concerning sexual abuse and harassment allegations.</p> <p>This adherence reflects recognized best practices within correctional investigative frameworks and supports the agency’s overarching commitment to a transparent, just, and effective PREA compliance system.</p> <p>Therefore, the Auditor affirms that the facility meets every requirement and provision outlined in this PREA standard.</p>
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115.73 Reporting to inmates	
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>As part of the PREA audit process, the Auditor conducted a thorough examination of key documentation relevant to inmate notification procedures following a sexual abuse investigation. The materials reviewed included:</p> <ul style="list-style-type: none"> • The completed Pre-Audit Questionnaire (PAQ) and all supporting documentation. • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022. • A randomly selected sample of PREA investigative case files. • The facility’s internal PREA tracking chart outlining investigative timelines and case outcomes. <p>INTERVIEWS</p> <p>Investigative Staff</p>

During individual interviews, investigative staff clearly outlined the steps followed once a PREA investigation concludes. After all evidence has been gathered and the finding determined, the assigned investigator composes a formal investigative report detailing the rationale behind the conclusion. This includes a summary of testimonial and physical evidence, credibility assessments, and an explanation of whether the claim was substantiated, unsubstantiated, or unfounded. Once completed, the investigative report is forwarded to facility leadership. In administrative investigations, facility personnel are responsible for notifying the involved incarcerated individual of the outcome. However, if the investigation is criminal in nature, the notification responsibility shifts to the Criminal Operations Division, which also ensures the Facility Head is informed.

Facility Head

In the interview, the Facility Head confirmed their understanding and implementation of notification requirements under PREA. Specifically, they affirmed that in instances where an incarcerated person alleges sexual abuse by a staff member—and the allegation is substantiated, the individual is informed when any of the following occur:

- The staff member is no longer assigned to the individual's housing unit;
 - The staff member separates from employment at the facility;
 - The department learns the staff member has been arrested on a charge related to the abuse; or
 - The department becomes aware of a conviction related to the incident.
- The Facility Head also confirmed that within the past 12 months, there were one substantiated allegations of staff-on-inmate sexual abuse.

In addition, for substantiated inmate-on-inmate sexual abuse cases, the Facility Head stated that the victim is notified if the alleged perpetrator is indicted, charged, or convicted of a related offense.

Inmates Who Reported Sexual Abuse

At the time of the on-site audit, there were no incarcerated individuals currently housed at the facility who had reported sexual abuse within the previous 12 months. As a result, no interviews were conducted within this category.

PROVISIONS

Provision (a): Notification of Investigative Findings

The facility reported in its PAQ that it follows a written policy requiring that any incarcerated individual who alleges sexual abuse be informed, either verbally or in writing, of the outcome of the investigation—specifically whether it was substantiated, unsubstantiated, or unfounded. This practice was verified during the Facility Head interview.

In the 12 months preceding the audit, the facility reported eight allegations of sexual abuse reported during the audit period. Of these, five involved inmate-on-inmate

conduct. All five were investigated administratively, with two referred for criminal investigation. The outcomes of these inmate-on-inmate cases included two allegations determined to be unsubstantiated and three substantiated. One criminally investigated allegation was referred to the grand jury, but the individual was not indicted. The other two allegations were not referred for prosecution due to the lack of cooperation from the victim.

The remaining three sexual abuse allegations involved staff-on-inmate conduct. All three were referred for criminal investigation. One of these allegations was substantiated, while the remaining two were unsubstantiated. Prosecution was declined in all three allegations. The staff member involved in the substantiated allegations resigned prior to being terminated from the agency. The staff member has been banned from all agency facilities.

WVDCR Policy 430.00, Section VIII.L (p. 20), outlines the agency's responsibilities under this provision, stating that the facility's PREA Compliance Manager (PCM) must inform the individual of the investigative finding. If the investigation was conducted by an outside agency, the facility must obtain the outcome information in order to provide proper notification. All notifications must be documented in accordance with agency policy.

Provision (b): Investigations by Outside Agencies

According to the PAQ and verified by investigative staff, there were five investigations into alleged sexual abuse conducted by outside agencies during the reporting period.

WVDCR Policy 430.00, Section VIII.K (p. 20), stipulates the components of investigative reports, including documentation of evidence, credibility assessments, and findings. The policy also requires that substantiated cases involving criminal conduct be referred to prosecutors in the county where the alleged assault occurred. Investigations conducted by external state entities or federal agencies must also follow these same standards.

Provision (c): Notification Following Staff-Involved Abuse Allegations

As reported in the PAQ and confirmed during interviews, the facility has procedures in place to inform individuals of specific developments following allegations of staff sexual abuse, provided the allegation is not unfounded. The incarcerated individual will be notified if:

- The staff member is reassigned away from the housing unit;
- The staff member is no longer employed by the agency;
- The agency learns that the staff member has been arrested or indicted; or
- A conviction has been secured related to the abuse.

The PAQ indicates there were three substantiated or unsubstantiated staff-on-inmate sexual abuse complaints in the past 12 months. The Facility Head verified this.

Policy 430.00, Section VIII.M.1-2 (p. 20), mandates that such notifications be made in

	<p>each of the above-listed circumstances. As noted in Provision (a), facilities are also required to provide the final case outcome to the individual involved.</p> <p>Provision (d): Notification Following Inmate-on-Inmate Abuse Allegations</p> <p>When an allegation of sexual abuse is made by one incarcerated individual against another, the policy requires that the alleged victim be informed if the accused has been:</p> <ul style="list-style-type: none"> • Indicted for a charge related to sexual abuse within the unit, or • Convicted of such a charge. <p>The Facility Head Designee confirmed this process during interviews. This requirement is outlined in Policy 430.00, Section VIII.M.3-4 (p. 21).</p> <p>Provision (e): Documentation of Notifications</p> <p>The PAQ states that during the past 12 months, individuals who remained in custody at the facility were notified of the result of the investigations of their allegations. The Facility Head affirmed this information.</p> <p>WVDCR Policy 430.00, Section VIII.O (p. 21), requires that all notifications—or attempts to notify—be documented and sent to the individual’s current placement or last known address. However, the facility’s obligation to notify is considered fulfilled if the individual has been released from the custody of the Division.</p> <p>Provision (f): Auditor Discretion</p> <p>This provision is not applicable and is not required to be evaluated as part of the audit process.</p> <p>CONCLUSION</p> <p>Based on the comprehensive review of facility documentation, relevant policies, investigative records, and staff interviews, the Auditor concludes that the facility is in full compliance with PREA Standard §115.73 regarding reporting to inmates. All necessary policies and procedures are in place, and there is evidence that the facility adheres to notification requirements when applicable.</p>
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess the facility’s adherence to PREA Standard §115.76 regarding disciplinary</p>

sanctions for staff, the Auditor conducted a comprehensive review of key documentation, including:

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

These documents provided essential insights into the agency’s formal disciplinary framework, specifically how allegations or violations involving staff misconduct related to sexual abuse or harassment are addressed and resolved.

INTERVIEWS

Facility Head

During the on-site interview, the Facility Head elaborated on critical aspects of staff accountability consistent with PREA requirements. The Facility Head confirmed that all staff are subject to disciplinary actions that may range from corrective measures to termination for violations of sexual abuse, harassment, or misconduct policies.

