

PREA Facility Audit Report: Final

Name of Facility: Wayne County Correctional Complex

Facility Type: Prison / Jail

Date Interim Report Submitted: 05/02/2024

Date Final Report Submitted: 12/01/2024

Auditor Certification

The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
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.	<input type="checkbox"/>
Auditor Full Name as Signed: Sharon R. Shaver	Date of Signature: 12/01/2024

AUDITOR INFORMATION

Auditor name:	Shaver, Sharon
Email:	sharonrshaver@gmail.com
Start Date of On-Site Audit:	03/18/2024
End Date of On-Site Audit:	03/20/2024

FACILITY INFORMATION

Facility name:	Wayne County Correctional Complex
Facility physical address:	44 Mid-Wayne Drive, Honesdale, Pennsylvania - 18431
Facility mailing address:	

Primary Contact

Name:	
Email Address:	
Telephone Number:	

Warden/Jail Administrator/Sheriff/Director

Name:	Randal W Williams
Email Address:	rwilliams@waynecountypa.gov
Telephone Number:	570-253-5970 x1500

Facility PREA Compliance Manager

Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-site

Name:	anna steelman
Email Address:	AKing@waynecountypa.gov
Telephone Number:	570-253-5970 x1512

Facility Characteristics

Designed facility capacity:	200
Current population of facility:	75
Average daily population for the past 12 months:	64
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both womens/girls and mens/boys

Which population(s) does the facility hold? 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:	16-67
Facility security levels/inmate custody levels:	min-max
Does the facility hold youthful inmates?	Yes
Number of staff currently employed at the facility who may have contact with inmates:	64
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	0
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	69

AGENCY INFORMATION	
Name of agency:	Wayne County Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	44 Mid-Wayne Drive, Honesdale, Pennsylvania - 18431
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	

Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information

Name:	Paul Soccodato	Email Address:	psoccadato@waynecountypa.gov
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Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

2

- 115.14 - Youthful inmates
- 115.34 - Specialized training: Investigations

Number of standards met:

43

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-03-18
2. End date of the onsite portion of the audit:	2024-03-20

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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	VIP Sexual Assault Crisis Services

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	200
15. Average daily population for the past 12 months:	64
16. Number of inmate/resident/detainee housing units:	10
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input checked="" type="radio"/> Yes <input 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

18. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	76
19. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:	4
20. 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:	1
21. 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:	3
22. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
23. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
24. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0

<p>25. 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:</p>	0
<p>26. 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:</p>	0
<p>27. 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:</p>	1
<p>28. 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:</p>	2
<p>29. 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:</p>	0
<p>30. 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):</p>	No text provided.
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>31. 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:</p>	64

32. 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:	69
33. 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:	0
34. 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:	The facility does not have contract workers. Maintenance services are provided by Wayne County staff. When a service contractor is used WCCF security staff the contractor and these contractors do not have contact with inmates.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

35. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	14
36. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input checked="" type="checkbox"/> Other <input type="checkbox"/> None
If "Other," describe:	Youthful offender status

<p>37. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor selected all targeted interviewees first and then identified their housing units. Once the number of individuals already selected were categorized by their housing units, then the auditor selected the remaining random individuals from each of the housing units according to factors such as age, race, ethnicity, length of time in the facility, programming, and work assignments to ensure a balanced representative number of interviewees from each of the living units.</p>
<p>38. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>39. 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>	<p>The auditor was required to conduct 8 random inmate interviews but oversampled random due to the facility housing male, female, and youthful offenders to get a representative sample from each.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>40. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>10</p>
<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>	
<p>41. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</p>	<p>4</p>

<p>42. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	1
<p>43. 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:</p>	3
<p>44. 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:</p>	0
<p>44. 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>44. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Conversations with staff and review of inmate files indicated there were no inmates at the facility who met the criteria for this targeted category. The auditor observed inmates while on the housing units, during meals, during recreation, and on work details and observed nothing that would indicate otherwise. The auditor further corroborated this during an interview with the Nursing Supervisor/Medical Director.</p>
<p>45. 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:</p>	0

<p>45. 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>45. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Conversations with staff and review of inmate files indicated there were no inmates at the facility who met the criteria for this targeted category. The auditor observed inmates while on the housing units, during meals, during recreation, and on work details and observed nothing that would indicate otherwise. The auditor further corroborated this during an interview with the Nursing Supervisor/Medical Director.</p>
<p>46. 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:</p>	<p>0</p>
<p>46. 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>46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Conversations with staff and review of inmate files indicated there were no inmates at the facility who met the criteria for this targeted category. The auditor observed inmates while on the housing units, during meals, during recreation, and on work details and observed nothing that would indicate otherwise. The auditor further corroborated this during an interview with the Nursing Supervisor/Medical Director.</p>

<p>47. 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:</p>	<p>0</p>
<p>47. 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>47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Conversations with staff and review of inmate files indicated there were no inmates at the facility who met the criteria for this targeted category. The auditor observed inmates while on the housing units, during meals, during recreation, and on work details and observed nothing that would indicate otherwise. The auditor further corroborated this during interviews with the Nursing Supervisor/ Medical Director and Director of Inmate Services.</p>
<p>48. 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>	<p>0</p>
<p>48. 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>48. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Conversations with staff and review of inmate files indicated there were no inmates at the facility who met the criteria for this targeted category. The auditor observed inmates while on the housing units, during meals, during recreation, and on work details and observed nothing that would indicate otherwise. The auditor further corroborated this during interviews with the Nursing Supervisor/ Medical Director and Director of Inmate Services.</p>
<p>49. 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>	<p>1</p>
<p>50. 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>	<p>2</p>
<p>51. 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>51. 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>51. 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>Interviews with staff, reviews of (3) investigative files, and interviews with (1) inmates who reported a PREA allegation confirmed there were no inmates at the facility who met the criteria for this targeted category.</p>
<p>52. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The auditor was required to conduct 8 targeted interviews but there were no inmates who met targeted categories several areas. The auditor interviewed all inmates who met a targeted category and oversampled in youthful offenders, cognitive disability, and disclosed sexual victimization to compensate for there being no inmates who met the categories of blind/deaf, LEP, LGBTI, placed in segregation for high risk.</p>

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>53. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>54. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><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 checked="" type="checkbox"/> None</p>
<p>If "None," explain:</p>	<p>Training Lieutenant</p>
<p>55. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>

<p>56. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The auditor met no barriers to completing interviews.</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>57. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>18</p>
<p>58. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>59. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>60. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>61. Were you able to interview the PREA Compliance Manager?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" 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)</p>

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

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

	<input type="checkbox"/> Other
63. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
63. Enter the total number of VOLUNTEERS who were interviewed:	2
63. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other
64. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
64. Enter the total number of CONTRACTORS who were interviewed:	1
64. 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 type="checkbox"/> Food service <input checked="" type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

<p>65. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>The auditor stated the facility uses no contractor workers. The interview was with the county maintenance employee assigned to the facility and the auditor listed him as a contractor because his role is similar to a contractor and he is not employed directly by the facility, but by the county.</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>66. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:

<p>67. 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)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>68. 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)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>69. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>

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

Yes

No

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

The Wayne County Department of Corrections is located at 44 Mid-Wayne Drive, Honesdale, Pennsylvania and houses adult male and female inmates as well as male youthful offenders. The auditor received full cooperation from staff throughout the duration of the audit. The auditor observed assignment and placement of staff throughout the site visit and was able to conduct the minimum number of interviews. The facility was exceptionally clean, and all inmate movement was strategic and orderly. The auditor conducted informal conversations with staff and inmates during the site inspection. The auditor was granted full access to all areas of the facility and all areas of the facility were visited and inspected, observing line of site, camera placements, and camera views. The auditor visited all shifts over the course of the three days of the site visit. During the site visit the auditor tested the PREA reporting line successfully from the inmate phone system. Additionally, the auditor observed an inmate place a test request using the inmate tablet system. The PREA Coordinator was newly appointed to the role after departure of the previous PC who had held the role during the prior audits. This was the fourth PREA audit for the facility. An interim report was issued on May 2, 2024 at which time the facility exceeded 2 standards (115.14 and 115.34), met 15 standards, and was out of compliance with 28 (115.13, 115.15, 115.16, 115.17, 115.21, 115.22, 115.31, 115.32, 115.33, 115.35, 115.41, 115.42, 115.43, 115.61, 115.63, 115.65, 115.67, 115.68, 115.71, 115.72, 115.73, 115.78, 115.81, 115.86, 115.87, 115.88, 115.89, 115.403). The PREA Coordinator worked closely with the auditor for the duration of the 180-day corrective action period. Once the corrective action period ended, the auditor's systematic review of all the evidence presented concluded the facility had met the 28 standards previously found out of compliance.

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.

72. 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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
73. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	There were no barriers to selecting additional documentation. All information was provided as requested by the auditor during the post-audit and corrective action period.

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.

74. 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	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

76. 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

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

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

Sexual Harassment Investigation Outcomes

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

78. 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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

80. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
80. Explain why you were unable to review any sexual abuse investigation files:	There were no sexual abuse allegations.

<p>81. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
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Inmate-on-inmate sexual abuse investigation files

<p>82. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>83. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>84. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>

Staff-on-inmate sexual abuse investigation files

<p>85. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>86. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>87. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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Sexual Harassment Investigation Files Selected for Review

<p>88. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>3</p>
<p>89. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>

Inmate-on-inmate sexual harassment investigation files

<p>90. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>3</p>
<p>91. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>92. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
93. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
94. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
95. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
96. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
97. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

98. 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

AUDITING ARRANGEMENTS AND COMPENSATION

99. 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

Standards

Auditor Overall Determination Definitions

- Exceeds Standard
(Substantially exceeds requirement of standard)
- Meets Standard
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion <p>Evidence Reviewed: PS6400; Facility Organizational Chart; Information Obtained from Interviews with the PREA Coordinator, Deputy Warden, and Warden.</p> <p>115.11(a): PS6400 is the facility's policy that prohibits any form of sexual contact or harassment with an offender. An offender, staff member, visitor, volunteer, or contracted service provider found to be in violation of this policy is subject to disciplinary action, termination of services or contracts, sanctions, and may be subject to criminal prosecution; A claim of consent is not an acceptable defense for participating in sexual contact or harassment with an offender. The policy outlines how it will implement the facility's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment which are consistent with those found in the Prison Rape Elimination Act. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates. Note that during the corrective action period the facility updated PS6400 policy, indicated by revision 8-21-2024, which reflects policy</p>

	<p>changes necessary to achieve full compliance. Signed acknowledgements for 59 staff were provided indicating review and understanding of the updated policy.</p> <p>115.11(b): PS6400 establishes that Wayne County Correctional Facility must appoint a PREA Coordinator to oversee all aspects of this policy. The PREA Coordinator for the facility is Lieutenant Paul Soccodato, who reports directly to the Deputy Warden. Based on an interview with the PREA Coordinator using the PREA Coordinator Interview Guide, he confirmed that he has time to manage all PREA-related responsibilities. He indicated that if he identified an issue with complying with a PREA standard, he would report the concerns to the Deputy Warden and Warden of the facility to address through policy revisions, process improvement, procedure modifications, and corrective actions. Additionally, interviews with the Warden and Deputy Warden confirmed that the PREA Coordinator has sufficient authority to coordinate these efforts, and that staff and offenders will be held accountable for their actions or inactions regarding compliance with PREA policies.</p> <p>115.11(c): Wayne County Correctional Complex operates a single correction facility and does not contract with other entities for housing of their inmates; therefore, there is no PREA Compliance Manager.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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115.12	Contracting with other entities for the confinement of inmates
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: Information Obtained from Interviews</p> <p>115.12(a): The information entered by the facility into the Pre-Audit Questionnaire (PAQ) incorrectly indicated the agency has entered into or renewed a contract for the confinement of inmates since the last PREA audit. Based on an interview with the PREA Coordinator and Deputy Warden, the facility does not contract with other entities to house their inmates.</p> <p>Based on the review and analysis of the stated evidence, the facility has demonstrated compliance with the provisions of this standard through non-applicability.</p>

115.13	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>

Evidence Reviewed: PS5235.1; PS6400; Housing Unit Post Orders (3 Shifts); Sergeant Post Orders (3 Shifts); Sample Staffing Roster; Observations During Site Visit; Interviews.

Evidence Reviewed During Corrective Action Period: Revised PS6400; Staff Acknowledgements; WCCF Staffing Plan, PS6787; Staffing Roster Samples; Memorandum Annual Review; Interviews.

115.13(a)(b)(c): PS6400 states the PREA Coordinator shall document observations and provide recommendations to the Warden on the status of staff planning. The staff planning shall provide for adequate levels of staffing and, where applicable, video monitoring to protect offenders against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, the following shall be considered: All components of the facility's physical plant such as, "blind spots" or areas where staff or offenders may be isolated; The composition of the inmate population; the number and placement of supervisory staff; facility programs occurring on a particular shift. Whenever necessary, but no less than once a year, in consultation with the PREA coordinator, the Warden shall assess, determine, and document whether adjustments need to be made to: The staffing plan; the facility's deployment of video monitoring systems and other monitoring technologies. PS6500 establishes that provisions (a)(c) will be implemented as a practice; however, the facility has not developed and documented a staffing plan that meets the requirements of provision (a). Additionally, the facility had no documented evidence that in the past 12 months a review was conducted to assess, determine, and document whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section, and the facility's deployment of video monitoring systems and other monitoring technologies, and the resources the facility has available to commit to ensure adherence to the staffing plan. This review must be in consultation with the PREA Coordinator.

The auditor conducted interviews with the Warden, Deputy Warden, and PREA Coordinator using the Interview Protocols and found that in practice, staffing levels and compliance with those levels are monitored on a daily basis. Staffing levels are based on budgeted personnel resources as established and approved by the governing county authority with the recommendation of the Warden. The facility has established Post Rosters that outline specific requirements for each post. Each post order requires rounds within the unit at least every thirty minutes for cell checks unless the inmate's status requires more frequent checks. These rounds were also corroborated through the auditor's review of unit logbooks and conversations with the officers. Daily Assignment Rosters are developed to provide the appropriate number of staff to provide safe and secure operations at the facility and to provide adequate supervision to the inmate population based on their security level needs. Daily shift rosters are documented by the shift supervisor as adjustments are made to the established staffing levels. Video monitoring is used to enhance safety and augment staff presence, particularly in low travel areas and areas where staff may not have direct line of sight. The facility has a robust video surveillance system with 83 cameras consisting of 10 outside and 73 inside. The auditor observed all camera placements and received a list of their locations. The Warden, Deputy Warden, (4)

Lieutenants, and (4) Sergeants are the only staff authorized to view archived video footage. Archive footage storage history is retained for approximately six months. The control center operates 24 hours per day and is staffed by one officer who monitors inmate and staff movement throughout the facility. The auditor observed that the officer stations are positioned centrally to the living units with direct visibility into the units. The facility design maximizes staff ability to monitor movement and use of shatterproof glass instead of closed walls throughout. The auditor observed areas where inmates are not allowed which and found that cameras were positioned to monitor movement into and from these areas. The auditor identified no blind spots that were not covered by camera view or direct officer line of sight. Camera placements were decided based on input from the PREA Coordinator and Deputy Warden based on their interviews with the auditor and an interview with the maintenance staff member who is responsible for maintaining the system. Interviews with the inmate population found no discernable issues to prevent them from participating in activities off the unit resulting from staff shortages. All (25) inmates interviewed told the auditor they felt safe at this facility. The auditor observed staff presence of appropriate levels throughout the facility. PS5235.1 provides a documented list of approved bedspaces. Based on triangulation of the evidence, the facility is providing a safe and secure environment with adequate staffing levels to protect inmates against sexual abuse.

All of the documents reviewed support this standard and collectively constitute elements of the staffing plan; however, the facility was unable to provide a written, developed staffing plan that meets all the requirements delineated in provision (a). As a result, the facility entered a 180-day corrective action period to remedy this deficiency. The facility was required to 1) develop and document a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse; 2) implement a practice of conducting a review of the developed staffing plan, at least annually and in consultation with the PREA Coordinator, which considers the following factors: a. Generally accepted detention and correctional practices; b. Any judicial findings of inadequacy; c. Any findings of inadequacy from federal investigative agencies; d. Any findings of inadequacy from internal or external oversight bodies; e. All components of the facility's physical plant (including "blind spots" or areas where staff or inmates may be isolated); f. The composition of the inmate population; g. The number and placement of supervisory staff; h. Institution programs occurring on a particular shift; i. Any applicable state or local laws, regulations, or standards; j. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and k. Any other relevant factors; 3) implement a requirement and practice of documenting and justifying all deviations from the established staffing plan.