Key points highlighted included:

- The absolute requirement that termination is the presumptive sanction when staff are found to have engaged in sexual abuse;
- A proportional disciplinary approach for other violations of sexual misconduct or harassment, taking into account the seriousness of the offense and any prior disciplinary record of the staff member;
- There was one known policy violations or disciplinary actions involving sexual abuse or harassment by staff within the past twelve months;
- One staff member resigned in lieu of termination or been terminated for sexual misconduct during the current audit period.

PROVISIONS

Provision (a)

The PAQ and Facility Head interview confirmed that agency policy clearly mandates disciplinary sanctions, including termination, for staff found to have violated sexual abuse or sexual harassment policies. This is supported by WVDCR Policy 430.00 (p. 21, Section IX, A), which states termination is the standard sanction in substantiated cases of sexual abuse. For less severe violations, disciplinary actions are calibrated according to the violation’s nature, the staff member’s prior disciplinary history, and consistency with sanctions imposed on others for comparable offenses.

The policy further specifies that:

- Documentation is maintained for all terminations and resignations in lieu of

termination;

- Allegations involving potentially criminal conduct are promptly reported to law enforcement unless determined to be clearly non-criminal;
- When applicable, reports are also made to professional licensing boards or relevant regulatory bodies;
- Investigations continue irrespective of whether the staff member or the alleged victim departs the agency.

Provision (b)

The PAQ reports, and the Facility Head confirmed, that one incident of staff misconduct involving sexual abuse or harassment occurred during the twelve months prior to the audit. Further in the past 12 months there was one staff member who was terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. (See Provision (a) for full policy details.)

Provision (c)

According to the PAQ, any disciplinary sanctions imposed for violations short of substantiated sexual abuse are determined based on factors including the violation's severity, the staff member's disciplinary record, and consistency with similar cases. The Facility Head confirmed no staff members were disciplined short of termination for sexual misconduct or harassment during the past year. These procedures are also governed by Section IX, A of Policy 430.00.

Provision (d)

Agency policy mandates reporting terminated staff—or those who resign under threat of termination—for violations of sexual abuse or harassment policies to law enforcement agencies unless the conduct is clearly non-criminal. When relevant, professional licensing bodies are also notified. The Facility Head affirmed that no such reports were necessary in the past twelve months. This requirement is outlined in Policy 430.00, p. 21, Section IX, A (refer to Provision (a)).

In the past 12 months there was one staff member from the facility that was reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies:

CONCLUSION

Following a meticulous review of the Pre-Audit Questionnaire, applicable agency policy, and detailed interviews with facility leadership, the Auditor concludes that the West Virginia Division of Corrections and Rehabilitation is fully compliant with PREA Standard §115.76 concerning disciplinary sanctions for staff.

The agency demonstrates a firm, consistent commitment to accountability by enforcing clear disciplinary measures—up to and including termination—for staff engaging in sexual abuse or harassment. Additionally, established reporting procedures to external authorities further reinforce the agency's dedication to transparency and safety. Facility records show no violations within the current audit

	period, underscoring an environment committed to professionalism and the protection of those in custody.
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115.77	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with the Prison Rape Elimination Act (PREA) standard pertaining to disciplinary and corrective action for contractors and volunteers, the following documents were carefully reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and all supporting documentation provided by the facility • West Virginia Division of Corrections and Rehabilitation (WVDCR), Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, effective October 7, 2022 <p>INTERVIEWS</p> <p>Facility Head</p> <p>During the on-site audit, the Facility Head provided a detailed overview of the agency’s response protocols for addressing allegations or incidents involving contractors or volunteers. According to the Facility Head, any report or observation suggesting that a contractor or volunteer may have engaged in behavior that violates PREA standards—particularly involving sexual abuse or sexual harassment—triggers immediate administrative action.</p> <p>Once an allegation is received or an incident is discovered, the contractor or volunteer is promptly removed from facility access pending the outcome of a thorough investigation. This restriction remains in place throughout the investigation process, ensuring the safety and security of individuals within the facility and preserving the integrity of the investigative process. The Facility Head emphasized that no exceptions are made in such circumstances, reinforcing the agency’s commitment to a zero-tolerance culture regarding sexual misconduct.</p> <p>PROVISIONS</p> <p>Provision (a)</p> <p>The Pre-Audit Questionnaire reports that, during the past twelve months, there were no instances where a contractor or volunteer was referred to law enforcement or a relevant licensing authority for allegations involving sexual abuse or sexual</p>

harassment. This self-reported data was corroborated by statements made during the on-site interview with facility leadership, who affirmed that no such incidents had occurred within the audit review period.

WVDCR Policy 430.00, Section IX, Subsection B (p. 21), explicitly outlines the expectations and disciplinary measures applicable to non-agency individuals. The policy states:

“Any contractor, volunteer, intern, or any individual who conducts business with or uses the resources of the DCR, who engages in, fails to report, or knowingly condones sexual abuse or sexual harassment of an offender shall be subject to appropriate disciplinary action. Retaliatory action against any individual who reports or engages in a sexual abuse or sexual harassment investigation is prohibited. Any contractor, volunteer, intern, or any individual who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies and relevant licensing bodies.”

This policy demonstrates a clear and firm institutional stance: any contractor, volunteer, or other affiliated individual is held to the same high ethical and legal standards as facility staff. This approach ensures consistency and accountability across all roles within the correctional setting.

Provision (b)

As reinforced in the aforementioned policy language, WVDCR maintains a zero-tolerance approach that extends beyond staff to include all individuals working within or visiting the facility in a non-employee capacity. This includes contractors, volunteers, interns, and others engaged in services or programming within the institution.

Under this policy, any individual determined to have committed sexual abuse is permanently barred from contact with any incarcerated person and must be reported to appropriate external agencies, including law enforcement and relevant credentialing or licensing bodies.

During the review period, there were no incidents involving contractors or volunteers that required such disciplinary or corrective actions. Interviews and documentation confirmed that the policy provisions were understood and prepared for implementation, should the need arise.

(Refer to Provision (a) for detailed policy reference.)

CONCLUSION

Following a comprehensive review of agency policy, Pre-Audit Questionnaire responses, and interviews conducted during the on-site audit, the Auditor concludes that the West Virginia Division of Corrections and Rehabilitation fully meets the PREA standard regarding disciplinary and corrective actions involving contractors and volunteers.

The agency has in place clear, enforceable policies and demonstrated a proactive

	posture in addressing any potential violations of sexual safety standards. While no incidents involving non-agency personnel occurred during the review period, the agency's documented procedures and administrative responses reflect a well-established commitment to PREA compliance and institutional accountability.
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>The Auditor conducted a detailed review of the following documentation to evaluate the facility's compliance with PREA Standard §115.83, which addresses medical and mental health screenings and responses related to histories of sexual abuse:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and all relevant supporting documentation submitted by the facility. • 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. <p>INTERVIEWS</p> <p>Medical and Mental Health Staff</p> <p>Medical and mental health personnel interviewed during the on-site audit explained that if an individual is identified through the intake screening process as being at heightened risk for sexual victimization or abusive behavior—or has a documented history of either—then that individual is proactively offered a follow-up session with a qualified mental health professional. This follow-up occurs within 14 days of the initial risk screening and is guided by the individual's needs and clinical indicators.</p> <p>Risk Screening Staff</p> <p>Staff responsible for conducting PREA risk screenings confirmed that all health-related records—including disclosures of prior sexual victimization or abusiveness—are maintained within a secure, password-protected electronic health record system that is completely separate from general inmate files. Access to this database is restricted solely to authorized medical and mental health practitioners. Information is only shared with other staff—such as classification personnel or members of the facility's leadership team—on a strictly need-to-know basis, ensuring confidentiality is maintained in compliance with PREA standards.</p> <p>Inmates Who Disclosed Prior Victimization</p>

At the time of the on-site portion of the audit, there were no individuals in custody who had disclosed a history of sexual victimization within the past 12 months. As a result, there were no inmate interviews conducted specific to this provision.

PROVISIONS

Provision (a): Follow-Up Mental Health Services for Victims

The PAQ indicates that, over the past 12 months, there were no instances in which individuals disclosed prior victimization during their intake risk screening. This was independently confirmed through interviews with risk screening staff.

WVDCR Policy 430.00 (Page 13, Section V, Subsection J) states that when an individual discloses a history of having experienced sexual victimization or of having perpetrated sexual abuse—whether in an institutional setting or in the community—they must be offered a follow-up meeting with a facility mental health practitioner within 14 days of the risk screening.

Provision (b): Follow-Up Mental Health Services for Perpetrators

Similarly, the PAQ documents that there were zero individuals who disclosed previously perpetrating sexual abuse during screening in the preceding 12 months. Risk screening staff confirmed this information. This provision is covered under the same policy citation as Provision (a).

Provision (c): Verification of Victimization Screening Results

The PAQ again reports that there were no cases of disclosed prior victimization in the past year. Risk screening staff confirmed this data. Refer to the policy and procedures outlined under Provision (a) for compliance details.

Provision (d): Confidentiality of Institutional Abuse Disclosures

The facility demonstrates strict adherence to the confidentiality requirements outlined in PREA standards. The PAQ and interviews confirm that information related to an individual's history of sexual victimization or abusive behavior in an institutional setting is shared only with medical and mental health practitioners and, when necessary, a limited group of staff for purposes of treatment planning and security-related decisions. These include decisions related to housing, bed assignments, work duties, educational programming, and rehabilitative services.

Policy Reference: WVDCR Policy 430.00 (Page 22, Section XI, Subsection A) states that such sensitive information is restricted to appropriate staff and must be handled in compliance with state and federal law. Practitioners are required to inform individuals of the limits of confidentiality at the start of treatment services and their obligation to report specific information.

Provision (e): Informed Consent for Community-Based Victimization Disclosures

The PAQ notes, and staff interviews confirmed, that when an individual discloses prior sexual victimization that occurred in the community—not in an institutional

	<p>setting—medical and mental health staff are required to obtain informed consent prior to reporting the information. This requirement is waived if the individual is under the age of 18.</p> <p>WVDCR Policy 430.00 (Page 22, Section XI, Subsection A) mandates that informed consent be obtained before any disclosures about community-based sexual victimization are reported, with exceptions applying only to minors under the age of eighteen.</p> <p>CONCLUSION</p> <p>Following an in-depth review of relevant policies, facility practices, documentation, and staff interviews, the Auditor finds the facility to be fully compliant with all aspects of PREA Standard §115.83. The institution has effective systems in place to identify individuals with a history of sexual victimization or abusiveness and ensures appropriate, confidential, and timely follow-up services are provided. Information is handled in a manner that respects the privacy of individuals while fulfilling legal and ethical obligations, and all actions are taken in alignment with professional standards of care and the overarching goals of the Prison Rape Elimination Act.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>The Auditor conducted a detailed review of the following documentation to evaluate the facility's compliance with PREA Standard §115.83, which addresses medical and mental health screenings and responses related to histories of sexual abuse:</p> <p>Pre-Audit Questionnaire (PAQ) and all relevant supporting documentation submitted by the facility.</p> <p>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.</p> <p>INTERVIEWS</p> <p>Medical and Mental Health Staff</p> <p>Medical and mental health personnel interviewed during the on-site audit explained that if an individual is identified through the intake screening process as being at heightened risk for sexual victimization or abusive behavior—or has a documented history of either—then that individual is proactively offered a follow-up session with a qualified mental health professional. This follow-up occurs within 14 days of the initial risk screening and is guided by the individual's needs and clinical indicators.</p>

Risk Screening Staff

Staff responsible for conducting PREA risk screenings confirmed that all health-related records—including disclosures of prior sexual victimization or abusiveness—are maintained within a secure, password-protected electronic health record system that is completely separate from general inmate files. Access to this database is restricted solely to authorized medical and mental health practitioners. Information is only shared with other staff—such as classification personnel or members of the facility’s leadership team—on a strictly need-to-know basis, ensuring confidentiality is maintained in compliance with PREA standards.

Inmates Who Disclosed Prior Victimization

At the time of the on-site portion of the audit, there were no individuals in custody who had disclosed a history of sexual victimization within the past 12 months. As a result, there were no inmate interviews conducted specific to this provision.

PROVISIONS

Provision (a): Follow-Up Mental Health Services for Victims

The PAQ indicates that, over the past 12 months, 100% of inmates who disclosed prior victimization during their intake risk screening were offered a mental health referral the day of the disclosure. Referrals which were accepted resulted in mental health appointments within the following 14 days. This was independently confirmed through interviews with risk screening staff.

WVDCR Policy 430.00 (Page 13, Section V, Subsection J) states that when an individual discloses a history of having experienced sexual victimization or of having perpetrated sexual abuse—whether in an institutional setting or in the community—they must be offered a follow-up meeting with a facility mental health practitioner within 14 days of the risk screening.

Provision (b): Follow-Up Mental Health Services for Perpetrators

Similarly, the PAQ documents that there were 100% of inmates who disclosed previously perpetrating sexual abuse during screening in the preceding 12 months, were offered a mental health referral the day of the disclosure. Referrals which were accepted resulted in mental health appointments within the following 14 days. Risk screening staff confirmed this information. This provision is covered under the same policy citation as Provision (a).

Provision (c): Verification of Victimization Screening Results

The PAQ again reports that all cases of disclosed prior victimization in the past year screenings were offered a mental health referral the day of the disclosure. Referrals which were accepted resulted in mental health appointments within the following 14 days. Risk screening staff confirmed this data. Refer to the policy and procedures outlined under Provision (a) for compliance details.