Corrective Action Taken: The facility provided PS6787 PREA Staffing Plan, dated 08/28/2024 for the auditor's review. The staffing plan indicated that the facility developed and documented a staffing plan that provides for adequate levels of staffing and video monitoring to protect inmates against abuse. The plan is predicated on a bed capacity of 201 and covers 9 housing units. The plan further demonstrated that in calculating adequate staffing levels and determining the need

for video monitoring, the facility took into consideration: (1) Generally accepted detention and correctional practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated); (6) The composition of the inmate population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors. Additionally, the facility provided updated PS6400 that was revised to establish the requirement for a documented staffing plan and an annual assessment of the staffing plan to determine and document whether adjustments are needed to the staffing plan and deployment of video monitoring systems. This review is to be accomplished in consultation with the PREA Coordinator. A review of randomly selected Staffing Rosters between August 1, 2023-October 1, 2024, covering all three shifts found that the facility has a well-established practice of documenting deviations from the established staffing plan and each time the staffing plan is not complied with, the facility documents and justifies all deviations.

115.13(d): PS6500 establishes that provision (d) will be implemented as a practice and documentation of intermediate-level and higher-level supervisors unannounced rounds to identify and deter sexual abuse, and sexual harassment will occur on each shift. It also establishes that staff are prohibited from alerting other staff that the unannounced rounds are occurring unless it is related to operational functions of the facility. The auditor reviewed (8) samples of documented rounds from January 2024 to March 2024 for the housing units. All samples indicated rounds are documented but the auditor could not distinguish the rounds conducted by intermediate-level and upper-level supervisory staff from the routine rounds conducted by the officers. Interviews with shift lieutenants confirmed that they make at least two rounds per shift when on duty. They all explained that they stagger their rounds to remain unpredictable. Rounds are documented in the logbooks. Interviews with the Deputy Warden and Warden confirmed that they routinely make random unannounced visits to the facility at various times on all shifts, weekends, and holidays. Staff interviews concluded they are aware of the prohibition for alerting other staff that unannounced rounds are occurring. The auditor selected (4) intermediate-level supervisory rounds from the logbooks and corroborated them with video footage. After triangulation of the evidence the auditor determined the facility had partially met this provision and entered a 180-day corrective action period to remedy the deficiency. To become compliant the facility was required to implement a procedure to ensure intermediate-level and upper-level supervisors are consistently conducting unannounced rounds on all shifts to identify and deter staff sexual abuse and sexual harassment.

Corrective Action Taken: The auditor selected six random dates for all three shifts during the corrective action period and requested documented rounds by intermediate-level supervisors which was provided by the facility. Supervisor rounds were highlighted on the Rounds Tracker Reports. A follow-up interview with the PREA Coordinator found that Sergeants and Lieutenants (Intermediate-level staff) make

daily rounds on every shift and regular checks of the housing units. They are trained to monitor the staff and inmates and to be a deterrent to sexual abuse or harassment. These intermediate-level supervisors are also trained to conduct these rounds unannounced and at varying times per shift so that staff and inmates are unaware when they are being conducted. During these rounds, all areas of the housing units are checked, including all common areas, cells, closets, bathrooms, shower areas, and any areas that are not fully visible by camera views. Sergeants are required to make a minimum of two rounds and Lieutenants at least one. Rounds are documented in the unit logbook in red ink to distinguish the supervisory rounds. Sergeants also record their rounds using the "pipe system" which is documented on a computer-generated Rounds Tracker Report. The auditor concluded that the facility has a well-established practice of intermediate-level supervisors making frequent and irregular rounds in all areas of the facility on day and night shifts and thereby satisfied the corrective action plan.

Based on the review and analysis of the stated evidence, included evidence collected during the corrective action period, the facility has demonstrated compliance with all provisions of this standard.

115.14	Youthful inmates
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion <p>Evidence Reviewed: PS5220; PS6400; Youth Population Roster; Youth Housing Unit Logs; Observations during Site Visit; Interviews</p> <p>115.14 (a)(b)(c): PS6400 states a youthful inmate shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate. Supervision will be provided for youthful offenders on a one-on-one basis with a staff member of the same gender. Absent exigent circumstances, daily recreation shall not be restricted. There were (12) juveniles housed in the facility during the site visit. All youths are housed in Unit G which is located on a separate Block from the adult population. All adult inmate movement is confined to A Block and inmates cannot pass the Central Control located at the intersection of A/B block corridors. A review of the G-Unit logbooks indicated that rounds are made at least every 30 minutes as required, and more frequently when necessary. Additionally, the facility has a policy PS5220 dedicated to juvenile offenders that direct staff in daily operations. Wayne County Prison houses juveniles who are certified by the courts as adults. Juveniles who are not certified as adults by the Courts shall not be housed in the facility. In the past 12 months, there were no youthful inmates placed in the same housing unit as adults at this facility. nor were any youth placed in isolation for separation from adult offenders.</p> <p>The auditor interviewed 2 officers who supervise youthful inmates using the Interview</p>

Guide for Line Staff Who Supervise Youthful Offenders, the Director of Inmate Services, and 1 medical staff. These interviews determined that staff are able to maintain sight and sound separation between youthful and adult inmates both inside and outside of their housing areas. Staff indicated no circumstances in the past 12 months when sight and sound separation requirements have been difficult to achieve. The auditor interviewed 4 youthful offenders who told the auditor they never see anyone but staff. They said no adult inmates come to their unit, and they never encounter adult inmates when they are off the unit for recreation or to visit medical. Meals are served in the juvenile housing unit and are transported to the unit by kitchen staff. The auditor observed housing unit G and verified that all measures had been taken to ensure sight and sound separation from any confined adults in the housing units is being maintained. Informal conversations with other staff and adult inmates also confirmed separation practices and they all understood the importance of complying with these procedures. Glass windows from the B corridor into the juvenile unit have been frosted to further maintain sight and sound separation in the event an adult inmate is escorted by an officer down the corridor. Staff verified that youthful inmates are never placed in solitary confinement for any purpose, absent exigent circumstances.

Based on the review and analysis of the stated evidence, the facility has demonstrated compliance with all provisions of this standard. Additionally, the facility exceeds the provisions of this standard by consistent demonstration of sight and sound demonstration through space usage, staffing, and policy directives.

115.15 Limits to cross-gender viewing and searches	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: PS6400; PS6410; Observations During Site Visit; Interviews.</p> <p>Evidence Reviewed During Corrective Action Period: Revised PS6400; Revised PS6410; Revised Staff Training Curriculum; Interviews.</p> <p>115.15(a)(b)(c): PS6400 states that staff shall not conduct cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when provided by medical practitioners and shall document all cross-gender pat-down searches of female inmates. In exigent circumstances, if an opposite gender strip search is conducted, documentation will be forwarded to the supervisor. Based on interviews with 5 female inmates and conversations with security staff, the facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. The auditor requested review of the cross-gender searches logs and the facility indicated that no opposite gender strip searches or opposite gender female</p>

pat searches have occurred within the audit period. When interviewing security staff, all explained that females are never searched by male officers. The 5 female inmates interviewed confirmed that they had never been searched by a male officer.

115.15(d): PS6400 establishes that Inmates shall be able to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. This limitation not only applies to in-person viewing but also remote viewing as well. Staff of the opposite gender shall announce their presence every time when entering an inmate housing unit in accordance with the following: In a male housing unit, "Female on unit" or in a female housing unit, "Male on unit." Conversations with staff confirmed that opposite gender announcements are made. The auditor observed these announcements being made to alert individuals confined in the facility that an opposite-gender staff person has entered a housing unit. Interviews with 25 inmates confirmed that opposite gender announcements are consistently made when staff enter the unit. Additionally, when asked if they were able to change clothes, take a shower, and use the restroom without being observed by opposite gender staff, each inmate replied yes and said they have privacy during these times. The auditor observed that the rooms provide space where inmates can change clothes without being viewed and the showers are equipped with doors blocking any direct or camera viewing during showering. Each inmate room is equipped with a toilet, and the auditor learned during interviews with staff and inmates, and observed during the site inspection, that the inmates are allowed to partially block the window when using the restroom but must remove the covering when done. The auditor observed the facility's electronic surveillance monitoring areas, where staff monitor live or recorded video feeds of inmates, and did not detect any compliance concerns with video monitoring access. Informal conversations with staff revealed that staff were not aware of instances where in-person or video monitoring cross-gender viewing occurred. The auditor observed cross-gender announcements.

115.15(e): PS6400 and PS6410 state a transgender or intersex inmate shall not be searched or physically examined by facility staff for the sole purpose of determining gender. If gender is unknown, it may be determined by conversation with the offender, by reviewing medical documentation or if necessary an exam conducted in private by a medical practitioner. The facility indicated that no searches of this nature were conducted within the audit period. A transgender or intersex shall not be searched or physically examined by facility staff for the sole purpose of determining gender. Security staff explained during interviews that searches for the sole purpose of determining an inmate's gender is prohibited. An interview with the Medical Director also confirmed that the medical department has conducted no searches for the purpose of determining an inmate's genital status. There were no transgender or intersex inmates housed at the facility during the site visit to interview. While the facility's practice is compliant with provision (e), the facility's policy language stating "*if necessary an exam conducted in private by a medical practitioner*" is inconsistent with the requirements of this provision and needs to be updated to reflect "*if necessary, by learning that information as part of a broader medical examination*

conducted in private by a medical practitioner." Additionally, PS6410 requires the transgender or intersex person to provide documentation or professional medical referral to medical personnel to support their status which is also inconsistent with the requirements of this standard. After triangulation of all the evidence, the facility had not demonstrated compliance with provision (e) of this standard. As a result, the facility entered a 180-day corrective action period to remedy these deficiencies. To become compliant the facility was required to revise PS6400 and PS6410 to reflect compliant procedures for identifying transgender and intersex inmates. The facility was also required to notify staff of these changes, train staff on the new procedures, and document this training by signature acknowledgement.

Corrective Action Taken (e): Policies PS6400 and PS6410 were revised to include language consistent with the requirements of provision (e). Signed training acknowledgement forms for PS6410 were provided for 56 employees acknowledging review and understanding. Signed training acknowledgement forms for PS6400 were provided for 59 employees. These updates and training sessions were conducted at different times during the corrective action period, which explains the variation in the employee numbers. There were no transgender or intersex inmates admitted to the facility during the post-audit or corrective action period. After triangulation of the evidence, the facility has satisfied the corrective action plan for provision (e).

115.15(f): PS6400 states the agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The auditor conducted an interview with the training lieutenant and reviewed the curricula onsite for staff training related to cross-gender searches. The training material reviewed conflicts with the requirement for the facility to always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances. Additionally, the curriculum did not include sufficient training related to cross-gender pat-down searches and searches of transgender and intersex inmates. Staff interviews revealed inconsistencies about facility procedures surrounding searches of transgender and intersex inmates. The training lieutenant provided the auditor with the Wayne County Correctional Facility Training Department 2024 tracking sheet. This document indicated that of the 57 security staff required to complete the searches training, 37 had completed the training within the prior 13 months for a 65% completion rate. After triangulation of all the evidence, the facility had not demonstrated compliance with provision (f) of this standard. As a result, the facility entered a 180-day corrective action period to remedy these deficiencies. To become compliant, the facility was required to revise its searches training curriculum to include updated and accurate search procedures for cross-gender pat searches and searches of transgender and intersex inmates. The facility was also required to train all security staff on the new curriculum and document this training by signature acknowledgement.

Corrective Action Taken (f): The facility provided an updated staff training curriculum for 115.31 which includes a module on conducting searches. This module on searches includes instructions and best practices on how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates. Policies PS6400 and

	<p>PS6410 were revised to include language consistent with the requirements of provision (f). Signed training acknowledgement forms for the PREA curriculum were provided for 52 employees. Signed training acknowledgement forms for the PS6410 were provided for 56 employees. Signed training acknowledgement forms for the PS6400 were provided for 59 employees. These updates and training were conducted at different times during the corrective action period, which explains the variation in the employee numbers. There were no transgender or intersex inmates admitted to the facility during the post-audit or corrective action period. After triangulation of the evidence, the facility has satisfied the corrective action plan for provision (f).</p> <p>Based on the review and analysis of the stated evidence, including evidence collected during the corrective action period, the facility has demonstrated compliance with all provisions of this standard.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: PS6400; Inmate Handbook; Zero-Tolerance Posters; Language Line Contract/Account Information; Interviews.</p> <p>Evidence Reviewed During Corrective Action Period: Revised PS6400; Inmate Training Curriculum; Inmate Intake PREA Handout; Inmate Education Video/Curriculum; Staff Training Curriculum and Signed Acknowledgement Forms; Follow-up Interviews with PREA Coordinator and Director of Inmate Services.</p> <p>115.16(a)(b): PS6400 states during the intake process, inmates shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Within 30 days of intake, the agency shall provide comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Current inmates who have not received such education shall be educated within one year of the effective date of the PREA standards. The agency shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient (LEP), deaf, or visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. The agency shall maintain documentation of inmate participation in these education sessions. In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats. The Inmate Handbook includes the facility's zero tolerance statement and reporting methods on page 2 in both English and Spanish.</p>

Every inmate receives an Inmate Handbook during intake upon arrival. The facility indicated they had no inmates who were LEP, deaf, visually impaired. The auditor interviewed (3) inmates with a cognitive disability and (1) with a physical disability and learned that they were aware of and understood the facility's zero tolerance for sexual abuse and sexual harassment and knew multiple ways to make a report. The PREA Coordinator explained that rarely do they receive an inmate who is not proficient in English and the most common other language spoken is Spanish. The facility has bilingual staff who can communicate the PREA training to Spanish speaking inmates when necessary. While the facility's policy explains that disabled and LEP inmates will have equal access to the PREA program, the facility has no established procedures in place for staff to follow.

An interview with the Warden determined that the County has community resources that the facility can utilized and that they will reach out to these contacts to obtain the necessary information to implement procedures for accommodating inmates who are LEP, deaf, or visually impaired, or otherwise disabled, or have limited reading skills in having equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment through policy PS6400. The PREA Coordinator and Deputy Warden also confirmed that these procedures will be implemented during the post audit period. At the close of the post audit period the facility has not provided evidence that procedures for providing inmates with disabilities had been fully implemented.

After triangulation of the evidence, the facility was determined to be out of compliance with provisions (a)(b). As a result, the facility entered a 180-day corrective action period to remedy these deficiencies. To become compliant, the facility was required to develop and implement appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. Such steps shall include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans with Disabilities Act, 28 CFR 35.164. Once implemented, staff must be trained on these procedures and this training must be documented by signature acknowledgement.

Corrective Action Taken (a)(b): A follow-up interview with the PREA Coordinator and Director of Inmate Services confirmed that the WCCF ensures that all inmates committed to the facility receive both basic and comprehensive PREA education in a

format that is understood. For inmates with disabilities the facility will utilize one-on-one reading, language translation, ASL interpretation or provide text in large print. Disabilities will be identified through the initial screening procedures or during the one-on-one meeting with the Director of Inmate Services. There were no inmates admitted to the facility within the corrective action period with a disability that needed special accommodation for presenting the PREA education. The facility has satisfied the corrective action plan for (a)(b).

115.16(c): A review of agency policies did not specify prohibiting the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety or the performance of first-responder duties. The auditor's review of the PAQ indicated that no such interpretations occurred during the audit period. Interviews with random staff confirmed that staff was unaware of any instances where the facility allowed the use of inmate interpreters, inmate readers, or other types of inmate assistants to assist inmates with disabilities or inmates who are limited English proficient when making an allegation of sexual abuse or sexual harassment. When staff were asked how they would communicate with an inmate who needed an interpreter they said they'd get with their supervisor.

At the close of the post audit period the facility had not provided evidence that procedures for providing inmates with limited English proficiency had been fully implemented. As a result, the facility entered a 180-day corrective action period to remedy this deficiency. To become compliant the facility was required to develop and implement appropriate steps to ensure that inmates with limited English proficiency have access to the use of interpreters in accordance with the requirements of this standard. The facility was also required to update PS6400 to include provision (c) language which requires the facility does not use inmate interpreters, inmate readers, or other types of inmate assistants 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. The facility was required to train staff on this prohibition and document this training by signature acknowledgement.

Corrective Action Taken (c): The facility revised policy PS6400 to include provision (c) language which requires the facility does not use inmate interpreters, inmate readers, or other types of inmate assistants 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. The facility provided the updated Staff PREA Training Curriculum (inclusive of these procedures) and signed acknowledgement forms for 52 employees. Additionally, all staff reviewed the updated policy PS6400 evidenced by signed acknowledgement forms for 59 employees. There were no inmates admitted to the facility within the corrective action period with a disability that were limited English proficient. The facility has satisfied the corrective action plan for (c).

A systematic review and analysis of the evidence provided, including evidence collected during the corrective action period, concludes the facility has demonstrated

	compliance with all provisions of this standard.
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: PS6400; Documentation Confirming Criminal Background Checks; Sexual Misconduct and Institutional Employment/Service Disclosure; Observations During Site Visit; Interviews.</p> <p>Evidence Reviewed During Corrective Action Period: Revised PS6400; Signed Acknowledgement Forms; New Hire Packets; Sexual Misconduct and Institutional Employment/Service Disclosure Forms; WCCF Seniority Spreadsheet; Follow-up Interview.</p> <p>115.17(a)(f): PS6400 states the Warden shall not hire or promote anyone who may have contact with offenders and shall not enlist the services of any contractor who may have contact with offenders, who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 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. Of the 6 personnel records reviewed for employees hired within the past 12 months, there was no evidence that the facility asked any applicant directly about previous misconduct as described in paragraph (a) of this standard. During interviews with the Deputy Warden who handles all hiring for the facility the auditor learned that the facility has not implemented a procedure for directly asking these questions of new applicants or current employees. While the facility policy complies with the requirements of provision (a), the facility does not meet the requirements of provision (f) which requires all applicants and employees be asked about prior misconduct directly during interviews for hiring or promotions. Additionally, the facility was unable to demonstrate the requirement to impose upon employees a continuing affirmative duty to disclose any such misconduct. Interviews with random staff revealed they are aware they must inform their supervisor of any contact with law enforcement outside the facility.</p> <p><u>Corrective Action Taken (f):</u> Once the facility became aware of the documented misconduct disclosure requirement in provision (f) they immediately created a form (Sexual Misconduct and Institutional Employment/Service Disclosure) to begin using during the hiring process. This onsite corrective action was monitored during the 180-day corrective action period for full implementation. To become compliant the facility must institutionalize the new procedure for administering the Sexual Misconduct and Institutional Employment/Service Disclosure which asks all applicants</p>

and employees about prior misconduct outlined in provision (a) directly during interviews for hiring or promotions and impose the requirement to impose upon employees a continuing affirmative duty to disclose any such misconduct. There were 6 new hires during the post-audit/corrective action period and the auditor reviewed the hiring packets for all 6 confirming that each new candidate was asked about prior misconduct as outlined in provision (a). The auditor reviewed the hiring packet for all 6 and found completed and signed Sexual Misconduct and Institutional Employment/Service Disclosure form in all. Signed acknowledgement forms for 59 employees indicating they have read and understand the revised policy PS6400 were provided for review covering all existing employees.

115.17(b): PS6400 does not address the consideration of incident of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. As a result, the facility entered a 180-day corrective action period to remedy this deficiency. To become compliant, the facility was required to update its policy to include the facility's stance on consideration of sexual harassment incidents, prior to hiring/promoting/enlisting contractors in accordance with provision (b).

Corrective Action Taken (b): The facility updated policy PS6400 to include the required language that incidents of sexual harassment will be considered in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. The facility has satisfied the corrective action plan for provision (b).

115.17(c): PS6400 establishes that before hiring a new employee who may have contact with inmates, the facility shall perform a criminal background records check and contact prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Documentation The auditor requested personnel file information for 6 randomly selected employees who were hired within the past 12 months. The files contained evidence that a criminal history background check was conducted on all 6 prior to hiring. There was no evidence that the facility contacts prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Of the personnel records reviewed for employees hired within the prior 12 months, 1 listed work experience that appeared to be an institutional employer; there was no evidence this employer was contacted about substantiated sexual abuse allegations or resignation during an investigation. The Deputy Warden explained that the facility performs a criminal record background check for all newly hired employees who may have contact with inmates and all employees, who may have contact with inmates, who are considered for promotions. The facility provided evidence that a criminal history check was completed for one recently promoted employee. After triangulation of the evidence, the facility was found out of compliance with this provision. As a result, the facility entered a 180-day corrective action period to remedy this deficiency. To become compliant, the facility was required to develop and implement a procedure to ensure that institutional employers are contacted for information on substantiated allegations of sexual abuse or any resignation during a pending

investigation of an allegation of sexual abuse in accordance with provision (c).

Corrective Action Taken (c): The facility has implemented a procedure for capturing this information on the Sexual Misconduct and Institutional Employment/Service Disclosure form when an applicant has prior institutional experience, and the prior employer will be contacted for information compliant with provision (c). The facility hired 6 new employees during the post-audit/corrective action period. The auditor's review of the 6 new hire packets found that none had prior institutional employment. Implementation of the Sexual Misconduct and Institutional Employment/Service Disclosure form being signed by the 6 new hire candidates indicates the facility now has a well-implemented practice of asking about prior institutional employment and will contact these prior employers when applicable. The facility has completed the corrective action plan for provision (c).

115.17(d): PS6400 requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. According to the PAQ, the facility indicated in the past 12 months, there were 12 contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates. No records have been provided to indicated background record checks are completed for any contractors. The facility provided 12 examples of criminal background checks conducted for volunteers. During interviews with the Deputy Warden and PREA Coordinator the auditor learned that the 12 contractors noted on the PAQ were actually referring to the volunteers. The facility has no contractors who provide services. Any service contractors who are hired to perform work at the facility will have no inmate contact and will be escorted by staff for the duration of the work.

115.17(e): PS6400 states criminal background record checks will be performed at least every five years of current employees and contractors who may have contact with inmates. The auditor requested a sample of 5 employees who were employed more than five years and their subsequent five-year criminal background check verification. This information was not received by the time the interim report was issued. Interviews with the Deputy Warden confirmed there is currently no system in place to ensure that these checks are conducted at least every five years. As a result, the facility entered a 180-day corrective action period to remedy this deficiency. To become compliant, the facility was required to develop and implement procedures to ensure that background checks are conducted on employees and contractors every five years who may have contact with inmates or have in place a system for otherwise capturing such information for current employees in accordance with provision (e).

Corrective Action Taken (e): A follow-up interview with the Deputy Warden and PREA Coordinator confirmed that it is the practice of the WCCF for the Deputy Warden to conduct background checks on all staff members, all contractors and all volunteers. The Deputy Warden maintains a WCCF Seniority sheet which lists all staff employed at the facility and their hire dates. The hire dates are logged into The WCCF background check spreadsheet and tracked. The Spreadsheet is viewed by the Deputy Warden monthly during the command staff meetings and any staff members

approaching a 5-year anniversary will have a new background check completed with the dates and the results entered into the Spreadsheet. The Deputy Warden will also run a criminal history check on any staff member being promoted before they are promoted to their new position. The WCCF does not use any outside contractors that have contact with the inmate population or that are in the facility on a daily basis that require a criminal background check. Verification (WCCF Staff Criminal History Checks) was provided to the auditor that all employees eligible for the five-year background check have been brought current. Signed acknowledgement forms for 59 employees indicating they have read and understand the revised policy PS6400 were provided for review. The facility has satisfied the corrective action plan for provision (e).

115.17(g): A statement that material omissions or providing materially false information is grounds for dismissal is included in the employment application based on the auditor's review of 6 new hires in the prior 12 months. However, the facility's policy does not include this language which is required by provision (g). As a result, the facility was found out of compliance and entered a 180-day corrective action period to remedy this deficiency. To become compliant, the facility was required to update policy and practice to require material omissions regarding sexual misconduct, or the provision of materially false information, to be grounds for termination in accordance with provision (g).

Corrective Action Taken (g): The facility provided updated policy PS6400 which was found to include the language, "Any material omissions or materially false information that is provided about sexual misconduct that are found substantiated will be grounds for termination of employment." Signed acknowledgement forms for 59 employees indicating they have read and understand the revised policy PS6400 were provided for review. The facility has satisfied the corrective action plan for provision (g).

115.17(h): The facility does not have a policy establishing 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, unless prohibited by law, will be provided. Interviews revealed no system was in place to provide information related to substantiated allegations of sexual abuse or sexual harassment involving a former employee upon request from a prospective employer. As a result, the facility was out of compliance and entered a 180-day corrective action period to remedy this deficiency. To become compliant, the facility was required to implement a procedure to ensure information on substantiated allegations is provided upon receiving a request from a prospective employer on behalf of a previous employee in accordance with provision (h).

Corrective Action Taken (h): The facility provided revised policy PS6400 which was found to include the language, "The Warden is required to provide information, when requested by any prospective employers of former staff members that either had substantiated claims of sexual abuse or resignations while under investigation. There were no requests from prospective employers received by the facility within the corrective action period. Based on the policy change the facility has met substantial compliance with provision (h).

	Based on a systematic review and analysis of the stated evidence, including evidence collected during the corrective action period, the facility has demonstrated compliance with all provisions of this standard.
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Observations During Site Visit; Information Obtained from Interviews Statement from Deputy Warden.</p> <p>115.18(a): An interview with the Warden and Deputy Warden confirmed the operations moved into the new building in 2008. The facility has not made any substantial expansions or modifications to the existing facility since the last PREA audit; however, they both explained that if any new construction changes or expansions are necessary, when designing, acquiring, or planning substantial modifications to facilities, they will consider the effects of such changes on its ability to protect inmates from sexual abuse.</p> <p>115.18(b): The facility has installed additional cameras to the video monitoring system since the last PREA audit. The auditor learned during an interview with the Deputy Warden that the additional cameras were added based on areas they identified as being vulnerable areas for assaults or other inappropriate activities to occur. These cameras were added to enhance the safety of inmates and staff. The Warden explained that the facility relies on video monitoring capabilities to enhance the safety and security of the facility. Their system also allows limited upper-level supervisors, as approved by the Warden, to access certain live video feeds from remote locations. The auditor requested documentation of meeting minutes, or some other verification of the decision-making process used to decide whether this additional equipment was necessary and to ensure placement did not violate opposite gender viewing requirement while maximizing safety. The documentation was not provided at the time the interim report was issued. During the corrective action period, the facility provided a memorandum from the Deputy Warden explaining that prior to installation of the facility CCTV system a meeting was held on March 26, 2021, to discuss its installation. Attendees at the meeting included Deputy Warden, Lieutenant/PREA Coordinator, Wayne County Engineer, and representatives from the contractor. During this meeting multiple factors of the facility physical plant were taken into consideration including Cross Gender Supervision; Areas of Possible Unclothed Viewing; Shading of areas within Camera Cells; Blind Spots; Overall inmate safety.</p> <p>Based on the review and analysis of the stated evidence, the facility has</p>

demonstrated compliance with the provisions of this standard.

115.21 Evidence protocol and forensic medical examinations	
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: PS1320; PS6400; VIP Sexual Assault Crisis Pamphlet; Observations During Site Visit; Interviews</p> <p>Evidence Reviewed During Corrective Action Period: Revised PS6400; MOU with Investigative Authority; VIP MOU; Follow-Up Interviews.</p> <p>115.21(a)(b)(f): PS6400 establishes that the facility will conduct a preliminary investigation of every allegation of sexual contact. These investigations will be conducted by the lieutenant on duty. If it is determined that the allegation is potentially criminal in nature, then the Pennsylvania State Police will be contacted to conduct a criminal investigation. PS1320 establishes that sexual assault is considered a Priority I incident and must be reported at once to the Warden and the Pennsylvania State Police at the time of occurrence. A copy of the preliminary investigation report conducted by the facility will be forwarded to the Pennsylvania State Police in all cases of sexual contact with an offender. PS1320 and PS6400 collectively directs actions be taken immediately after a report of sexual assault or abuse to preserve evidence which include: immediately separating the alleged victim and alleged abuser; the victim will be taken to the medical department; the alleged victim/offender will be advised that he/she should not shower or clean him/herself, not drink or brush his/her teeth, or take any action that may damage evidence and then will be escorted to the hospital for evaluation. The location of the incident will be closed off. Evidence will be gathered, and pictures may be taken. If the perpetrating inmate is wearing clothing that may have been worn during the incident, it will be removed and collected as evidence in a paper bag. The perpetrating inmate will be placed in administrative custody pending the outcome of the investigation. This protocol is consistent with protocols found in 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." Interviews with random staff and the Medical Director confirmed they were all aware of the protocols for handling evidence as outlined in policies PS1320 and PS6400. During the site visit interviews the auditor learned that the facility had not requested the Pennsylvania State Police follow the requirements of paragraphs §115.21 (a) through (e) of the standards. During the post-audit period the facility drafted an MOU to the Wayne County District Attorney to formally initiate this request. The MOU must be submitted to the investigating authority and based on facility policy and interviews the Pennsylvania State Policy is that entity. The facility must resolve the conflicting information. The facility was found out of compliance with provision (f). As a result, the facility entered a 180-day corrective action period to remedy these deficiencies.</p>

To become compliant, the facility was required to clarify the investigative authority for criminal investigations and request that this external investigative entity follows the requirements of 115.21 (a)-(e).

Corrective Action Taken (f): The facility provided a MOU between WCCF and Wayne County District Attorney's Office (WCDA) establishing the WCDA as the legal investigating authority for all allegations of sexual abuse or sexual harassment as defined by the Department of Justice that involve potentially criminal behavior. This MOU further establishes that the investigative authority will follow the requirements of 115.21 (a)-(e). The facility's investigative policy has been updated to reflect this information. The facility has completed the corrective action plan.

115.21(c): PS6400 states if sexual misconduct is suspected and the alleged victim reports an allegation of vaginal, oral, and/or anal penetration by a body part or inanimate object, and the most recent act occurred within the past 96 hours, then he/she will be transported to a medical facility to be examined by a medical professional who is skilled and experienced in the use of a rape kit for the collection of evidence. The offender will be transported to a medical facility that employs a SANE (Sexual Assault Nurse Examiner) If the offender refuses to undergo this examination, he/she must sign a refusal of treatment. Treatment services for the victim will be provided at no cost to the offender. The alleged victim's care will be consistent with the level of care provided in the community. There were no forensic medical exams conducted during the past 12 months. An interview with the Medical Director confirmed that victims of sexual abuse will be taken to Wayne Memorial Hospital where SANE nursing staff are available on-call. No forensic medical examinations are conducted by facility medical staff. She further stated that inmate victims of sexual assault will not be financially responsible for costs associated with the forensic examination or care.

115.21(d)(e)(h): PS6400 states outside victim advocates for emotional support services related to sexual abuse will be available to all victims of sexual abuse. The auditor was provided an MOU between the Wayne County Correctional Facility; however, the MOU has not been executed. The auditor's review of the VIP brochure found that they provide crisis counseling; accompaniment to court, legal aid, policy, hospitals, and social service agencies; individual and group counseling; general information; referrals; and other services for victims of sexual abuse. Interviews with the PREA Coordinator, Inmate Services Director, and Medical Director confirmed that VIP will be contacted, and arrangements will be made for a VIP counselor to meet the alleged victim at the hospital to provide advocacy if requested. During interviews with the PREA Coordinator and Medical Director, the auditor learned that the facility always makes an advocate available from VIP and does not use a facility staff member or community-based staff member for the purposes of this section. The auditor spoke with the Executive Director by phone and learned that any incarcerated person at Wayne County Correctional Facility will be provided services consistent with those available to anyone in the county. She advised that the MOU was being updated. Facility policy does not direct staff to offer victim advocate services to the alleged victim. It is not required to have this in written policy; however, the auditor recommends that it be added to the policy protocols and addressed in the Facility's Coordinated Response Plan required in 115.65. There were no sexual abuse cases

during the audit period. The facility was found out of compliance with provision (e). As a result, the facility entered a 180-day corrective action period to remedy this deficiency. To become compliant, the facility was required to provide an MOU or documentation of an attempt for an MOU with a victim advocacy center. Additionally, procedures for staff to contact the victim advocate on behalf of the victim for support during the investigation and forensic medical examination must be incorporated into facility policy, directive, and included in 115.65.

Corrective Action Taken (e): The facility provided a copy of the fully executed MOU between WCCF and VIP signed April 9, 2024. Additionally, the facility updated policy, training curriculum, and the facility's coordinated response plan to include procedures for staff to contact the victim advocate on behalf of the victim for support during the investigation and forensic medical examination. The facility has completed the corrective action plan for this provision.

After the corrective action period, a systematic review and analysis of the stated evidence concluded the facility has demonstrated compliance with all provisions of this standard.

115.22 Policies to ensure referrals of allegations for investigations	
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: PS1320; PS6400; Case Files; Wayne County Website; Interviews</p> <p>Evidence Reviewed During Corrective Action Period: PS6400.01, Zero-Tolerance Investigations Policy; Signed Acknowledgement Statements; Public Website Review (Screenshot); PC Interview.</p> <p>115.22(a): As outlined in the documentation review of standard 115.21, PS6400 requires that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The auditor reviewed (3) cases where allegations were received (1) sexual abuse and (2) sexual harassment during the prior 12 months. All (3) allegations resulted in an administrative investigation. No cases were referred for criminal investigation: During interviews with the Warden and Deputy Warden, the auditor confirmed that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment.</p> <p>115.22 (b)(c): PS6400 and PS1320 establish that allegations of sexual harassment or sexual abuse will be referred to the Pennsylvania State Police for a criminal investigation, unless the allegation does not involve potentially criminal behavior. PS6400 or PS1320 does not describe the responsibilities of both the agency and the investigating entity. The auditor's review of the public website found that the policy published on the agency's website at https://www.waynecountypa.gov/219/Sexual-Abuse-in-Our-Facility (PS6400) is dated 2014 and the policy provided to the auditor</p>

for review is dated 2022; however, neither policy version contains all information required of provision (c). As a result, the facility entered a 180-day corrective action period to remedy these deficiencies. To become compliant, the facility was required to include a description of the responsibilities of both the Wayne County Correctional Facility and the external investigating entity in its investigative or PREA policy. Once policy revisions are completed, all facility investigators must be trained in the new procedures and documented through signature acknowledgement. The revised policy must be published to the facility's public website.