	<p>Provision (d): Confidentiality of Institutional Abuse Disclosures</p> <p>The facility demonstrates strict adherence to the confidentiality requirements outlined in PREA standards. The PAQ and interviews confirm that information related to an individual’s history of sexual victimization or abusive behavior in an institutional setting is shared only with medical and mental health practitioners and, when necessary, a limited group of staff for purposes of treatment planning and security-related decisions. These include decisions related to housing, bed assignments, work duties, educational programming, and rehabilitative services.</p> <p>Policy Reference: WVDCR Policy 430.00 (Page 22, Section XI, Subsection A) states that such sensitive information is restricted to appropriate staff and must be handled in compliance with state and federal law. Practitioners are required to inform individuals of the limits of confidentiality at the start of treatment services and their obligation to report specific information.</p> <p>Provision (e): Informed Consent for Community-Based Victimization Disclosures</p> <p>The PAQ notes, and staff interviews confirmed, that when an individual discloses prior sexual victimization that occurred in the community—not in an institutional setting—medical and mental health staff are required to obtain informed consent prior to reporting the information. This requirement is waived if the individual is under the age of 18.</p> <p>WVDCR Policy 430.00 (Page 22, Section XI, Subsection A) mandates that informed consent be obtained before any disclosures about community-based sexual victimization are reported, with exceptions applying only to minors under the age of eighteen.</p> <p>CONCLUSION</p> <p>Following an in-depth review of relevant policies, facility practices, documentation, and staff interviews, the Auditor finds the facility to be fully compliant with all aspects of PREA Standard §115.83. The institution has effective systems in place to identify individuals with a history of sexual victimization or abusiveness and ensures appropriate, confidential, and timely follow-up services are provided. Information is handled in a manner that respects the privacy of individuals while fulfilling legal and ethical obligations, and all actions are taken in alignment with professional standards of care and the overarching goals of the Prison Rape Elimination Act.</p>
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW

To assess compliance with PREA Standard §115.82 – Access to Emergency Medical and Mental Health Services, the Auditor conducted a comprehensive review of key documentation provided by the facility. Primary among the materials reviewed were:

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

These documents outlined the protocols and practices governing the facility’s response to allegations of sexual abuse, particularly in relation to emergency medical treatment and mental health crisis intervention.

INTERVIEWS

Medical Staff

Licensed medical personnel described a clear and structured response process following a report of sexual abuse. When an individual is brought to the medical unit, a physician first conducts a preliminary evaluation to determine the nature and extent of any injuries. Based on this initial assessment, the physician decides whether immediate hospital transport is required or if activation of the facility’s Sexual Assault Response Team (SART) is appropriate. If the SART is deployed, a nurse provides treatment recommendations prior to the individual’s departure from the facility. Formal medical orders are then issued by the attending physician. Medical staff also ensure that individuals are informed of their options regarding prophylactic treatment for sexually transmitted infections (STIs), as well as other available care options based on clinical need.

Mental Health Staff

Mental health practitioners reported that psychological support services begin immediately and are guided by clinical judgment and best practices in trauma-informed care. Mental health staff work in close coordination with medical personnel to ensure a holistic and victim-centered response. Interviewees confirmed that individuals are offered access to emergency contraception and STI prophylaxis in accordance with accepted medical standards and ethical treatment guidelines.

First Responders (Security and Non-Security Staff)

Security Staff emphasized that their primary obligation is to ensure the safety and well-being of the victim while preserving any potential evidence. They also confirmed that immediate notifications are made to both medical and mental health professionals in accordance with established procedures.

Non-Security Staff explained that their initial role involves providing comfort and safety to the victim, notifying the security team, and remaining with the victim until security or medical staff assume responsibility.

Inmates Who Reported Abuse

At the time of the onsite audit, there were no incarcerated individuals at the facility who had reported sexual abuse within the previous twelve months. As a result, there were no interviews conducted with individuals specific to this standard.

PROVISIONS

Provision (a)

Documentation and staff interviews confirmed that individuals who report sexual abuse are granted immediate and unobstructed access to emergency medical and crisis intervention services. All services are provided by qualified health professionals, who apply clinical judgment to guide care decisions. Forensic medical examinations are conducted off-site, typically at a local hospital, and are performed by Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE). In cases where these specialized providers are unavailable, another qualified healthcare professional conducts the examination.

Relevant Policy: WVDCR Policy 430.00, p. 23, Section XI, Subsection B

Provision (b)

In instances when qualified medical or mental health staff are not on duty at the time of a report, security first responders take immediate protective action. These include safeguarding the individual and promptly notifying appropriate healthcare personnel. This process was corroborated during interviews with first responders, who were knowledgeable and consistent in describing their responsibilities.

Relevant Policy: WVDCR Policy 430.00, p. 23, Section XI, Subsection C

Provision (c)

Medical staff confirmed that individuals are offered emergency contraception and prophylaxis for sexually transmitted infections, consistent with prevailing medical guidelines. These services are initiated based on clinical need and provided in a timely and respectful manner. Additionally, for those who become pregnant as a result of a sexual assault involving vaginal penetration, the facility ensures that comprehensive information about lawful pregnancy-related services is provided.

Relevant Policies:

- WVDCR Policy 430.00, p. 23, Section XI, Subsection C
- WVDCR Policy 430.00, p. 23, Section XI, Subsection E

Provision (d)

All emergency medical and mental health services are made available to the victim without financial cost, regardless of whether the individual names the abuser or agrees to participate in the investigative process. This was confirmed through the PAQ, policy documentation, and staff interviews. The facility maintains a SAFE/SANE log to document the delivery or refusal of services in each case, ensuring

	<p>accountability and transparency in care provision.</p> <p>Relevant Policy: WVDCR Policy 430.00, p. 23, Section XI, Subsection B</p> <p>CONCLUSION</p> <p>Following a thorough review of the facility's policies, documentation, and staff interviews, the Auditor concludes that the institution is in full compliance with PREA Standard §115.82 – Access to Emergency Medical and Mental Health Services. The facility demonstrates a clear commitment to providing timely, professional, and trauma-informed care to individuals who report sexual abuse. Services are readily accessible, free of charge, and delivered in accordance with accepted medical and mental health standards. The facility's procedures reflect a thoughtful and coordinated response that prioritizes the well-being and dignity of every individual in its care.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess the facility's compliance with PREA Standard §115.83, the Auditor conducted a detailed review of relevant documents and agency policies. The materials reviewed included:</p> <ul style="list-style-type: none"> • The Pre-Audit Questionnaire (PAQ) • West Virginia Division of Corrections and Rehabilitation (WVDCR) Policy 430.00 – Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022 <p>WVDCR Policy 430.00 establishes the agency's obligation to ensure that any individual who experiences sexual abuse while in custody receives timely, confidential, and comprehensive medical and mental health care. The policy also requires that individuals identified as known inmate-on-inmate abusers undergo timely mental health evaluations and be offered appropriate treatment. All medical and mental health services are to be delivered in accordance with prevailing professional standards and are provided at no cost to the individual, regardless of their willingness to participate in an investigation or identify an assailant.</p> <p>INTERVIEWS</p> <p>Medical and Mental Health Staff</p> <p>Interviews with facility medical and mental health personnel affirmed that the facility</p>

maintains a trauma-informed and victim-centered approach to post-incident care. Staff described a well-coordinated response that ensures individuals who report sexual abuse receive immediate and ongoing support tailored to their clinical needs. Core components of the care process include:

- Immediate Response: Medical and psychological care is provided promptly following disclosure or discovery of sexual abuse, with clinical assessments guiding the response.
- Professional Standards: All services are rendered in alignment with accepted medical and mental health practices, and guided by the independent judgment of licensed professionals.
- No-Cost Treatment: Victims incur no financial responsibility for services provided, irrespective of investigative cooperation or identification of a perpetrator.
- Community-Level Care: The quality and scope of care provided meet or exceed standards typically found in community healthcare settings.
- Confidentiality: Staff strictly protect the privacy of victims, sharing information only on a need-to-know basis within the care and investigative teams.
- Access to Emergency Contraception and STI Prophylaxis: Victims are promptly offered emergency contraception, pregnancy testing, and sexually transmitted infection
- (STI) prophylaxis, when clinically indicated.
- Follow-Up and Continuity: Treatment planning includes appropriate follow-up appointments and referrals, particularly for those being released or transferred to another facility.
- Evaluation and Treatment of Abusers: Individuals identified as known inmate-on-inmate abusers are scheduled for a mental health evaluation within 60 days, with clinically appropriate treatment options offered as needed.
- Medical Testing: Victims are offered timely and relevant testing for STIs in accordance with established medical protocols.