Corrective Action Taken (b)(c): The facility provided a MOU between WCCF and Wayne County District Attorney's Office (WCDA) establishing the WCDA as the legal investigating authority for all allegations of sexual abuse or sexual harassment as defined by the Department of Justice that involve potentially criminal behavior. Additionally, the facility developed and published PS6400.01, the agency's PREA investigative policy, which describes the responsibility of both the agency and the external investigating entity. The investigative policy was reviewed by (7) investigators as evidenced by signed acknowledgement statements. The auditor's review of the public website found that the newly published investigative policy is posted. The facility has completed the corrective action plan.

After the corrective action period, a systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.

115.31 Employee training	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: PS6400; Staff List; Wayne County Correctional Facility Training Department 2024 Tracking Sheet; Signed Training Acknowledgements; Employee Training Handouts; Pre/Post Test; Interviews.</p> <p>Evidence Reviewed During Corrective Action Period: Revised Policy PS6400; PREA Training PowerPoint 2024; Memorandum RE: Mandatory Reporting Laws; Mandatory Reporter Webinar PowerPoint; New Hire Orientation; PREA Training Acknowledgement Forms; Interviews.</p> <p>115.31(a)(b)(d): PS6400 states the agency shall train all employees who may have contact with inmates on: It's zero tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; Inmates' right to be free from sexual abuse and sexual harassment; The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims;</p>

how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with inmates; how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The training lieutenant also explained that he uses scenario-based examples during training and provided the auditor with some handouts used during training. The auditor reviewed the facility's PREA training curriculum and found that it did not include training on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates nor how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Additionally, some of the information included on the slides was outdated or provided incorrect information. Conversation with the training lieutenant found that the training curriculum has not been updated since it was initially implemented in 2014. The training slides included information tailored for both males and females since the facility houses both genders. Interviews with staff confirmed that they were knowledgeable about the zero-tolerance policy and their responsibilities as first responders to an incident of sexual abuse.

115.31(c)(d): PS6400 establishes that all employees will receive initial PREA training and refresher training every year during annual refresher training to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. The facility retains documentation through employee signature that employees understand the training they have received. The auditor learned during an interview with the training lieutenant that he maintains a tracking sheet for annual training and provided a copy for review. The tracking sheet indicates that PREA training is required every two years, however, information entered on the PAQ, PS6400, and interviews with random staff indicated that the training is held annually. Based on a review of the training tracking sheet, (56) security staff were current, having received the PREA training within two years and (8) staff were deficient ((1) officer, (4) medical staff, and (3) administrative staff). However, based on the facility's policy requirements, only (33) staff were current on their annual PREA training. The auditor reviewed signed acknowledgment forms for (15) employees stating they understood the training received.

The facility was found out of compliance with this standard after review of the evidence presented during the pre-audit period and observations during the site visit. As a result, the facility entered a 180-day corrective action period to remedy these deficiencies. To become compliant, the facility was required to update/replace the training curricula with current/correct information that includes all required training topics listed in provision (a). Once this curriculum is developed the facility was required to retrain all staff and document this training by signature acknowledgement. Additionally, the facility was required to establish if the PREA training is required annually or every two years and revised policies and training data to align where needed.

Corrective Action Taken (a)(b)(c)(d): The facility provided documented new employee orientation indicating the (6) new hires received PREA training upon hire. The facility

developed a new employee training curriculum with current/correct information that includes all required training topics listed in provision (a). This training was delivered to all staff during the first two weeks of September 2024 which was evidenced by (52) signed acknowledgement forms. The PREA Coordinator and Training Lieutenant researched the Pennsylvania mandatory reporting laws relating to youthful offenders and vulnerable adults. This information was incorporated into the revised employee training curriculum. Additionally, the facility established through policy PS6400 that all employees are required to take PREA training annually. The facility has completed the corrective action plan.

After the corrective action period, a systematic review and analysis concluded the facility has demonstrated compliance with all provisions of this standard.

115.32 Volunteer and contractor training	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: PS6400; Signed Acknowledgements; Interviews.</p> <p>Evidence Reviewed During Corrective Action Period: Revised PS6400; WCCF PREA Volunteer and Contractor Training; Interviews.</p> <p>115.32(a)(b)(c): PS6400 states the agency shall ensure 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. 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, but all volunteers and contractors who have contact with inmates will be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received. The facility provided examples of signed acknowledgement forms for volunteers indicating they have received training on the facility's zero-tolerance policy for sexual abuse and sexual harassment and their responsibilities if they become aware of or suspect an incident has occurred. However, the facility did not provide any training curriculum to indicate the training program that is delivered to volunteers. The Deputy Warden informed the auditor that the facility has no contractors entering the facility who have contact with inmates; therefore, there was no training delivered to any contractor within the prior 12 months. During interviews, the auditor learned that the facility has service contractors on site at times and the inmates are seen onsite by their probation/parole officers. The facility has no formal method in place to advise these occasional contractors/visitors of the zero-tolerance policy. The auditor interviewed (2) volunteers who were onsite during the site visit who verified that they were advised</p>

of the agency's zero-tolerance policy on sexual abuse and sexual harassment, as well as informed about how to report such incidents. Based on the review and analysis of the stated evidence, the facility was found out of compliance. As a result, the facility entered a 180-day corrective action period to remedy these deficiencies. To become compliant the facility was required to develop a training curriculum for volunteers and contractors on their responsibilities under the facility's sexual abuse/sexual harassment prevention, detection, and response policies and procedures and notification of the facility's zero-tolerance policy and informed how to report such incidents.

Corrective Action Taken (a)(b)(c): The facility developed the WCCF Volunteer/Contractor Initial and Annual Refresher PREA Training and implemented the curriculum on August 25, 2024. The training includes the volunteer and contractor responsibilities under the facility's sexual abuse/sexual harassment prevention, detection, and response policies and procedures and provides notification of the facility's zero-tolerance policy and informs how to report such sexual abuse or sexual harassment incidents. Additionally, the facility provided signed acknowledgements of training for (22) visitors/contractors and (7) new volunteers. The facility has completed the corrective action plan.

After the corrective action period, a systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.

115.33 Inmate education	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: PS6400; Inmate Handbook; PREA Informational Handout; Signage/Posters in English and Spanish; <i>My Name is Joe</i> Video; Observations During Site Visit; Interviews</p> <p>Evidence Reviewed During Corrective Action Period: Revised PS6400; WCCF The Prevention of Sexual Abuse in Prison: Zero Tolerance Policy for Sexual Abuse brochure; Inmate Handbook; Zero Tolerance Poster (English and Spanish); Email Directive to Staff from PREA Coordinator; Screenshot of Tablet Zero-Tolerance Message/Videos (English and Spanish); Printouts from Tablet System; Follow-up Interviews.</p> <p>115.33(a): PS6400 states during the intake process, inmates shall receive information explaining the facility's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The inmate handbook provides information in English and Spanish and states the facility has zero tolerance for sexual assault/abuse. Every effort will be made to provide inmates with a safe, humane and secure environment which is free</p>

from sexual assault/abuse. Inmates can report all incidents of sexual assault/abuse by use of the PREA Hotline or Jail Investigations Hotline; written notification (Request Forms, Grievance Forms) or by speaking with a Deputy, Shift Supervisor, Medical Staff or Clergy. In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats. The facility indicated on the PAQ that there were no admissions in the last 12 months and no intake training occurred which was clarified during the site visit as an error. The facility clarified that there were 458 inmates admitted to the facility within the audit period. During an interview with the PREA Coordinator the auditor learned that there is no one designated intake staff and that shift sergeants are trained to process inmates into the facility. The facility had (1) new intake during the site visit and the auditor observed the process. The inmate was kept in a holding cell, separate from other inmates until he was processed. the processing sergeant provided the inmate a facility handbook, had the inmate sign documents related to his property and booking and various other information, had the inmate sign the PREA Zero-Tolerance Notice and told the inmate verbally that the facility has zero-tolerance for sexual abuse and sexual harassment; he then briefly explained the multiple reporting methods that could be used. These signed acknowledgement forms, which have the message in both English and Spanish, are then retained in the inmate's institutional file. The auditor selected (28) random inmates from the rosters provided and requested evidence of the signed acknowledgement forms. All (28) requested were provided along with the booking sheet to indicate the date of arrival. The auditor's review of these documents found that there is no capture of the date the notification is signed by the inmate to corroborate if the information is delivered during the intake process upon arrival. The auditor interviewed (2) sergeants and (1) officer/acting sergeant who were all able to walk through the steps of the intake process as they were observed by the auditor. Inmate interviews revealed that they all were provided a facility handbook, and some stated they were told about the zero-tolerance and how to make a report, although most stated they read the information or were aware of it from another facility or through the signage posted in the facility.

115.33(b): PS6400 states within 30 days of intake, the agency shall provide comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The PREA Coordinator and Deputy Warden explained that the comprehensive training is delivered through the tablet. All inmates have access to the tablet and the tablets are programmed so that the user must first watch the PREA video before using any other features of the tablet. The auditor asked one of the inmates to access the PREA training information and he was able to pull up the video titled My Name is Joe, published by Just Detention International. There was no additional information available on the tablet to indicate that the inmates are trained on their right to be free from sexual harassment and sexual abuse; their right to be free from retaliation for reporting such incidents; and facility's policies and procedures for responding to sexual abuse and sexual harassment. Additionally, there is no procedure in place to ensure every inmate logs into the tablet system to receive the

comprehensive education, nor is there a method to ensure it occurs within 30 days of arrival. The Wayne County Correctional facility is a single facility; therefore, provision (c) is not applicable. The auditor interviewed (23) inmates (4-Youthful; 5-Female; 14-Male). All inmates were aware of the zero-tolerance policy and knew at least one method for making a report.

115.33(c): No inmates remain at the facility who were incarcerated at WCCF during inception of PREA and WCCF is a stand-alone facility so there are no internal facility transfers in. This provision is not applicable.

115.33(d): PS6400 states the agency shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. The auditor reviewed (28) intake packets and identified notations that (1) had a severe mental disability and "did not appear to understand the facility rules" and (1) was noted as not being able to read. No documentation was provided on either inmate's PREA Zero Tolerance notice that accommodation was made to ensure these individuals were delivered the PREA education in a format they understood. There were no LEP inmates assigned to the facility during the site visit. The auditor requested documentation where the PREA education had been delivered using an interpreter and the facility stated they have not had anyone who needed language accommodation. Additionally, there were no files to review or inmates to interview who had a vision or hearing disability.

115.33(e): PS6400 establishes that the agency shall maintain documentation of inmate participation in these education sessions. The auditor requested documented verification that the (28) inmates whose files were reviewed has received the comprehensive education. This information was not readily available in the inmate's file because the acknowledgement is submitted electronically. The auditor was provided a report for the period of December 29, 2023 through February 8, 2024, that included verification for all inmates who acknowledged having watched the PREA video on the tablet. The facility does not currently have a system in place to ensure that every inmate logs in within 30 days and completes the comprehensive training.

115.33(f): The auditor observed signage posted on every housing unit, in the recreation area, intake entry, kitchen, and in staff common areas stating the zero-tolerance message and reporting methods in English and Spanish. These signs were posted at eye level and were in large print so it could be easily read. The speed dial numbers were observed posted on the living unit telephones.

Based on the review and analysis of the stated evidence, the facility was found out of compliance with provisions (a)(b)(d) and entered a 180-day corrective action period to remedy these deficiencies. To become compliant the facility was required to 1) document the date that inmates are advised of the PREA information during intake on the form that they sign and ensure that accommodation is made for inmates with disabilities and those who are LEP and that any accommodation made is documented if an inmate requires assistance understanding the zero-tolerance for sexual abuse message. 2) develop and implement a comprehensive training program that includes

inmate's right to be free from sexual harassment and sexual abuse; their right to be free from retaliation for reporting such incidents; and facility's policies and procedures for responding to sexual abuse and sexual harassment; Additionally, the facility was required to implement procedures to ensure every inmate logs into the tablet system to receive the comprehensive education or that the comprehensive is delivered in a different format within 30 days of arrival. 3) develop and implement procedures that ensures the facility provides inmate education in formats accessible to all inmates including those who are LEP, deaf, visually impaired, who have limited reading skills, or are otherwise disabled and to document any such accommodation.

Corrective Action Taken (a)(b)(d): The facility implemented a PREA Inmate Education Verification Form that captures delivery of both the Basic PREA Education and the Comprehensive PREA Education by inmate signature. The top portion of the form is completed during intake when the inmate is provided the PREA brochure and told about the zero-tolerance for sexual abuse and sexual harassment and how to make a report. The second portion is completed during the one-on-one with the Director of Inmate Services which occurs within 30 days of intake. The PREA Coordinator provided a written outline of the newly implemented procedures as follows: It is the practice of the WCCF to ensure all inmates receive a basic PREA education upon their initial intake and a Comprehensive education within 30 days of their arrival to the facility. During a new inmate's entrance into the facility, the individual is advised that the facility has a zero-tolerance policy for sexual abuse and or sexual harassment and shown the signage in intake. Upon the inmate's intake booking process, the booking officer gives the inmate a copy of the WCCF Intake PREA brochure and explains the facility's zero tolerance policy and how to report any incidents or suspicions of sexual harassment or sexual abuse. If the inmate is impaired in any way, protocols will be followed by the shift supervisor to ensure the inmate receives and understands the information (translator services, ASL PREA Video, audible version read by the officer, etc.). Upon completion of the inmate's initial PREA education, the inmate and the booking officer sign and date the WCCF PREA education form. This form is retained by the Director of Inmate Services. The Director of Inmate Services is responsible for verifying that all new committed inmates have received this basic education. Within 30 days of the inmate's intake booking, the inmate receives a comprehensive PREA education. This consist of a 12 minute and 30 second video taken from the PREA Resource Center. The video outlines the PREA standards and inmates' rights to stay safe, how an inmate can file a PREA report and a list of free resources that are available to them. The WCCF has this video available in several languages, and for impaired inmates as well. The WCCF has all of the PREA videos on Smart Tablets. Inmates must watch the full PREA video and acknowledge that they watched it digitally, before the tablets can be used for commissary, visitation or text messaging. The Smart Tablet system has a log of inmates who have acknowledged watching the PREA video which is checked weekly by the PREA Coordinator. Any inmate who has not signed off on the smart acknowledgement will be seen by the Director of Inmate Services and secondary arrangements will be made to get that particular inmate the comprehensive education. The Director of Inmate Services is responsible for making sure all inmates incarcerated in the WCCF have this comprehensive education within the 30-day standard and will also facilitate any special issues, concerns or special

requirements needed to make the PREA information accessible to all inmates.

The auditor conducted a follow-up interview by phone with the Director of Inmate Services and PREA Coordinator to confirm these procedures as outlined. The facility provided signed acknowledgement forms for (60) inmates. If the inmate released prior to the delivery of the comprehensive education it was noted on the form.

Additionally, the facility provided a printout from the tablet system indicating (67) inmates admitted to WCCF had logged into the tablet and received the comprehensive education between March 1, 2024 through July 31, 2024. The facility provided (203) completed Intake Checklist forms indicating that these inmates received the PREA Zero-Tolerance Notification Brochure and had it explained by the deputy during intake for June-July 2024. The facility also provided a printout from the tablet indicating all current population as of 10/22/2024 had received the comprehensive education using the revised curriculum. Based on the information provided, the facility has satisfied the corrective action plan.

After the corrective action period, a system review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.

115.34 Specialized training: Investigations

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Evidence Reviewed: PS6400; Specialized Investigations Training Records; Interviews

115.34(a)(b)(c): PS6400 states that in addition to the general training provided to all employees, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case or administrative action or prosecution referral. The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. Any state entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations. All (3) investigations were conducted by the PREA Coordinator/Lieutenant, and he has received training certificates in PCM Response; PREA Audit; PREA Response; Specialized Mental Health; Specialized investigation training for SA in confinement settings, as well as the advanced investigations training. All training courses were presented by the National Institute of Corrections (NIC) and the curricula includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection

in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The PAQ stated there are (4) investigators and the facility policy indicates that the shift Lieutenant are designated to conduct administrative investigations of PREA allegations. The auditor clarified that there are a total of (6) trained investigators with the PREA Coordinator/Lieutenant being the primary investigator.

The auditor interviewed (4) lieutenants and found they have all received specialized investigator training for conducting sexual abuse investigations in confinement settings. They were all knowledgeable about investigatory procedures, evidence collection and victim centered interviewing techniques. They were able to explain the elements of a good administrative investigation. The PREA Coordinator is the primary investigating lieutenant for PREA investigations.

Based on a systematic review and analysis of the stated evidence, the facility has demonstrated compliance with all provisions of this standard. Additionally, the PCM/Investigator has taken advantage of the NIC's training programs on several PREA topics, which exceeds the provisions of this standard.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: PS6400; Managing the Physical and Mental Care of Inmates Training Certificate; Dealing with HIV; STD's and PREA in Corrections Certificate.</p> <p>Evidence Reviewed During Corrective Action Period: Revised PS6400; Signed Acknowledgement Forms; Specialized Training: PREA Medical and Mental Care Standards; Interviews.</p> <p>115.35(a)(c): PS6400 states all full and part time medical and mental health care practitioners who work in the facility will be trained in: how to detect and assess signs of sexual assault and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse or sexual harassment. The Training Lieutenant shall maintain documentation that the medical and mental health practitioners have received the mandatory training. The facility staff list indicated there are (4) medical staff and (0) mental health staff. Information provided with the PAQ advised the auditor that all (4) medical staff have received the required training. However, training certificates were provided for (2) employees for titled Dealing with HIV, STD's and PREA in Corrections. The auditor was unable to verify if this training curriculum included all the topics required in provision (a) of this standard. Additionally, no specialized training records</p>

were provided for the other (2) medical staff. Signed PREA Training Acknowledgement forms were provided to the auditor for (3) of the medical staff as evidence they received the facility's PREA training. The auditor interviewed (1) medical staff who confirmed that she takes the facility's PREA training during inservice annually; she was unable to remember exactly what was included in the training curriculum for the specialized training that she attended in 2013. She additionally advised that no forensic medical examinations are conducted at the facility. The facility was found out of compliance with provisions (a)(c) of this standard and entered a 180-day corrective action period to remedy these deficiencies. To become compliant, the facility was required to provide documented evidence that all full-time and part-time medical and mental health staff received specialized training that includes the following topics at a minimum: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse; how and to whom to report allegations or suspicions of sexual abuse or sexual harassment. Additionally, the facility was required to provide documented evidence that all medical and mental health staff have received the facility's PREA training in accordance with Standard 115.31.

Corrective Action Taken (a)(c): The facility provided a list of all current medical staff which indicated (4). The facility Training Lieutenant obtained the Specialized Training: PREA Medical and Mental Care Standards from the PRC website, and delivered training on Modules 1, 2, 3, 4 to all (4) medical staff. This training includes the topics required of this standard. This training was delivered between October 4-8, 2024, and was evidenced by signed acknowledgement statements. These (4) medical staff also received training on the 2024 PREA Curriculum at the time it was rolled out to all current employees as noted in 115.31. The facility does not employ mental health staff. The facility has completed the corrective action plan.

115.35(b): Facility medical staff do not conduct forensic medical examinations; therefore, this provision is not applicable.

After the corrective action period, a systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: PS6400; Blank Intake Screening Form; Completed Intake Screening Forms (28); Interviews. Evidence Reviewed During Corrective Action Period: Inmate Roster 06/02/2024;

Revised Policy PS6400; PREA Risk Screening Form; Completed PREA Risk Screening Forms; Memorandum from PC; Follow-up Interviews PC and Director of Inmate Services.

115.41(a)(b)(c)(d)(e): PS6400 states all inmates will be assessed during the intake process. Intake screening shall ordinarily take place within 72 hours of arrival at the facility, and such assessments shall be conducted using an objective screening instrument. The following criteria is used to assess inmates for their risk of being sexually abused by other inmates or sexually abusive toward other inmates: Mental, physical, or developmental disability; Age; Physical build; Previous incarcerations; Whether the inmate's criminal history is exclusively nonviolent; Prior sex offenses against a child or adult; Is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; Experienced previous sexual victimization; Offender's own perception of vulnerability; Whether the inmate is detained solely for civil immigration purposes. All concerns noted by the medical or psychology staff regarding an offender's sexual victimization history or predatory behavior will be communicated to the Records Department for appropriate housing assignments. The facility indicates (150) residents entered the facility through intake within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility.

The auditor's review of the intake screening form determined that the instrument is not objective. The form included information regarding mental/physical/cognitive disabilities; age; prior criminal history (violence/non-violence); lesbian; gay; transgender identification; and prior sexual victimization. The intake screening form did not address the physical build; previous incarcerations; prior sex convictions; bisexual or intersex identifications; the residents own perception of vulnerability; or whether the resident was being held solely for immigration purposes. The information collected on the form provides no calculated assessment to determine if an inmate is at risk for being sexually victimized or is at risk for predatory behavior. The auditor selected 28 random files for review and determined the forms were not dated so the auditor could not determine if the intake screenings occurred within 72 hours of arrival at the facility.

After conversation with the Deputy Warden, PREA Coordinator, and Inmate Services Director about the deficiencies with the risk screening instrument and processes, the facility immediately began working toward development of an objective screening instrument with the intent of implementation during the post audit period. The auditor has been working with the facility toward developing this instrument and it is currently being tested with a sample of the population prior to full implementation. Additionally, the facility is revising their policies to align with the requirement of this standard but has not completed the process as of the issuance of this interim report.

During the site review the facility received (1) new intake and the auditor observed this inmate being processed. However, the intake screening questions are completed during an interview with the Inmate Services Director, and she was not at the facility at the time the inmate was processed in. The sergeant who processed the inmate

explained that the inmate will remain in the R&O unit in a single cell status until his screening is completed. An interview with the Inmate Services Director confirmed that the screening process occurs in her office, one-on-one with the inmate which is a setting that ensures as much privacy as possible given the potentially sensitive information that could be discussed. She also explained that she usually conducts the screening within 72 hours, with few exceptions. Screening forms are retained in the inmate's institutional file and stored in a locked filing cabinet behind a locked door with limited access.

115.41(f): PS6400 states within a set time period, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. An inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. The facility indicates (150) residents entered the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more and who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake. The facility was unable to provide any documentation that reassessments were conducted within 30 days after arrival. The auditor interviewed the Inmate Services Director, who is the designee for conducting the intake screening, and learned that the 30-day assessments have not been completed.

115.41(g): PS 6400 did not address that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. The facility indicated a total of (3) sexual abuse or sexual harassment allegations. Of these (2) were determined to be unfounded. The inmate-to-inmate sexual harassment allegation that was deemed unsubstantiated should have a corresponding risk reassessment.

115.41 (h): PS6400 states inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to the assessment. Interviews with the Inmate Services Director and PREA Coordinator determined that inmates are not disciplined in any way for refusing to respond to (or for not disclosing complete information related to) the assessment.

115.41(i): PS6400 does not address the implementation of appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates.

Based on the review and analysis of the stated evidence, the facility was found out of compliance with this standard. As a result, the facility entered a 180-day corrective action period to remedy these deficiencies. To become compliant, the facility was required to 1) develop and fully implement an objective screening instrument that

considers all factors outlined in provisions (d) and (e). Once implemented, all inmates housed at the facility was required to be reassessed using the new assessment form. Additionally, the newly implemented risk screening instrument must be administered to all new arrivals ensuring they receive an initial screening, as well as a 30-day reassessment in accordance with provision (f). 2) update the policy to reflect that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. 3) develop and implement a policy that addresses how sensitive information collected during the risk screening instrument is kept from being exploited, who is authorized to have access to this information, and how this data is secured.

Corrective Action Taken: The facility immediately began working on development of an objective risk screening instrument during the post-audit period. The PREA Coordinator obtained guidance from the auditor and other facility PREA Coordinators, information from the PRC website, and obtained samples of instruments used by other facilities. After the initial draft of the risk screening instrument was completed it was sent to the auditor for compliance assessment. The auditor's review found that the instrument considered all factors outlined in provisions (d) and (e) and was objective. The risk screening instrument was implemented on June 20, 2024 at which time the facility screened all exiting population (57). These completed risk screening instruments were provided for the auditor's review which indicated the initial risk screening was completed as well as a 30-day screening for those inmates who were not released prior to the 30 days. Additionally, the auditor requested completed risk screening instruments for all new arrivals during the months of August-September 2024 for the (52) inmates admitted. The facility provided the (52) assessments which indicated all new arrivals were screening within 72 hours of arrival and rescreened within 30 days unless they released from the facility prior to the assessment due date. The PREA risk assessment form includes a Final Risk Assessment that is completed by the PREA Coordinator indicating he has reviewed the information and identified if the inmate is at high risk of sexual victimization, is a high risk of being sexual abusive, or neither. The PREA Coordinator also maintains a spreadsheet of these assessment results to track any high-risk inmates so this information can be used for making management decisions related to housing, education, programming, or work assignments. A follow-up interview with the PREA Coordinator, confirmed with a written memorandum explained the following actions taken on behalf of the facility. Following the PREA audit site visit in March 2024, the facility learned about the requirement and need for an objective screening instrument. After several months of research, development, staff training and feedback from test inmate screenings, the WCCF had an objective and working PRAT, (PREA risk assessment tool). The WCCF went live with the PRAT in June of 2024 and every inmate that has been committed since June 1, 2024 has been screened using the PRAT. Every screening completed in the WCCF since inception is sent to the PREA Coordinator for review for accuracy. The information gained from the PRAT is used to make decisions specific to that inmate, on a case-by-case basis and not by a generalized standard. The PRAT screening is vital to the WCCF for being able to keep inmates who are high risk for being sexually victimized separated from inmates who are high risk for being sexually abusive.

The facility also updated Policy PS6400 to reflect that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. There were no allegations received during the Post-Audit Period or the CAP Period so there were no examples of a reassessment after a report of sexual abuse. No additional assessments were initiated based on additional information during this same period. The updated Policy PS6400 also includes language that addresses how sensitive information collected during the risk screening instrument is kept from being exploited, who is authorized to have access to this information, and how this data is secured. Signed acknowledgement forms from all staff were provided indicated their review and understanding of the updated policy and procedures. Based on the auditor's review of this information the facility has completed the corrective action plan.

After the corrective action period, a systematic review and analysis of the evidence concluded the facility demonstrated compliance with all provisions of this standard.

115.42 Use of screening information	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: PS6400; Observations During Site Visit; Inmate Housing Rosters; Intake Screening Forms (28); Interviews.</p> <p>Evidence Reviewed During Corrective Action Period: PS6410, Revision 07/22/24; Directive to Staff PS6410; Memo to Auditor from PC; Follow-up Interviews PC and Director of Inmate Services.</p> <p>115.42(a)(b): PS6400 states the facility shall use information from the risk screening to inform housing, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The policy further states the facility will make individualized determinations about how to ensure the safety of each inmate. As the intake screening form was found non-compliant, the facility cannot meet provision (a) without first having an objective risk screening instrument. After interviews with all levels of staff and (23) inmates as well as a visual inspection of all housing units, it appears to the auditor that the facility makes individual determinations about how to ensure the safety of each inmate. Staff and leadership clearly articulated the measures they take on a daily basis to ensure the safety of all inmates under their care and this same message was acknowledged and corroborated by the (23) inmates interviewed.</p> <p>115.42(c)(d)(f)(e): PS 6400 states that placement and programming assignments for each transgender or intersex inmates shall be reassessed at least twice a year to review any threats to safety experienced by the inmate. Additionally, the policy states</p>

transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. The policy does not address in deciding whether to assign a transgender or intersex inmate to a facility/dormitory for male or female inmates, the agency shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety. Nor does it include that in making housing and programming assignments, the facility shall consider on a case-by-case basis whether a placement of a transgender or intersex inmate would present management or security problems. During interviews, the auditor learned that the facility determines housing and program assignments for transgender or intersex inmates based solely on their biological sex.

115.42(g): Based on an interview with the PREA Coordinator the facility does not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated units, or wings solely on the basis of their sexual orientation, genital status, or gender identity. As there were no inmates identified by the facility in any of these categories the auditor was unable to verify further.

Based on the review and analysis of the evidence during the Post-Audit Period, the facility was found out of compliance with all provisions of this standard, primarily due to 115.41 being out of compliance. As a result, the facility entered a 180-day corrective action period to remedy these deficiencies. To become compliant, the facility was required to 1) ensure standard 115.41 be brought into compliance and all current population of inmates be assessed for risk using the new instrument. 2) develop and implement a procedure for how the information used from the risk screening instrument is used to inform decisions on housing assignments, bed assignments, work assignments, education assignments, and programming assignments. 3) develop and implement procedures governing case-by-case decisions on placements of transgender or intersex inmates to a male or female housing unit. These procedures must align with the requirements of provision (c)(d)(e) and the policy must be updated to reflect these procedures. Once developed, facility staff was required to be trained on the new policy and procedures, documented by signature acknowledgement.

Corrective Action Taken: The facility immediately began working on development of an objective risk screening instrument during the post-audit period. The PREA Coordinator obtained guidance from the auditor and other facility PREA Coordinators, information from the PRC website, and obtained samples of instruments used by other facilities. After the initial draft of the risk screening instrument was completed it was sent to the auditor for compliance assessment. The auditor's review found that the instrument considered all factors outlined in provisions (d) and (e) and was objective. The risk screening instrument was implemented on June 20, 2024 at which time the facility screened all exiting population (57). These completed risk screening instruments were provided for the auditor's review which indicated the initial risk screening was completed as well as a 30-day screening for those inmates who were not released prior to the 30 days. Additionally, the auditor requested completed risk screening instruments for all new arrivals during the months of August-September 2024 for the (52) inmates admitted. The facility provided the (52) assessments which indicated all new arrivals were screening within 72 hours of arrival and rescreened

within 30 days unless they released from the facility prior to the assessment due date. The PREA risk assessment form includes a Final Risk Assessment that is completed by the PREA Coordinator indicating he has reviewed the information and identified if the inmate is at high risk of sexual victimization, is a high risk of being sexual abusive, or neither. The PREA Coordinator also maintains a spreadsheet of these assessment results to track any high risk inmates so this information can be used for making management decisions related to housing, education, programming, or work assignments. The facility also updated Policy PS6400 to reflect that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. There were no allegations received during the Post-Audit Period or the CAP Period so there were no examples of a reassessment after a report of sexual abuse. No additional assessments were initiated based on additional information during this same period. The updated Policy PS6400 also includes language that addresses how sensitive information collected during the risk screening instrument is kept from being exploited, who is authorized to have access to this information, and how this data is secured. The updated policy also included language and procedures to align with the requirements of provision (c)(d)(e). Additionally, the facility revised policy PS6410, LGBT to include compliant procedures for assessing, classifying, and housing transgender or intersex inmates and updated the staff training PREA curriculum to include these procedures. Signed acknowledgement forms were provided for all facility staff to indicate their review and understanding of these policy and procedural changes. The PREA Coordinator provided a written statement regarding 115.42 which was discussed in detail during a telephone conversation with the auditor.

To ensure information from the risk screening instrument is used to inform decisions on housing assignments, bed assignments, work assignments, education assignments, and programming assignments the PREA Coordinator provided the following information. In the WCCF, following policy PS6400, all inmates within 72 hours of being committed will be screened using the PRAT (PREA risk assessment tool). The PRAT is an objective screening instrument used to determine an inmate's likelihood to be sexually abused or perpetuate sexual abusiveness to other inmates. Using the score and information from the PRAT, along with talking with the individual, looking at what their instant offense is, examining their criminal history, and checking JMS (jail management system) for any keep separates, the inmate will be classified according to results of all these factors. All inmates that are committed to the WCCF are assigned housing in the Classification unit for 72 hours while they are cleared through the medical department before being moved to population or any other housing units. All cells on the classification unit are single occupancy. All inmates in the WCCF are afforded single occupancy private showers. When an inmate is determined to be at high risk for sexual victimization, the classification lieutenant will speak to the inmate to get a better understanding about how the individual feels about being placed in a particular housing unit, or around other inmates, or requiring a single occupancy cell, all pertaining to their own personal health and safety any concerns that they or we might have. If the inmate is comfortable with going to general population, the inmate will be assigned to an appropriate unit and closely

monitor them. If the inmate requests protective custody WCCF will house the inmate in administrative segregation/protective custody, if necessary. Supervisors doing their rounds will speak with the inmate to see how they are doing and if there are any issues. WCCF command staff will discuss inmates housed in administrative segregation/protective custody weekly and monitor to see if it needs to be modified. The procedure for housing an inmate who is high risk for perpetrating sexual abuse is the same as above, taking all of that inmate's factors into consideration. It should be noted that inmates that are high risk for sexual victimization would never be housed on the same housing unit as inmates who are at high risk for being sexually abusive. Between March 20-October 27, 2024, the facility admitted no inmates who identified as transgender/intersex. Based on the auditor's review of this information the facility has completed the corrective action plan.