PREA Compliance Manager (PCM)

The PREA Compliance Manager confirmed that all victims of sexual abuse are provided access to medical and mental health treatment services at no cost. These services are not dependent on the individual's decision to participate in an investigation or identify the person responsible for the abuse.

Incarcerated Individuals

At the time of the on-site audit, there were no individuals currently housed at the facility who had reported sexual abuse. As a result, no inmate interviews under this standard were conducted.

PROVISIONS

Provision (a): Access to Ongoing Care

The PAQ, supported by staff interviews, confirmed that the facility ensures access to appropriate and ongoing medical and mental health evaluations and treatment for all individuals who report having experienced sexual abuse while in custody, whether it occurred in the current facility or another confinement setting.

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

Provision (b): Continuity of Care and Referrals

Care planning includes follow-up services and referrals for continued treatment, particularly during facility transfers or community reintegration. Staff interviews corroborated this practice.

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

Provision (c): Community-Equivalent Standards of Care

All care provided to victims mirrors the standards available in outside community-based healthcare systems. Medical and mental health staff confirmed their commitment to maintaining parity in care quality.

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

Provision (d): Pregnancy Testing for Victims

Individuals who report sexually abusive vaginal penetration are offered pregnancy testing in accordance with policy and clinical need. Medical personnel verified this during interviews.

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

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

In cases where pregnancy results from a sexually abusive act, the facility provides victims with timely and comprehensive information regarding all lawful pregnancy-related medical options.

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

Provision (f): STI Testing and Treatment

The PAQ and interviews with medical staff confirmed that all individuals reporting sexual abuse are offered testing and, when appropriate, treatment for sexually transmitted infections.

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

Provision (g): No-Cost Treatment

PREA-related medical and mental health care is provided at no cost to the victim. This is not contingent upon investigative cooperation or disclosure of the abuser's identity. The facility maintains a SAFE/SANE log to document services rendered, offered, or

	<p>declined.</p> <p>Policy Reference: WVDCR Policy 430.00, p. 23, Section XI, B</p> <p>Provision (h): Mental Health Evaluation of Known Abusers</p> <p>The facility makes every effort to complete a mental health evaluation of all known inmate-on-inmate abusers within 60 days of identification. If warranted, treatment is offered based on the evaluation findings. This process was confirmed through documentation and staff interviews.</p> <p>Policy References:</p> <ul style="list-style-type: none"> • WVDCR Policy 430.00, p. 24, Section XI • WVDCR Policy 430.00, p. 15, Section V, J <p>CONCLUSION</p> <p>Following an in-depth review of facility policy, documentation, and comprehensive interviews with medical, mental health, and administrative personnel, the Auditor finds that the agency/facility is fully compliant with PREA Standard §115.83 – Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers.</p> <p>The facility exhibits a strong, trauma-informed commitment to the well-being of individuals impacted by sexual abuse. Medical and mental health services are delivered promptly, professionally, and without financial burden, ensuring that each person receives care that upholds dignity and supports recovery. Furthermore, the facility demonstrates a proactive approach to managing and treating individuals identified as abusers, contributing meaningfully to a safer and more rehabilitative correctional environment.</p>
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115.86	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>To assess the facility’s adherence to PREA Standard §115.86 – Sexual Abuse Incident Reviews, the Auditor conducted a detailed examination of the Pre-Audit Questionnaire (PAQ) and all associated documentation submitted in advance of the onsite audit. A central focus of 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 comprehensive policy serves as the agency’s guiding framework for ensuring that incident reviews are systematically conducted following the conclusion of sexual abuse investigations. It outlines specific</p>

responsibilities, review procedures, timelines, and documentation requirements essential for maintaining institutional accountability and promoting a culture of safety.

INTERVIEWS

Facility Head

During the interview, the Facility Head provided a thorough explanation of the processes surrounding sexual abuse incident reviews. The Facility Head confirmed that each review is conducted by a designated Sexual Abuse Incident Review Team comprised of upper-level management. While leadership plays a primary role, the Facility Head emphasized the collaborative nature of the process, highlighting the value placed on input from line-level supervisors, medical and mental health providers, and investigative staff. All voices are welcomed during deliberations, and the team strives to create a constructive, data-informed environment aimed at identifying gaps, addressing risks, and improving practices. The Facility Head also reaffirmed that the review process is proactive and remains fully aligned with WVDCR policy and PREA standards.

PREA Compliance Manager (PCM)

In a separate interview, the PREA Compliance Manager confirmed that the Sexual Abuse Incident Review Team is responsible for generating a formal written report following each review. These reports are submitted to both the Facility Head and the PCM. The PCM noted that the findings and recommendations from the review team are taken seriously and are often used to support modifications to facility procedures, staff deployment, and training strategies, thereby reinforcing a facility-wide commitment to continual improvement and sexual safety.

Incident Review Team (IRT)

A representative of the Sexual Abuse Incident Review Team elaborated on the composition and operational practices of the team. While administrative leaders provide oversight, the team actively seeks contributions from staff with direct operational, clinical, or investigative experience. The representative affirmed that every review adheres to the criteria outlined in both PREA Standard §115.86 and WVDCR Policy 430.00. The team conducts a structured evaluation of each qualifying incident and documents its findings in a formal report submitted to both the Warden and the PREA Compliance Manager. The interviewee confirmed that even in the absence of recent qualifying incidents, the team remains prepared and trained to perform reviews promptly and thoroughly.

PROVISIONS

Provision (a)

The PAQ confirms that the facility conducts a Sexual Abuse Incident Review (SAIR) following the completion of every sexual abuse investigation that results in a substantiated or unsubstantiated finding. Reviews are not required for unfounded allegations. According to WVDCR Policy 430.00, Section XII, Subsection A (p. 24), the

Office of PREA Compliance, in coordination with the facility's PREA Compliance Manager, must initiate a SAIR within thirty (30) days of the conclusion of any investigation where the allegation is not deemed unfounded. These reviews serve as a mechanism to identify underlying issues and promote ongoing improvements in safety, supervision, and response protocols.

Provision (b)

As indicated in the PAQ and verified through interviews, SAIRs are completed within the required 30-day window following each qualifying investigation. During the 12-month review period, the facility did not have any substantiated or unsubstantiated allegations of sexual abuse. As such, no incident reviews were conducted. Nonetheless, staff clearly demonstrated familiarity with the required procedures and stood ready to implement them in accordance with WVDCR policy and PREA mandates.

Provision (c)

The PAQ, along with staff interviews, confirms that the Sexual Abuse Incident Review Team includes upper-level facility leadership and draws on the expertise of a multidisciplinary group, including line supervisors, facility investigators, and healthcare professionals. This team structure, outlined in WVDCR Policy 430.00, Section XII, Subsection A, ensures that reviews benefit from diverse perspectives and are not limited to a single area of specialization, thereby supporting well-rounded, meaningful assessments of each case.

Provision (d)

The PAQ and staff interviews further affirm that the review team evaluates each qualifying incident using a standardized and comprehensive set of criteria, including:

- Assessment of whether any modifications to current policy or procedure are necessary to strengthen the facility's prevention, detection, or response systems;
- Analysis of possible motivating factors, including race, ethnicity, gender identity, actual or perceived sexual orientation, gang affiliation, or other institutional dynamics;
- Evaluation of the physical layout of the location where the incident occurred to determine whether blind spots or physical barriers played a role;
- Review of staffing levels during all relevant shifts at the time of the incident;
- Consideration of the adequacy of existing monitoring technologies and whether enhancements or redeployments could improve supervision and surveillance.

A written report is produced following the review and submitted to both the Facility Head and the PREA Compliance Manager. These practices are directly supported by WVDCR Policy 430.00, Section XII, Subsection B (p. 24).

Provision (e)

	<p>Finally, the PAQ affirms that any recommendations resulting from incident reviews are either implemented by facility leadership or accompanied by a documented rationale explaining why they are not adopted. This approach is consistent with WVDCR Policy 430.00, Section XII, Subsection C (p. 24), which ensures that every recommendation receives formal consideration and that decisions are appropriately documented for transparency and accountability.</p> <p>CONCLUSION</p> <p>Based on a comprehensive review of the Pre-Audit Questionnaire, agency policies, supporting documentation, and interviews with relevant facility staff, the Auditor concludes that the facility is in full compliance with PREA Standard §115.86 – Sexual Abuse Incident Reviews. The facility has demonstrated a proactive, interdisciplinary, and policy-driven approach to conducting incident reviews. Although no reviews were required during the most recent reporting period due to the absence of substantiated or unsubstantiated allegations, staff remain well-versed in their roles and responsibilities. The infrastructure is in place to ensure that reviews—when required—are completed promptly, thoroughly, and with a focus on systemic improvement and enhanced safety for all individuals in custody.</p>
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115.87	Data collection
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>As part of the PREA compliance assessment, the Auditor conducted a detailed review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation provided by the facility and the West Virginia Division of Corrections and Rehabilitation (WVDCR). Among the key documents reviewed was WVDCR Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, effective October 7, 2022. This policy outlines the agency’s comprehensive framework for collecting, analyzing, and reporting data related to allegations of sexual abuse in confinement settings.</p> <p>Additionally, the Auditor reviewed the agency’s most recent published Annual PREA Report, which is publicly available on the WVDCR’s official website: https://dcr.wv.gov/resources/Pages/prea.aspx. This report provides aggregated data and analysis, reflecting WVDCR’s continued efforts to maintain transparency, promote accountability, and ensure compliance with federal PREA standards.</p> <p>INTERVIEWS</p> <p>Facility Head</p>

During the interview, the Facility Head confirmed that the agency aggregates incident-based sexual abuse data on at least an annual basis, as required by PREA. The Facility Head also affirmed that this data collection process is guided by standardized instruments and definitions, allowing for accurate and consistent reporting across all WVDCR-operated facilities.

PREA Compliance Manager (PCM)

In a separate interview, the PREA Compliance Manager elaborated on their role in overseeing the accuracy and integrity of all data collected related to allegations of sexual abuse. The PCM explained that incident-based data is compiled on a monthly basis and includes all cases involving alleged offender-on-offender sexual abuse and staff-on-incarcerated individual sexual misconduct. The PCM emphasized that maintaining accurate records is critical to ensuring compliance, identifying trends, and developing strategies for prevention and response.

PROVISIONS

Provision (a):

According to the PAQ, the agency collects accurate, standardized, and uniform data for every allegation of sexual abuse within facilities under its direct operational control. This process relies on a consistent set of definitions and a standardized data collection instrument to ensure accuracy across all facilities. The Facility Head confirmed this during the interview.

A review of the most recent Annual PREA Report, available on the WVDCR website, confirms this requirement is met. WVDCR Policy 430.00 (pp. 24–25, Section E) designates the PREA Compliance Manager as responsible for ensuring that accurate information is collected for every allegation. Monthly incident-based reports are generated and must include, at a minimum, the total number of allegations, investigation numbers, case dispositions, and all relevant supporting documentation.

Provision (b):

The PAQ states—and the Facility Head confirmed—that WVDCR aggregates incident-based sexual abuse data at least annually. This aggregated data is then used to inform the agency’s annual PREA report, which includes analysis, trends, and corrective actions.

Policy 430.00 (p. 25, Section H) requires the Director of PREA Compliance to submit an annual report to the DCR Commissioner. The report must include comparisons to previous years, a summary of corrective actions taken, and an assessment of the agency’s overall progress in addressing sexual abuse. Once approved by the Commissioner, the report is published on the agency’s website. The policy also permits the redaction of sensitive information when its disclosure would pose a clear threat to facility safety, and mandates disclosure of the nature of the redacted material. Upon request, all relevant data from the previous calendar year must be submitted to the U.S. Department of Justice.

Provision (c):

The PAQ confirms that the incident-based data collected by the agency includes, at a minimum, the data required to respond to the most recent version of the Department of Justice’s Survey of Sexual Violence. The Facility Head also verified this during the interview.

This is further supported by Policy 430.00 (pp. 24–25, Section E), which mandates that monthly reports include:

- Total number of allegations,
- Investigation numbers and corresponding dispositions,
- Data gathered from reports, investigation files, and incident reviews,
- Data obtained from contracted private facilities, and
- All information necessary to complete the Survey of Sexual Violence as required by the Department of Justice.

Provision (d):

The PAQ indicates—and the Facility Head affirmed—that the agency maintains, reviews, and collects data from all available sources, including incident reports, investigation records, and sexual abuse incident reviews. This comprehensive approach ensures that the agency is capturing the full scope of information needed for accurate reporting and analysis.

Provision (e):

The PAQ also confirms that WVDCCR collects incident-based and aggregated data from every private facility with which it contracts for the housing of incarcerated individuals. This was verified by the Facility Head. Policy 430.00 (p. 25, Section E.4) requires that such data be included in agency-wide reviews and reports, ensuring consistency across both state-operated and contracted facilities.

Provision (f):

Finally, the PAQ affirms that the agency provides complete data from the previous calendar year to the U.S. Department of Justice upon request. The Facility Head verified that this practice is followed, in accordance with the requirements outlined in Provision (b) and Policy 430.00.

CONCLUSION

Based on a comprehensive review of agency policies, official documentation, public reporting, and interviews with key facility personnel, the Auditor concludes that the facility meets all provisions of the PREA standard related to the collection of sexual abuse data. The agency has established a clear and consistent process for gathering, analyzing, and reporting data, both internally and to external stakeholders. This approach reflects WVDCCR’s continued commitment to data-driven decision-making, transparency, and the protection of those in its custody.