After the corrective action period, a systematic review and analysis of the evidence concluded the facility demonstrated compliance with all provisions of this standard.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: PS6400; Interviews.</p> <p>Evidence Reviewed During Corrective Action Period: Revised Policy PS6400; Memorandum RE: 115.43, Protective Custody; Memorandum RE: No PC During Corrective Action Period; Interviews.</p> <p>115.43(a)(b)(c)(d)(e): PS6400 states inmates at a high risk for sexual victimization or inmates that have alleged sexual abuse may not be placed in Administrative Custody until all other means of separation have been exhausted. Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If restrictions to programs, privileges, education, and/or work opportunities occur, the PREA coordinator shall document the opportunities that have been limited; the duration of the limitation; and the reason for such limitations. If an inmate is placed in protective custody, the PREA Coordinator will document the basis for concern for the inmate's safety; and the reason why no alternative means of separation could be arranged. Every 30 days, the facility shall review protective custody status for continued need for separation from the general population.</p> <p>An interview with the Warden and Deputy Warden confirmed prohibition of placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no available alternative means of separation from potential</p>

abusers. The interview also confirmed that procedures, in accordance with PS 6400, would be enacted if such a placement is made. Interviews confirmed that when inmates are placed in segregated housing for protection from protection purposes, they still have access to programs, privileges, education, or work opportunities. There were no such placements during the audit period based on interviews and review of case files. The interview also confirmed that procedures, in accordance with PS 6400, would be enacted if such a placement is made. There were no inmates housed in segregation for sexual abuse or sexual harassment allegations.

During interviews with the PREA Coordinator and Deputy Warden the auditor learned that the facility does not place inmates in segregated housing for being at risk; however, the facility indicated on the PAQ that (3) inmates at risk of sexual victimization were held in involuntary segregated housing within the past 12 months for one to 24 hours awaiting completion of assessment. The facility also indicated on the PAQ that no inmates at risk of sexual victimization were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement. The auditor has received no documentation to support that the provisions of this standard were followed for these (3) inmates while they were in segregated housing; therefore, a proper assessment cannot be conducted on this standard. Interviews with staff who frequently work the segregated housing unit and the assigned supervisor indicated they were unaware of any inmate being placed in segregated housing due to a risk of sexual victimization.

Based on the review and analysis of the stated evidence, the facility was found out of compliance with all provisions of this standard and entered a 180-day corrective action period to remedy these deficiencies. To become compliant the facility was required to 1) provide the auditor with the names of the (3) inmates who were placed in segregated housing for risk of victimization, provide documentation concerns of the facility that warranted placement, provide documentation of any restrictions during the inmate's segregated confinement, and documentation of reviews, release, and placement to general population; 2) provide documentation to indicate why it was necessary to place the inmates in segregated housing.

Corrective Action Taken: The facility provided a memorandum from the PREA Coordinator identifying the inmates who were placed in segregation during the audit period that were referenced in the PAQ. All were placed in segregation initially pending investigation. The placement in segregation was not punitive, but a protective measure and none were involuntarily held more than 24 hours. All inmates still had access to programs, privileges, education, or work opportunities. Additionally, the facility provided a memorandum explaining there have been no inmates placed in segregation involuntarily for risk of sexual vulnerability between March 21, 2024, through October 28, 2024. The facility has completed the corrective action plan.

After the corrective action period, a systematic review and analysis of the evidence concluded the facility has met substantial compliance with this standard.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: PREA Reporting Line Poster; PS6400; PS6420; Victim Support Services Poster; Tablet Instructions for PREA and PREA Grievance Reporting; Current Agreement with SCI-Camp Hill; Systems Tests; Interviews.</p> <p>115.51(a)(b)(c): PS6400 states the agency shall provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. Offenders may use any telephone in each housing unit to report any acts of sexual contact or misconduct. The facility has a dedicated policy (PS6240) regarding the PREA reporting line. Policy 6420 states the purpose of this number is for inmates to have a way of privately reporting a sexual assault, harassment, rape or any sexual misconduct in the Wayne County Correctional Facility. This number (1-866-823-6703) is posted in each unit, in the lobby, in intake, in medical, and also in the corridors for inmates and staff to see. This number is only to be used for the reasons outlined and any violation of this phone number will be cause for disciplinary action. When a call is placed to this number it is directed to SCI-Camp Hill Control Center which is staffed 24-hours a day and is an external reporting entity with the Pennsylvania Department of Corrections. The caller will provide their name and any relevant information. The dispatcher receiving the call will then notify WCCF designated personnel, which is the Warden or Deputy Warden. The senior officer on duty at the WCCF will then be notified to initiate the appropriate response as needed. All reports of sexual contact with an offender will be kept confidential. The auditor reviewed the inmate handbook, rev. date January 2023, and determined that methods for reporting sexual abuse or sexual harassment were not addressed. An older version of the handbook, 2022, was provided which did include the zero-tolerance message and reporting methods; however, other information is not up to date. The facility provided the auditor with a copy of the PREA Reporting Line and Victim Support Services poster that is available to all inmates in the facility and which the auditor observed throughout the facility during the site visit. Additionally, the facility provided tablet instruction for PREA reporting, by Lattice Incorporated. The auditor interviewed (23) inmates and found that they all were able to explain at least (2) of the reporting methods available to them. They all knew that they could report verbally, in writing, or by calling the hotline. Of the (23) inmates interviewed, (18) said they would probably tell an officer, (4) said they would call the hotline, and (1) said they would not report and handle themselves. All inmates knew they could have someone on the outside make a report on their behalf but only (1) inmate stated they might use this method. Additionally, random staff interviews confirmed their knowledge of the multiple methods an inmate can use to report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have</p>

contributed to an incident of sexual abuse or sexual harassment. All staff explained they would take a verbal report, written report, or 3rd party report made on behalf of someone else and follow the same procedures as outlined in the first responder protocols, which would include reporting it to their shift supervisor immediately and completing an incident report in writing by the end of their shift. The facility's public website provides two methods to receive reports of sexual abuse from third parties: an email link and by mail to PREA Coordinator - 44 Mid-Wayne Drive, Honesdale, PA 18431. The auditor sent a test email to the link provided on the website and received an immediate reply from the Deputy Warden. The facility does not house inmates solely for civil immigration purposes.

During the site visit the auditor actively observed signage posted throughout the facility. Signage included how to report sexual abuse and sexual harassment, access to outside victim emotional support services. The zero-tolerance posters state: *The Wayne County Correctional Facility offers multiple ways to report sexual abuse and sexual harassment Call the PREA Hotline at *73 from any inmate telephone for external reporting. If you wish to remain anonymous, please request that your name is kept confidential Report to any staff, volunteer, contractor, or medical or mental health staff. Submit a grievance or a sick call slip. Report to the PREA coordinator or PREA compliance manager. Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling 570-253-2621 or writing WCCF 44 Mid Wayne Drive, Honesdale PA 18431. You also can submit a report on someone's behalf, or someone at the facility can report for you using the ways listed here.* The informational signage observed by the auditor was found readable and accessible, consistent, and placed throughout the facility to convey vital sexual safety information specific to the facility. Signage is provided in English and Spanish and is translated for the other languages, when needed. The signage text size, formatting, and physical placement accommodates most readers, including those of average height, low vision/visually impaired, or those physically disabled. The information provided by the signage is not obscured or damaged. Informal conversations with staff and inmates found that signage is posted throughout the facility in a manner that is easily accessible to them when needed. The auditor placed a call using a housing unit telephone and accessed a dispatcher with SCI-Camp Hill who explained that he would take the information from any caller, obtain as much information as the caller wished to provide, and would allow the caller to remain anonymous if requested. The information would then be forwarded to the Wayne County Correctional Facility. The auditor confirmed through interviews and personal observation inmates have access to writing materials such as forms, paper, writing utensils through commissary purchase or provided at no cost for indigent inmates. The facility has locked boxes affixed to the wall of each housing unit and in the dining room to receive grievances, internal written messages, and sick call requests. The facility policy establishes that staff must process anonymous reports. Informal conversations with staff and inmates verified their knowledge regarding internal sexual abuse, sexual harassment and victim services reporting processes to include electronic communications. During the site visit, the auditor observed the physical storage area of hard copy documents and electronic sexual abuse correspondence and determined that documents are either locked in a secure location or are

	<p>electronically protected via password entry. The Warden confirmed that PREA data is restricted to staff on a need-to-know basis only.</p> <p>115.51(d): PS6400 does not address the agency establishing procedures for staff to privately report sexual abuse and sexual harassment of inmates, nor how staff are informed of a method to do so. However, the auditor's review of the facility's website (https://waynecountypa.gov/219/Sexual-Abuse-in-Our-Facility) confirmed that anyone may submit reports online by email or by mail at: PREA Coordinator - 44 Mid-Wayne Drive, Honesdale, PA 18431. All staff interviewed explained they were to use their chain of command for making a report but understood that if their direct supervisor or someone in the chain of command was compromised, they could go directly to the PREA Coordinator, directly to the Deputy Warden or Warden, or call the hotline number available to the inmates.</p> <p>A systematic review and analysis of the stated evidence concluded the facility demonstrated compliance with this standard.</p>
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: PS6400; PS1330, Grievance Procedures; Interviews.</p> <p>115.52(a): Review of PS1330 found that the agency does not have an administrative procedure for dealing with inmate grievances regarding sexual abuse although based on an interview with the PREA Coordinator and Grievance Coordinator, if an inmate completes and submits a report of sexual abuse, sexual harassment, or retaliation on a grievance form, it will be forwarded immediately for investigation through the investigative procedures. Therefore, the facility is exempt from this standard and meets through non-applicability.</p>

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: PS6400; MOU with Victims' Intervention Program (VIP); Brochure for VIP; Interviews.</p>

115.53 (a)(b)(c): PS 6400 states outside victim advocates for emotional support services related to sexual abuse will be available to all victims of sexual abuse. Addresses, telephone numbers, and other information shall be posted in each housing unit so reasonable communication between inmates and organizations may be kept as confidential as possible. Offenders shall be informed, prior to receiving 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. All agreements with outside agencies shall be documented. The facility provided an unsigned MOU, dated 2018 with Victims' Intervention Program (VIP). The facility provided a pamphlet from VIP that included an address, 24-hour crisis hotline, a local (Wayne County) telephone number and the pamphlet indicated that service provided include: crisis counseling; assistance with protection from abuse orders; PFA legal representation; civil legal representation; accompaniment to court, legal aid, police, hospitals, and social service agencies; assistance with crime victim compensation claims; emergency shelter; information and referral risk reduction workshops; professional trainings; individual and group counseling. The facility does not house persons detained solely for civil immigration purposes. The auditor's interview with the VIP Executive Director learned that all services provided to the community are also available to the inmates incarcerated at WCCF. She further explained that they recently updated and executed a new contract but that there had been no interruption in services availability.

Interviews with (23) inmates found that the majority of them knew that services were available but said since they did not need them they hadn't really paid attention to what they were. There were (2) inmates who disclosed prior victimization during intake and both stated that the Inmate Services Director gave them a flyer and asked them if they would like to be put in contact with a counselor from VIP. All inmates understood that these services would be provided free of charge.

During the site review, the auditor actively observed signage throughout the facility. Signage included audit notices, how to report sexual abuse and sexual harassment, and access to outside victim emotional support services. The zero-tolerance posters include the following language: **VICTIM SUPPORT SERVICES** The Wayne County Correctional Facility has partnered with VIP to provide survivors of sexual abuse with emotional support services. To access these services, contact *75 from any inmate telephone. *Refer to the Inmate Handbook or PREA documents on the inmate tablets for more information on anonymous reporting and limits to confidentiality for emotional support services. Signages were readable and accessible, consistent, and placed throughout the facility to convey vital sexual safety information specific to the facility. For this standard, signage was specific to emotional support services. Signage is provided in English and Spanish and translated for the other languages when needed. Informal conversations with staff and inmates verified signage was consistently provided throughout the facility and not just because of the audit. During the site review, the auditor tested access to outside emotional support services by dialing the speed dial number from a phone on a randomly selected housing unit. A VIP counselor answered and explained to the auditor that they would provide counseling, referrals, or take a report if a call came in from an inmate. They will

	<p>provide the information back to the facility only with authorization from the caller. In-person counseling is available upon request. The phone number is local/toll-free, and use of the speed dial number does not require the inmate to enter an identification PIN. The service provider is prepared to offer services to callers from the facility. All inmates in the facility have regular access to phones to contact the outside emotional support service provider(s), including inmates confined in restricted housing, and have reasonable accommodation, where necessary. The Director of Inmate Services and PREA Coordinator explained that an inmate may request more private setting for emotion support services which will be arranged by allowing the phone call to be conducted in medical. Informal conversations with staff and inmates regarding access to outside emotional support services via the phone was confirmed. Inmates are also allowed to write VIP using the address provided on the pamphlet.</p> <p>A systematic review and analysis of the stated evidence concludes the facility demonstrated compliance with all provisions of this standard.</p>
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115.54	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: PS 6400; Website Review, Interviews.</p> <p>115.54(a): PS 6400 states staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. The Auditor's review of the facility's website (https://waynecountypa.gov/219/Sexual-Abuse-in-Our-Facility) confirmed that staff and inmates' families may submit reports online by email or by mail at: PREA Coordinator - 44 Mid-Wayne Drive, Honesdale, PA 18431. Interviews with (23) inmates confirmed they are aware that someone from outside the facility may make a report on their behalf. The auditor tested the email system and received a response (non-automated) immediately. Of the (3) allegations reported during the audit period, none were made by a third-party reporter.</p> <p>Based on the review and analysis of the stated evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.61	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: PS1320; PS6400, PS5220; Staff Training Curriculum; Interviews.</p>

Evidence Reviewed: Revised PS6400; Signed Acknowledgement Forms; Memorandum RE: Mandatory Reporting Laws; Mandatory Reporter Webinar PowerPoint; PREA Training PowerPoint 2024, Employee Training Curriculum; Interviews.

115.61(a): PS6400 establishes that any staff member, volunteer, visitor, or contracted service provider must report any incident witnessed to the lieutenant on duty or most senior officer on duty and failure to report an incident may result in disciplinary action or termination of services. Retaliatory action against any person reporting a sexual assault or harassment incident is prohibited. PS1320 states incidents of sexual abuse must be reported at once to the Warden and the Pennsylvania State Police at the time of occurrence. PS6400 states any inmate or staff member that reports sexual abuse or harassment or cooperates with an investigation shall be protected from retaliation from staff or other inmates. Retaliatory action against an inmate for reporting sexual abuse or sexual harassment or for providing information during an investigation is prohibited. Any individual who seeks to deter an offender from reporting sexual activity or intimidates any person who reports the alleged act is subject to discipline. Facility policies address inmate reports of sexual abuse and the prohibition of retaliation, but do not outline all responsibilities staff requirements for reporting sexual abuse or retaliation. The auditor identified some of these responsibilities in the staff training curriculum reviewed; however, all required provisions are not included. Interviews with random staff determined they were aware to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility. More training is needed to ensure staff know that they have an obligation to report any knowledge of or observation of retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

115.61(b): PS 6400 all reports of sexual contact with an offender will be kept confidential. However, it does not specifically outline procedures that state "apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions." Interviews with random staff concluded they are aware of the confidentiality expected regarding sexual abuse or harassment allegations; however, provision (b) specifically requires this be addressed in policy. Additionally, this requirement should be spelled out in the employee PREA training curriculum.

115.61(c): Facility policy does not specify, "unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services." An interview with the Medical Director confirmed that informed consent and limitations of confidentiality forms are reviewed with all inmates during intake and information obtained that is necessary to be shared with facility management for purposes of management and treatment will be disclosed on a need-to-know basis. Any reports of sexual abuse that occurs in a confinement facility will be reported. The

auditor reviewed the Informed Authorization To Disclose Health Information form and it does not include sexual abuse.

115.61(d): Neither PS6400 nor PS5220 addresses the facility and facility's staff responsibilities with regard to if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute. During interviews with the Deputy Warden and PREA Coordinator they were not sure of the state's requirements for all applicable mandatory reporting laws but stated they would investigate and incorporate into the facility's policy and employee training.

115.61(e): PS6400 establishes that an investigation will be completed in every case where sexual contact of any kind is reported. Every allegation of sexual contact will be investigated thoroughly and promptly. The auditor reviewed (3) case files for the allegations reported during the audit period and found that each allegation was immediately forwarded to the PREA Coordinator/Designated Facility Investigator for review. Interviews with the Warden and Deputy Warden confirmed during their interviews that all allegations will be promptly forwarded for investigation regardless of how they are received.

Based on the review and analysis of the stated evidence, the facility was found out of compliance with (a)(b)(c)(d) and entered a 180-day corrective action period to remedy these deficiencies. To become compliant the facility was required to 1) include in policy and training curriculum the express requirement to require staff to report any knowledge of or observation of retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Additionally, the facility was required to update PS6400 and employee training curriculum to expressly require employees, to include "Apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.", or similar language. Once updated, all staff must be trained in the new policy and documented through signature acknowledgement; 2) update facility policy to require, "unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services." Once updated, the facility must train all medical staff on the new policy and document through signature acknowledgement; 3) identify requirement of local and/or state mandatory reporting laws regarding persons under the age of 18 and vulnerable adult statutes and update policy and training curriculum as required. Once completed, the facility was required to train all staff on these requirements and document through signature acknowledgement.

Corrective Action Taken (a)(b)(c)(d): The facility developed a new employee training curriculum with current/correct information that includes language to prohibit staff from revealing any information related to a sexual abuse report to anyone other than

	<p>to the extent necessary to make treatment, investigation, and other security and management decisions. All staff, including medical staff, were trained on the new curriculum during the first two weeks of September 2024 which was evidenced by (52) signed acknowledgement forms. The PREA Coordinator and Training Lieutenant researched the Pennsylvania mandatory reporting laws relating to youthful offenders and vulnerable adults. This information was also incorporated into the revised employee training curriculum. The facility has completed the corrective action plan.</p> <p>After the corrective action period, a systematic review and analysis concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Case Review; Interviews.</p> <p>115.62(a): The facility reported on the PAQ that there were no instances where it was determined that an inmate was subject to a substantial risk of imminent sexual abuse. Interviews with the Warden, Deputy Warden and all levels and categories of staff confirmed that all necessary measures will be taken to protect an inmate who is subject to a substantial risk of imminent sexual abuse. The auditor's review of the (3) case files confirmed that the alleged victim was immediately removed from any danger as soon as the facility became aware of the allegation.</p> <p>A systematic review and analysis of the stated evidence concluded the facility demonstrated compliance with all provisions of this standard.</p>

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: PS6400; Interviews.</p> <p>Evidence Reviewed During Corrective Action Period: Revised PS6400; Memoranda 115.63; Signed Acknowledgement Statements; Interviews.</p> <p>115.63(a)(b)(c): The facility policy nor any documented directive addresses the requirement that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to</p>

have occurred. The facility reported on the PAQ and confirmed during interviews that there have been no allegations received by an inmate of abuse while confined at another facility in the past 12 months. An interview with the Warden confirmed he is aware of this requirement, however, there is no documented procedure in place for staff to follow who learn of this information to follow.

115.63(d): The facility policy does not require that allegations received from other facilities and agencies are investigated in accordance with the established investigative procedures. The facility reported on the PAQ and confirmed during interviews no allegations of sexual abuse the facility received from other facilities in the past 12 months. An interview with the Warden confirmed that any allegation received will be investigated, whether or not the inmate is still in custody, to the best of their ability. There is no documented procedure in place for staff to follow who learn of this information to follow.

Based on the review and analysis of the stated evidence, the facility was found out of compliance with all provisions of this standard and entered a 180-day corrective action period to remedy these deficiencies. To become compliant, the facility was required to develop and implement a procedure to ensure that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden must notify (and document said notification) the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred, as soon as possible, but no later than 72 hours after receiving the allegation. Additionally, the facility was required to develop and implement a procedure to ensure that allegations received from other facilities and agencies are investigated in accordance with the established investigative procedures, whether or not the inmate is still in WCCF custody. These procedures were required to be incorporated into existing policy or through directive. Once implemented, the facility must notify applicable staff and document through signature acknowledgement.

Corrective Action Taken: The facility updated policy PS6400 to include language that requires the Warden to notify the respective Warden and document notification for any allegations of sexual abuse alleged to have occurred while confined at another facility; additionally, the policy requires that allegations received from another facility that allegedly occurred at WCCF be investigated in accordance with the established investigative procedures regardless if the inmate is still in WCCF custody. The PREA Coordinator provided the auditor with two memorandums to address that no such allegations have been reported within the post-audit period or during the corrective action period. The memoranda further explained that should an allegation be received of this nature, Standard 115.63 will be followed. Signed acknowledgement statements were provided to indicate all staff reviewed the revised policy PS6400. The facility has completed the corrective action plan.

After the corrective action period, a systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: PS 6400; Case Files; Interviews.</p> <p>115.64(a)(b): PS 6400 establishes that the following steps shall be taken immediately after a report of sexual assault or abuse: Immediately separate the alleged victim and alleged abuser; the victim will be taken to the Medical Department; the alleged victim/ offender will be advised that he/she should not shower or clean him/herself, not drink or brush his/her teeth, or take any action that may damage evidence and then will be escorted to the hospital for evaluation. The location of the incident will be closed off. Evidence will be gathered, and pictures may be taken. If the perpetrating inmate is wearing clothing that may have been worn during the incident, it will be removed and collected as evidence in a paper bag. The perpetrating inmate will be placed in administrative custody pending the outcome of the investigation. The facility reported on the PAQ that (3) allegations have occurred where staff were notified within a time period that still allowed for the collection of physical evidence in the last 12 months. However, the facility received (3) allegations and (2) of the allegations were sexual harassment and the (1) sexual abuse allegation did not require the gathering of evidence as no physical contact was reported. After the auditor's review of the case files, it has been determined that no allegations required evidence collection.</p> <p>Interviews with the Warden and Deputy Warden learned that all staff, whether security or non-security, must follow the first responder duties of PS 6400 "Responding to Reports of Sexual Abuse," as described in provision (a) narrative of this standard. The auditor interviewed random staff (security and non-security) and found they were all knowledgeable of the requirement to separate the alleged victim and abuser; to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; to request that the alleged victim not take any actions that could destroy physical evidence (such as 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; to ensure that the alleged abuser does not take any of the above actions that could destroy physical evidence, if the abuse occurred within a time period that still allows for the collection of physical evidence; and to immediately notify their supervisor, PREA Coordinator, and medical. There were no allegations of abuse that required physical evidence collection.</p> <p>Based on the review and analysis of the stated evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.65	Coordinated response
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	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: PS 6400; Interviews.</p> <p>Evidence Reviewed During Corrective Action Period: PS6400.03, PREA Coordinated Response Plan; PC Interview.</p> <p>115.65(a): The facility did not provide a developed written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. While all staff were knowledgeable about elements of the response plan, a written institutional plan with specific instructions is required.</p> <p>Based on the review and analysis of the stated evidence, the facility was found out of compliance with this standard and entered a 180-day corrective action period to remedy this deficiency. To become compliant, the facility was required to develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p><u>Corrective Action Taken:</u> The facility developed policy PS6400.03, PREA Coordinated Response Plan. This plan outlines the facility's plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The facility has completed the corrective action plan.</p> <p>After the corrective action period, a systematic review and analysis of the evidence concluded the facility has demonstrated compliance with the requirements of this standard.</p>
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<p>115.66</p>	<p>Preservation of ability to protect inmates from contact with abusers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Agreement between AFSCME and Wayne County; Interviews.</p> <p>115.66 (a)(b): Facility staff may join the American Federation of State, County and Municipal Employees (AFSCME) Union. However, an interview with the Warden confirmed that no collective bargaining agreements exist that would prevent removal of alleged staff sexual abusers from contact with any inmate pending an investigation or a determination of whether and to what extent discipline is warranted.</p> <p>A systematic review and analysis of the stated evidence concluded the facility</p>
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	demonstrated compliance with all provisions of this standard.
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: PS6400; Case Files; Interviews.</p> <p>Evidence Reviewed During Corrective Action Period:</p> <p>115.67(a)(b)(c)(d)(e)(f): PS6400 states any inmate or staff member that reports sexual abuse or harassment or cooperates with an investigation shall be protected from retaliation from staff or other inmates. The PREA Coordinator shall be designated to monitor potential retaliation. The PREA Coordinator shall employ multiple protection measures, such as housing changes, removal of staff abusers from contact with victims, and emotional support for inmates or staff who fear retaliation. For ninety days following a report of sexual abuse, the PREA Coordinator shall monitor the conduct and treatment of inmates or staff involved to observe any changes that may occur to suggest retaliation and act promptly to remedy any such retaliation. The facility's obligation to monitor the situation shall terminate if the allegation is unfounded. The facility reports no incidents of retaliation occurred in the past 12 months. The auditor's review of the (3) case files concluded that only (1) allegation required retaliation monitoring. The file contained no documented evidence that monitoring had occurred.</p> <p>An interview with the Warden, Deputy Warden, and PREA Coordinator concluded that the facility prohibits retaliation of anyone who reports sexual abuse and who participates in an investigation of sexual abuse. If an individual who cooperates with an investigation expresses a fear of retaliation, they will take measures to protect that individual against retaliation. The PREA Coordinator discussed with the auditor some of the measures taken to ensure the safety of the alleged victim, there was no documented evidence to support that all elements required of this standard occurred. These interviews and review of the case file also concluded there were no inmates placed in segregated housing for risk of sexual victimization.</p> <p>Based on the review and analysis of the stated evidence, the facility was found out of compliance with provision (c) of this standard and entered a 180-day corrective action period to remedy this deficiency. To become compliant, the facility was required to develop and implement procedures to monitor the conduct and treatment of residents or staff who reported the sexual abuse (or anyone who participates in the investigation where applicable) to see if there are changes that may suggest possible retaliation by inmates or staff; 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; act promptly to remedy any such retaliation; monitor any inmate disciplinary reports; monitor inmate housing changes;</p>

monitor inmate program changes; monitor negative performance reviews of staff; monitor reassessments of staff; periodic status checks. This monitoring should continue for at least 90 days, and beyond 90 days if the initial monitoring indicates a continuing need. The facility was also required to document monitoring efforts.

Corrective Action Taken: The PREA Coordinator is the designated retaliation monitor for the facility. He explained to the auditor that he will document monitoring efforts in the future. PS6400 includes language to require monitoring for retaliation in accordance with this standard. The PREA Coordinator provided a memorandum explaining that there had been no sexual abuse allegations reported between March 21-October 28, 2024 so there has been no opportunity to demonstrate retaliation monitoring. The facility has completed the corrective action plan.

After the corrective action period, a systematic review and analysis of the evidence concluded the facility has met substantial compliance with this standard.

115.68 Post-allegation protective custody	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: PS6400; PS5235; Case Files; Observations during Site Visit; Interviews</p> <p>Evidence Reviewed During Corrective Action Period: Revised PS6400; Memorandum from PC; Interview PC.</p> <p>115.68(a): PS 6400 states inmates at a high risk for sexual victimization or inmates that have alleged sexual abuse may not be placed in Administrative Custody until all other means of separation have been exhausted. Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If restrictions to programs, privileges, education, and/or work opportunities occur, the PREA coordinator shall document the opportunities that have been limited; the duration of the limitation; and the reason for such limitations. If an inmate is placed in protective custody, the PREA Coordinator will document the basis for concern for the inmate's safety; and the reason why no alternative means of separation could be arranged. Every 30 days, the facility shall review protective custody status for continued need for separation from the general population. The facility reports that no inmates who alleged to have suffered sexual abuse were held in involuntary segregated housing in the past 12 months.</p> <p>An interview with the Warden and Deputy Warden confirmed prohibition of placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment</p>

has determined there are no available alternative means of separation from potential abusers. The interviews also confirmed that procedures, in accordance with PS 6400, would be enacted if such a placement is made. Interviews confirmed that when inmates are placed in segregated housing for protection purposes, they still have access to programs, privileges, education, or work opportunities. There were no such placements during the audit period based on interviews and review of case files. The interview also confirmed that procedures, in accordance with PS6400, would be enacted if such a placement is made. There were no inmates housed in segregation for sexual abuse or sexual harassment allegations. However, the facility indicated on the PAQ in standard 115.43 that (3) inmates at risk of sexual victimization were held in involuntary segregated housing within the past 12 months for one to 24 hours awaiting completion of assessment. The facility also indicated on the PAQ that no inmates at risk of sexual victimization were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement. The auditor has received no documentation to support that the provisions of this standard were followed for these (3) inmates while they were in segregated housing; therefore, a proper assessment cannot be conducted on this standard. Interviews with staff who work segregated housing unit, and the assigned supervisor indicated they were unaware of any inmate being placed in segregated housing due to a risk of sexual victimization.

Based on the review and analysis of the stated evidence, the facility was found out of compliance with all provisions of this standard and entered a 180-day corrective action period to remedy these deficiencies (also see 115.43). To become compliant the facility was required to 1) provide the auditor with the names of the (3) inmates who were placed in segregated housing for risk of victimization, provide documentation concerns of the facility that warranted placement, provide documentation of any restrictions during the inmate's segregated confinement, and documentation of reviews, release, and placement to general population.

Corrective Action Taken: The facility provided a memorandum from the PREA Coordinator identifying the inmates who were placed in segregation during the audit period that were referenced in the PAQ. All were placed in segregation initially pending investigation. The placement in segregation was not punitive, but a protective measure and none were involuntarily held more than 24 hours. All inmates still had access to programs, privileges, education, or work opportunities. Additionally, the facility provided a memorandum explaining there have been no inmates placed in segregation involuntarily for risk of sexual vulnerability between March 21, 2024, through October 28, 2024; therefore, the facility had no opportunity to demonstrate compliance. The facility has completed the corrective action plan.

After the corrective action period, a systematic review and analysis of the evidence concluded the facility has met substantial compliance with this standard.

115.71 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion	
<p>Evidence Reviewed: PS6400; Case Files; Training Records; Observations During Site Visit; Interviews.</p> <p>Evidence Reviewed During Corrective Action Period: PS6400.01, Zero-Tolerance PREA Investigations Policy ; Memorandum of No Additional Allegations; Follow-up Interview with PC.</p> <p>115.71(a)(c)(d)(e)(f): PS 6400 states an allegation of harassment shall be investigated thoroughly and objectively. The PREA coordinator will interview the offender complainant or complainant and obtain a written statement following the interview. If the offender refuses to be interviewed or provide a written statement, document the refusal, and keep it in the investigation file. The PREA coordinator will interview any inmate or staff witnesses and collect reports if necessary. Video footage will be reviewed and saved to a media storage device to submit with the investigation. When appropriate, review all housing unit logbooks, medical documentation, misconduct reports, inmate grievances, and other pertinent documentation specific to the allegation of sexual abuse and include the documentation in the investigation report. All interviews will be conducted in a professional, non-abusive, and non-threatening manner. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as an inmate or staff. A Report of Extraordinary Occurrence must be completed in every case where sexual contact of any kind is reported. Every allegation of sexual contact will be investigated thoroughly and promptly. The preliminary investigation will be conducted by the Lieutenant on duty. There was (1) allegation of abuse which was investigated and deemed unfounded. This inmate released from the facility prior to the audit.</p> <p>The auditor interviewed (4) lieutenants and the deputy warden who are trained facility investigators. The PREA Coordinator/Lieutenant is the primary investigator. These interviews confirmed an investigation following an allegation, including anonymous or third-party reports) of sexual abuse or sexual harassment are conducted immediately. PS6400 requires interviews with the investigators informed that evidence will be gathered, and pictures may be taken of the crime scene. Clothing and other personal items may be collected that may have been worn or present during the incident. Interviews are conducted with the alleged victim, witnesses, and the perpetrator and a written report will be prepared. The credibility of an alleged victim, suspect, or witness is made on an individual basis and not on the basis of that individual's status as inmate or staff. Prior reports of misconduct and institutional behavior will be considered in determining credibility. No inmate who alleges sexual abuse will be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation. Interviews concluded that administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. These efforts are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.</p>	

The facility reported on the PAQ that (3) allegations occurred where staff were notified within a time period that still allowed for the collection of physical evidence in the last 12 months. However, the facility received (1) sexual abuse allegation but the nature of the complaint did not present opportunity for the gathering of evidence as no physical contact was reported and was subsequently deemed unfounded after investigation. After the auditor's review of the case file, it has been determined that no allegations required evidence collection.

115.71(b): PS6400 states in addition to the general training provided to all employees, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case or administrative action or prosecution referral. The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. All (3) investigations were conducted by the PREA Coordinator/Investigator, and he has received training in PCM Response; PREA Audit; PREA Response; Specialized Mental Health; Specialized investigation training for SA in confinement settings, as well as the advanced investigations training. All trainings were presented by the National Institute of Corrections (NIC) and the curricula includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

115.71(h)(g): The Pennsylvania State Police will be contacted to conduct a criminal investigation. A copy of the investigation report will be forwarded to the Pennsylvania State Police in all cases of sexual contact with an offender. A review of the case files determined that the (3) allegations reported within the audit period were forwarded for an administrative investigation, which was found to be appropriate based on the nature of the allegations. There were no substantiated cases of sexual abuse. There were no criminal investigations conducted during the audit period.

115.71(i): The policy does not address a retention schedule for written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment; however, an interview with the Deputy Warden and PREA Coordinator/Investigator confirmed that WCCF retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The auditor observed that the investigation files were secured in a locked filing cabinet within the PREA Coordinator/Investigator's office which is also locked and only accessible by the PREA Coordinator, Warden, and Deputy Warden.

115.71(j): The policy does not address this standard, although interviews with the Warden, Deputy Warden, PREA Coordinator, and investigators confirmed that WCCF

will ensure that the departure of an alleged abuser or victim from the employment or control of the WCCF does not provide a basis for terminating an investigation.

115.71(l): As noted in standards 115.21 and 115.22, the facility does have written investigative protocols to outline the responsibilities of facility and the responsibilities of the investigating entity if a separate entity is responsible for conducting criminal investigations. Neither does policy address how the facility will cooperate and remain informed about the progress of an investigation. As a result, the facility entered a 180-day corrective action period to remedy these deficiencies. To become compliant, the facility was required to develop and implement written protocols to govern activities between the facility and any external investigative agency during a criminal investigation to align with provisions required in 115.21/115.22 and provision (l) of this standard. Once implemented, all investigators were required to be trained on the policy and established protocols and documented through signature acknowledgement.