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>As part of the compliance assessment for this Prison Rape Elimination Act (PREA) audit, the Auditor conducted an in-depth review of the Pre-Audit Questionnaire (PAQ) and all supplemental 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 comprehensive procedures for preventing, detecting, and responding to incidents of sexual abuse and harassment across all correctional settings under its jurisdiction.</p> <p>To further assess the agency’s commitment to transparency and accountability, the Auditor examined the WVDCR’s publicly accessible PREA webpage: https://dcr.wv.gov/resources/Pages/prea.aspx.</p> <p>This platform hosts annual reports, audit findings, and other critical data, reinforcing the agency’s dedication to public awareness and compliance with federal standards.</p> <p>INTERVIEWS</p> <p>Facility Head</p> <p>During a detailed interview, the Facility Head demonstrated a strong understanding of PREA standards related to data monitoring and the importance of utilizing data to inform institutional improvements. The Facility Head explained that when incident-based data reveals patterns—such as multiple reports occurring in a specific housing area or trends indicating elevated risk for vulnerable populations, including individuals identifying as lesbian, gay, bisexual, transgender, or intersex (LGBTI)—the facility responds proactively. Corrective measures may include targeted policy revisions, procedure adjustments, enhanced supervision, or staff retraining initiatives.</p> <p>The Facility Head also confirmed that PREA Annual Reports undergo a multi-layered internal review process prior to publication, ensuring that the data is accurate and that the content aligns with both agency policy and PREA expectations. Moreover, data analysis is used to evaluate the effectiveness of current prevention and response strategies, supporting continuous quality improvement and reinforcing the facility’s commitment to a culture of safety.</p> <p>PREA Compliance Manager (PCM)</p> <p>In a separate interview, the PREA Compliance Manager emphasized the agency’s commitment to making data-driven decisions. The PCM described how the facility routinely compiles, reviews, and assesses data related to sexual abuse allegations in order to inform operational decisions, update policies and procedures, and shape staff</p>

training. The PCM also noted that the annual report summarizing these efforts is published on the WVDCR's website to ensure both transparency and public accountability.

PROVISIONS

Provision (a):

The PAQ affirms that the agency regularly evaluates both individual cases and aggregated data to identify areas for improvement in its sexual abuse prevention and response efforts. This ongoing review process supports the identification of facility-specific or systemic concerns, implementation of corrective actions, and preparation of an annual report that outlines key findings and institutional responses.

WVDCR Policy 430.00, Section XII(G), directly supports this provision by requiring the secure retention of sexual abuse data and by mandating data analysis to guide operational and policy-level adjustments. The policy further requires that all data be retained for at least ten years following its initial collection.

Provision (b):

According to the PAQ, the agency's annual report includes comparative analysis of the current year's data against findings from previous years. This analysis helps assess trends over time and informs the agency's evaluation of its progress in reducing and responding to incidents of sexual abuse.

This requirement is clearly articulated in WVDCR Policy 430.00, Section XII(H), which mandates that each report include year-over-year comparisons, documentation of corrective actions taken, and an overall assessment of the agency's ongoing efforts. The Auditor reviewed the most recent annual report and verified that it contains a clear and meaningful comparison consistent with this provision.

Provision (c):

The PAQ confirms that the agency head formally approves the annual PREA report prior to its public release. This was also verified during the Auditor's review of the agency's website.

WVDCR Policy 430.00, Section XII(H), states that the Commissioner of the Division of Corrections and Rehabilitation must approve the final report. Once approved, the report is made available to the public on the WVDCR PREA webpage. The most current version of the report was found on the site, verifying compliance with this standard.

Provision (d):

The PAQ indicates that when full publication of an annual report would pose a clear and specific threat to facility safety or security, the agency reserves the right to redact specific sensitive content. When redactions are made, the agency must indicate the general nature of the information withheld.

	<p>This practice is governed by WVDCR Policy 430.00, Section XII(H), which also requires the agency to provide the complete set of annual PREA data to the U.S. Department of Justice upon request. The policy strikes a balance between operational security and public transparency, aligning with the intent of the PREA standards.</p> <p>CONCLUSION</p> <p>Following a comprehensive analysis of documentation, staff interviews, and a review of agency practices and public reporting mechanisms, the Auditor finds that the facility is in full compliance with all provisions of the PREA standard relating to the review of data for corrective action. The agency demonstrates a well-established process for gathering and analyzing sexual abuse data, responding appropriately to trends and findings, and making its efforts visible through public reporting. This thoughtful, data-informed approach reflects a strong institutional commitment to accountability, improvement, and the safety of all individuals in custody.</p>
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>As part of the comprehensive audit process, the Auditor conducted a detailed examination of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the West Virginia Division of Corrections and Rehabilitation (WVDCR). Among the key documents reviewed was WVDCR Policy 430.00, Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022. This policy outlines the agency's protocols for collecting, storing, reviewing, publishing, and ultimately retaining data related to incidents of sexual abuse in accordance with PREA standards.</p> <p>In addition, the Auditor reviewed content published on the agency's official PREA webpage, available at https://dcr.wv.gov/resources/Pages/prea.aspx. This site provides access to annual reports, statistical summaries, audit findings, and other PREA-related information, demonstrating the agency's commitment to transparency and public accountability.</p> <p>INTERVIEWS</p> <p>Facility Head</p> <p>During the interview, the Facility Head confirmed that all PREA-related data at the facility level is maintained within a secure, access-controlled system. Access to this system is limited strictly to personnel with a verified need to know. The Facility Head also explained that data required for the Survey of Sexual Victimization (SSV-2) and</p>

public reporting purposes is forwarded to the agency level. Aggregated data is then made publicly available on the WVDCR website in accordance with federal PREA mandates.

PREA Coordinator (PC)

In a separate interview, the agency’s PREA Coordinator reaffirmed that PREA data is securely maintained using the Risk Management System at the local level, which restricts access based on job responsibilities and security clearance. The PC further noted that the agency reviews and compiles this data annually as part of its reporting requirements under Standard §115.87. Only personally identifying information is redacted prior to publication to protect the safety and privacy of individuals. Aggregated data and annual reports are then published on the agency’s website for public access.

PROVISIONS

Provision (a):

According to the PAQ, the agency securely maintains both incident-based and aggregate data related to allegations and incidents of sexual abuse. This was verified through interviews with the PREA Coordinator. WVDCR policy mandates that aggregated data from both state-run and privately operated contracted facilities be made publicly available at least once per year.

WVDCR Policy 430.00, dated October 7, 2022, Section XII, Subsection G (p. 25), clearly states that all sexual abuse data shall be securely retained for a minimum of ten (10) years from the date of its initial collection, unless otherwise required by law.

Provision (b):

The PAQ confirms that WVDCR publishes aggregated sexual abuse data annually on its public-facing website, including data from both state-operated and contracted facilities. The PREA Coordinator also verified this during the interview.

Policy 430.00, Section XII, Subsection H (p. 25), states that the Director of PREA Compliance is responsible for compiling and submitting an annual report to the DCR Commissioner. This report includes incident-based data, trend analyses, corrective actions, and comparisons with previous years. Once approved by the Commissioner, the report is published on the WVDCR website for public access. The policy also allows for the redaction of information that could pose a threat to facility safety and security, with a requirement to indicate the nature of any material withheld. Upon request, all such data from the previous calendar year must be provided to the U.S. Department of Justice.

Provision (c):

The PAQ indicates, and the PREA Coordinator confirmed, that all personal identifiers are removed before any aggregated sexual abuse data is released to the public.

	<p>This practice is supported by WVDCR Policy 430.00, Section XII, Subsection H, which allows for redaction of personally identifying details or specific materials when their release would jeopardize facility safety. The policy requires that the agency clearly identify the nature of any redacted information in the published reports.</p> <p>Provision (d):</p> <p>The PAQ confirms that the agency retains all data collected under PREA Standard §115.87 for at least ten years, unless a shorter retention period is mandated by federal, state, or local law. This was also confirmed by the PREA Coordinator during the interview.</p> <p>This retention policy is explicitly outlined in Policy 430.00, Section XII, Subsection G, which mandates that all such data be securely stored for a minimum of ten years following its original collection date.</p> <p>CONCLUSION</p> <p>After careful review of the Pre-Audit Questionnaire, agency policies, supporting documentation, public-facing materials, and interviews with key personnel, the Auditor concludes that the West Virginia Division of Corrections and Rehabilitation meets all provisions of the PREA standard related to the secure storage, responsible publication, and proper retention of sexual abuse data. The agency has demonstrated a robust, well-documented approach to data management that aligns with PREA requirements and promotes both institutional accountability and public transparency.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>As part of the audit preparation process, the Auditor conducted a thorough review of the Pre-Audit Questionnaire (PAQ) along with all supporting documentation submitted by the West Virginia Division of Corrections and Rehabilitation (WVDCR). Among the materials reviewed was WVDCR Policy 430.00, titled Prison Rape Elimination Act (PREA) Compliance, dated October 7, 2022. This policy outlines the agency's commitments and procedures for maintaining compliance with the PREA standards, including audit frequency and reporting protocols.</p> <p>In addition, the Auditor accessed and reviewed information available on the WVDCR's official website at https://dcr.wv.gov/resources/Pages/prea.aspx. This publicly accessible PREA webpage includes past PREA audit reports, agency policies, and statistical data on incidents of sexual abuse in facilities operated by or on behalf of WVDCR, demonstrating transparency and accountability to the public.</p>

INTERVIEWS

Agency Head

During the interview with the Agency Head, it was confirmed that each facility under the jurisdiction of the WVDCR had been audited at least once during the most recent three-year audit cycle, in accordance with PREA Standard §115.401. The Agency Head also affirmed that audit reports are made publicly available on the agency's PREA webpage. This site includes multiple reports detailing sexual abuse data from facilities statewide and supports the agency's commitment to transparency and compliance with federal regulations.

PROVISIONS

Provision (a):

The PAQ confirms that within the previous three-year PREA audit cycle, WVDCR ensured that every facility it operates, either directly or through a private contractor, underwent at least one PREA audit. This practice aligns with federal requirements that a minimum of one-third of each type of facility under agency control be audited annually within the three-year audit cycle.

WVDCR Policy 430.00, dated October 7, 2022, specifically addresses this requirement. Section XIII, Subsection A of the policy states that the Director of PREA Compliance is responsible for responding to external survey requests, coordinating all required audits under the Department of Justice's PREA Standards, and ensuring full compliance with audit requirements. This includes verifying that one-third of all facility types under WVDCR oversight are audited annually.

Provision (b):

This provision is addressed through the same policy language cited under Provision (a). No additional documentation or information is necessary.

Provisions (c)–(g):

These provisions are not applicable to this audit and were not triggered during the review process.

Provision (h):

During the on-site portion of the audit, the Auditor was granted full and unrestricted access to all areas within the facility. Facility leadership and staff were highly cooperative and ensured that the Auditor was able to conduct a comprehensive assessment. All requested areas were made available without delay or limitation.

Provision (i):

Throughout the audit process, agency and facility personnel consistently responded to all requests for information in a timely and complete manner. Staff demonstrated a clear understanding of the PREA standards and a commitment to full transparency

	<p>and collaboration.</p> <p>Provisions (j)–(l):</p> <p>These provisions did not apply to the facility and were therefore not evaluated.</p> <p>Provision (m):</p> <p>The Auditor was provided with a private and secure setting to conduct confidential interviews with staff and incarcerated individuals. This arrangement allowed for open and candid communication, in keeping with audit protocols and confidentiality requirements.</p> <p>Provision (n):</p> <p>In interviews with incarcerated individuals, it was reported that they were informed of their right to communicate confidentially with the Auditor. They were also provided with an opportunity to do so using the same procedures in place for legal correspondence, ensuring privacy and compliance with PREA requirements.</p> <p>Provision (o):</p> <p>This provision was not applicable during the course of the audit.</p> <p>CONCLUSION</p> <p>Following a comprehensive review of the Pre-Audit Questionnaire, supporting documentation, WVDCR policy, the agency website, and interviews with relevant stakeholders, the Auditor concludes that the West Virginia Division of Corrections and Rehabilitation fully meets the requirements outlined in the PREA standard related to audit frequency and scope. The agency has demonstrated consistent implementation of procedures that ensure all facilities are audited as required and that audit reports and data are readily accessible to the public, supporting both compliance and transparency.</p>
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115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>As part of the comprehensive audit process, the Auditor conducted a detailed review of the Pre-Audit Questionnaire (PAQ) along with all relevant supporting materials submitted by the West Virginia Division of Corrections and Rehabilitation (WVDCR). A key component of this review included WVDCR Policy 430.00, titled Prison Rape Elimination Act (PREA) Compliance, which became effective on October 7, 2022. This policy outlines the agency’s obligations and internal processes for</p>

ensuring full compliance with the PREA standards, including the collection, review, and publication of sexual abuse data and audit findings.

Additionally, the Auditor examined the publicly accessible information available on the WVDCR's official PREA webpage: <https://dcr.wv.gov/resources/Pages/prea.aspx>. The website serves as a central hub for the agency's PREA-related materials, including audit reports, policy updates, and statistical data on incidents of sexual abuse, thereby supporting transparency and compliance with federal expectations for public disclosure.

PROVISIONS

Provision (f):

In accordance with PREA standards, the agency maintains a public-facing webpage that includes the most recent annual report detailing aggregated sexual abuse data from all facilities under its jurisdiction. This annual report reflects WVDCR's ongoing commitment to transparency, accountability, and compliance with federal reporting requirements. Members of the public, oversight bodies, and other stakeholders can access this information through the agency's dedicated PREA webpage at <https://dcr.wv.gov/resources/Pages/prea.aspx>.

CONCLUSION

After conducting a thorough review and evaluation of the available documentation, policies, and online resources, the Auditor concludes that the West Virginia Division of Corrections and Rehabilitation is in full compliance with the PREA standard concerning the contents and findings of audit reports. The agency has demonstrated a clear commitment to transparency by publishing its most recent sexual abuse data and ensuring that this information remains accessible to the public.

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes

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

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

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

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

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

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

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

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	no
115.18 (b)	Upgrades to facilities and technologies	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	no
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

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

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

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

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

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

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

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

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

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	na

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

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

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

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

(f)	
	<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>