Corrective Action Taken (l): The facility developed policy PS6400.01 Zero-Tolerance PREA Investigations policy that includes written protocols to govern activities between the facility and any external investigative agency during a criminal investigation. Additionally, the facility provided signed acknowledgement statements from (6) trained investigators confirming they had reviewed and understood the requirements set forth in policy PS6400.01.

After the corrective action period, a systematic review and analysis of the stated evidence concluded the facility has demonstrated compliance with all provisions of this standard.

115.72 Evidentiary standard for administrative investigations	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: PS6400; Case Files; Interviews.</p> <p>Evidence Reviewed During Corrective Action Period: PS6400.01; Memorandum of No Allegations; Follow-up Interview with PC.</p> <p>115.72(a): The facility has no policy establishing that it will impose a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. Interviews with the (4) investigators found they were able to explain the basis of a preponderance of evidence and that it is used to substantiate administrative allegations of sexual abuse or sexual harassment. However, review of the (3) investigative files found that the investigative summaries did not clearly articulate this had occurred. As a result, the facility entered a 180-day corrective action period to remedy this deficiency. To become compliant, the facility was required to establish</p>

a preponderance of the evidence as the standard for substantiating sexual abuse cases. The facility was required to provide to the auditor any sexual abuse investigation files that occurred during the corrective action period for the auditor's review.

Corrective Action Taken: The facility developed policy PS6400.01 to address investigative protocols which includes establishing preponderance of the evidence as the standard for substantiating sexual abuse cases. Additionally, all investigators signed an acknowledgement statement that they reviewed and understood the requirements set forth in PS6400.01. There were no sexual abuse allegations received between March 19, 2024 through October 23, 2024; therefore, no new cases to present for review. The facility has satisfied the corrective action plan.

After the corrective action period, a systematic review and analysis of the stated evidence concluded the facility has demonstrated compliance with all provisions of this standard.

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: PS6400; Case Files; Interviews.</p> <p>Evidence Reviewed: PS6400 revised; Memorandum from PC; Follow-up Interview with PC.</p> <p>115.73(a)(c)(d)(e): PS6400 establishes that following an investigation into an inmate's allegation that he or she suffered sexual abuse in the facility, the PREA coordinator shall inform the inmate of the outcome of the investigation. Following an inmate's allegation that a staff member has committed sexual abuse, the PREA coordinator will notify the inmate: If the staff member is no longer posted within the inmate's unit; The staff member is no longer employed at the facility; the PREA Coordinator learns of the staff member has been indicted on a charge related to sexual abuse within the facility; or The PREA Coordinator learns that the staff member has been convicted on a charge related to sexual abuse. Following an inmate's allegation that he or she has been abused by another inmate, the PREA Coordinator will notify the inmate: If the PREA Coordinator learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or The PREA coordinator learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. Of the (3) investigations, there was (1) sexual abuse allegation deemed unfounded. The facility was unable to provide documentation that the inmate was notified of the disposition. An interview with the Warden and Deputy Warden found that the PREA Coordinator is the designated staff to notify an inmate</p>

who makes an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. An interview with the PREA Coordinator learned that the inmate was notified at the conclusion of the investigation, but the notification was made verbally. The inmate is no longer in custody and not at the facility during the site visit to interview.

115.73(b): There were no investigations conducted by an outside entity during the audit period. Interviews with investigative staff revealed they would consult with the Pennsylvania State Police and/or the DA's office to request relevant information in order to inform the inmate of the outcome of the investigation.

The facility was found out of compliance with provisions (c)(d) of this standard and entered a 180-day corrective action period to remedy this deficiency. To become compliant, the facility was required to implement a procedure to document notification to inmates of the disposition of the case to include all elements outlined in provisions (c)(d). The facility must provide the auditor case files to document these actions for any allegations/investigations that occur during the CAP period.

Corrective Action Taken: The PREA Coordinator provided a memorandum to the auditor that there have been no allegations during the audit period therefore there were no documentation to provide to demonstrate compliance with this standard. He also explained during a follow-up interview that notification of dispositions will be documented going forward. As the facility had no opportunity to demonstrate compliance, the auditor finds substantial compliance based on interview and policy requirements.

A systematic review and analysis of the evidence concluded the facility demonstrated compliance with all provisions of this standard.

115.76 Disciplinary sanctions for staff	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: PS6400; Interviews.</p> <p>115.76 (a)(b)(c)(d): PS 6400 states any employee, contract service provider, volunteer, inter, or any individual that conducts business with the Wayne County Correctional Facility who engages in, fails to report, or knowingly condones sexual abuse or harassment of any offender will be subject to appropriate disciplinary action. Any accused staff member, volunteer, visitor, contracted service provider may be suspended pending investigation of any allegations. The Warden will make this decision on a case-by-case basis, based on evidence and severity of the alleged offense. Interviews with the Warden and Deputy Warden confirmed that the zero-tolerance policy warrants removal of staff contact with inmates during an investigation of sexual abuse or harassment and termination if found substantiated.</p>

	<p>Sanctions for violations of facility policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) will be evaluated taking into consideration the circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Substantiated cases of sexual abuse will be referred for prosecution and notification will be made to POST and any other applicable licensing boards. There were no allegations against staff members during the audit period.</p> <p>Based on the review and analysis of the stated evidence, the facility has demonstrated compliance with all provisions of this standard.</p>
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115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: PS 6400; Interviews.</p> <p>115.77 (a)(b): PS 6400 states any employee, contract service provider, volunteer, inter, or any individual that conducts business with the Wayne County Correctional Facility who engages in, fails to report, or knowingly condones sexual abuse or harassment of any offender will be subject to appropriate disciplinary action. Any accused staff member, volunteer, visitor, contracted service provider may be suspended pending investigation of any allegations. The Warden will make this decision on a case-by-case basis, based on evidence and severity of the alleged offense. Interviews with the Warden and Deputy Warden determined any allegation of facility's sexual abuse or sexual harassment policy by a contractor or volunteer would be investigated immediately. The contractor or volunteer would be removed from inmate contact during the investigation. If the allegation is deemed substantiated, the Warden would consider the severity of the violation for the disciplinary decision. Substantiated sexual abuse will result in termination and referral for prosecution. There were no substantiated allegations against contractors or volunteers, therefore no disciplinary action was required.</p> <p>Based on the review and analysis of the stated evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Reviewed: PS6400; Interviews.

Evidence Reviewed During Corrective Action Period: Revised PS6400; Revised Inmate Handbook; PC Interview.

115.78(a)(c)(d)(e)(g): PS6400 states offenders will be subject to disciplinary action pursuant to the formal disciplinary process. Criminal charges may also be filed.. All sexual activity between inmates is prohibited and will be subject to discipline. An offender may be disciplined for sexual contact with staff only upon finding that the staff member did not consent to the contact. There were no substantiated allegations of inmate-to-inmate sexual abuse during the audit period, therefore no disciplinary action was taken. An interview with the Warden and Deputy Warden learned that inmates will be held accountable for their actions and will receive disciplinary sanctions based on the nature and circumstances of the incident, the inmates' disciplinary histories, and the sanctions imposed for similar offenses by other inmates with similar histories. Mental disability or mental illness is considered when determining sanctions on a case-by-case basis. The facility has no mental health staff but uses community services for these purposes. If there was a substantiated case of sexual abuse, the inmate may be required to participate in programming or counseling.

115.78(f): PS6400 states that a reporting inmate may be subject to disciplinary action if the report is determined to be unfounded at the conclusion of the investigation. While this standard does not prohibit holding inmates accountable for false reporting and malicious intent, the current policy language could be a deterrent to a reporting culture. The standard reads "For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation." Interviews with the PREA Coordinator and Disciplinary Hearing Lieutenant confirmed that only those who are found to be lying or have ill intent will be subject to discipline.

The facility was found out of compliance with provision (f) and entered a 180-day corrective action period to remedy this deficiency. To become compliant the facility was required to update its policy to align with the requirement of provision (f) and still hold accountable those who false report or make a report in bad faith.

Corrective Action Taken (f): The facility revised PS6400 to align with provision (f) and updated the inmate handbook on July 25, 2024, to remove the incorrect reference to provision (f). The facility has completed the corrective action plan.

After the corrective action plan, a systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.

Auditor Overall Determination: Meets Standard
Auditor Discussion
Evidence Reviewed: PS6400; Intake Screening Documents; Interviews.
Evidence Reviewed During Corrective Action Period: Revised Policy PS6400; Medical Staff Acknowledgement Forms; Mental Health Referrals; Follow-up Interviews.
<p>115.81(a)(b)(c): PS6400, states all concerns noted by the medical or psychology staff regarding an offender's sexual victimization history or predatory behavior will be communicated to the Records Department for appropriate housing assignments. It further states ongoing medical and mental health treatment shall be available for inmates who have been victimized by sexual assault. The policy appears to address medical and mental health referrals for inmates who report a sexual abuse at the facility but does not specifically address mental health referrals for inmates who reported prior sexual victimization, nor have a sexual predatory history (that did not occur in the facility). The facility indicated that 3% of those who reported prior sexual victimization were referred for mental health services. It appears the facility misinterpreted this number as the number of inmates that actually reported prior victimization, rather than the percentage. Additionally, the facility's risk screening instrument was found non-compliant in 115.41 which directly affects the evaluation of this provision. The auditor interviewed (2) inmates who disclose sexual victimization during intake screening. Both inmates advised that they were provided information about the VIP. The facility provided no documentation of a referral or meeting with a mental health care provider. An interview with the Inmate Services Director and Medical Director found that they understood services for victims of sexual abuse that occurred outside the facility would be provided services through the community advocacy MOU.</p>
<p>115.81(d)(e): PS6400 states all reports of sexual contact with an offender will be kept confidential but it does not address. information related to sexual victimization or abusiveness that occurred in an institutional setting is 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. PS6400 also does not address the requirement of medical and mental health practitioners to obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. This standard overlaps with the requirements of 115.61. An interview with the Medical Director learned that each new arrival completes an Informed Authorization To Disclosed Health Information form during intake, but this form does not address disclosure of prior sexual abuse and limitations of confidentiality of mandated reporters for certain incidents. Additionally, the facility houses youthful offenders who are under the age of 18. There were no protocols identified to handle release of information disclosed by a youthful offender.</p>
<p>Based on the review and analysis of the stated evidence, the facility has not demonstrated compliance with all provisions of this standard and entered a 180-day</p>

corrective action period to remedy these deficiencies. To become compliant, the facility was required to 1) develop protocols to ensure inmates are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening if the screening pursuant to 115.41 indicates that a prison or jail inmate has experienced prior sexual victimization or has perpetrated sexual abuse, regardless of where it has occurred. Update policy (or create a medical/mental health policy) to capture all service requirements and protocols. 2) provide a list of inmates who reported prior sexual victimization or who perpetrated sexual abuse along with the appropriate referrals for a follow-up meeting with a mental health practitioner. 3) update policy align with the requirements of (d)(e) and as noted in 115.61 with regard to informed consent and disclosure of reported sexual victimization. Additionally, the policy must address how the facility and medical staff will handle sexual abuse information reported by youthful offenders in accordance with mandatory reporting laws.

Corrective Action Taken: The facility revised PS6400 to include protocols to ensure inmates are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening if the screening pursuant to 115.41 indicates that a prison or jail inmate has experienced prior sexual victimization or has perpetrated sexual abuse, regardless of where it has occurred. The update policy captures the service requirements and protocols and aligns with the requirements of (d)(e) with regard to informed consent and disclosure of reported sexual victimization for both adult and juvenile inmates. The facility provided a list of inmates who disclosed prior sexual victimization during the corrective action period and the auditor selected (6) to review the referral documentation which was provided. All (6) were seen by medical staff and offered a referral. Two of the (6) accepted the referral and were seen by the community service mental health provider and the other (4) declined a meeting with the provider. Based on the evidence provided, the facility completed the corrective action plan.

After the corrective action period, a systematic review and analysis of the evidence concluded the facility demonstrated compliance with all provisions of this standard.

115.82 Access to emergency medical and mental health services	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: PS6400; Interviews.
	115.82(a)(b): PS6400 establishes that the offender will be escorted to the Medical Department in any situation where there is an allegation of sexual abuse. The offender will be examined by the medical staff immediately, to ensure the absence of any injury requiring urgent treatment. It will not be necessary for staff to examine the offender's genitalia unless urgent medical treatment is necessary because the offender will be sent to an outside facility for an examination. An interview with the

Medical Director confirmed that victims of sexual abuse will receive timely and unimpeded access to emergency medical treatment and crisis intervention services and these services are determined according to medical staff's professional judgment. PS6400 also establishes immediately after a report of sexual assault or abuse the first staff member present will immediately separate the alleged victim from the abuser and ensure he or she is safe then notify the Medical Department. If the incident occurs after hours, the on-call physician will be contacted, and the inmate will be taken to the local emergency room at Wayne Memorial Hospital for evaluation. Interviews with random staff confirmed that they would keep the alleged victim safe and have them seen by medical staff as soon as possible. There were no inmates to interview based on no incidents of this nature.

115.82(c): PS6400 establishes and interview with the Medical Director confirmed that if sexual misconduct is suspected and the victim reports an allegation of vaginal, oral, and/or anal penetration by a body part or inanimate object, and the most recent act occurred within the past 96 hours, then he/she will be transported to a medical facility to be examined by a medical professional who is skilled and experienced in the use of a rape kit for the collection of evidence. The victim will be transported to a medical facility that employs a SANE (Sexual Assault Nurse Examiner) If the offender refuses to undergo this examination, he/she must sign a refusal of treatment. The inmate will receive testing for sexually transmitted diseases while at the medical facility. The victim may receive post-exposure prophylaxis treatment in the form of antibiotics that will be administered as prescribed. The offender may refuse treatment, and this will be documented. The facility physician will consult with the outside provider to determine a need for antivirals. This decision will be based on the type and risk of HIV exposure. A VIP counselor will be contacted to meet the alleged victim at the hospital to provide support services and referrals; follow-up mental health services will be provided by community service providers.

115.82(d): PS 6400 verifies treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Based on the review and analysis of the stated evidence, the facility has demonstrated compliance with all provisions of this standard.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: PS6400; Interviews. 115.83(a)(b)(c)(d)(e)(f)(g)(h): PS 6400 establishes that ongoing medical and mental

health treatment shall be available for inmates who have been victimized by sexual assault regardless of where it has occurred. Based on an interview with the Medical Director, medical services provided at WCCF are consistent with the community level of care. Community service providers are used for mental health services. PS6400 states the offender will receive sexually transmitted disease and pregnancy testing while at the medical facility. If pregnancy results from sexual abuse while incarcerated, victims will receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. If an inmate transfers to another correctional facility, pertinent information for continuation of care will be provided to the receiving institution's medical department unless the inmate signs a written request to suppress this information. PS6400 further establishes that treatment services for the victim will be provided at no cost to the offender. The facility verified sexual abuse perpetrators will be referred for mental health evaluations and offered treatment if appropriate, although these services are not provided at WCCF. There were no documented cases where any of these services were provided.

A systematic review and analysis of the stated evidence concluded the facility demonstrated compliance with all provisions of this standard.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: PS6400; Case Files; Interviews</p> <p>Evidence Reviewed During Corrective Action Period: PS6400.01; Memorandum from PC; Interviews.</p> <p>115.86(a)(b)(c)(d)(e): PS6400 does not address a procedure for sexual abuse incident reviews. There was (1) sexual abuse allegation that was deemed unfounded, so the facility was not required to complete a sexual abuse incident review. An interview with the PREA Coordinator confirmed that he is aware of the requirement to conduct an incident review within 30 days of the conclusion of a sexual abuse investigation. The facility has no established sexual abuse incident review team that includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. Additionally, PS6400 contains no requirement for guiding the review process to ensure that all considerations outlined in provision (d) are evaluated. The facility had no incidents with dispositions that required a sexual abuse incident review.</p> <p>The facility has not demonstrated compliance with all provisions of this standard and entered a 180-day corrective action period to remedy these deficiencies. To become compliant, the facility was required to 1) identify a sexual abuse incident review team that includes upper-level management officials and allow for input from line</p>

supervisors, investigators, and medical or mental health practitioners; 2) develop procedures to ensure that during an incident review, the review team considers 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; and/or other group dynamics at the facility; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. 3) establish and implement a procedure for ensuring the review team prepares 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 Warden and PREA Coordinator. 4) establish a requirement for implementation of recommendations for improvement made by the review team or documenting the reasons for not doing so.

Corrective Action Taken(a)(b)(c)(d)(e): WCCF developed and published PS6400.01 which directs the facility to conduct incident reviews on sexual abuse allegations within 30 days after conclusion of the investigation. This policy identifies the members of the sexual abuse incident review team which includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The policy further instructs the team to 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; and/or other group dynamics at the facility; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. The policy directs that the review team prepare a report of its findings, including determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the Warden and PREA Coordinator. Based on interview with the Warden and PREA Coordinator and review of the policy, recommendations for improvement made by the review team will be implemented if feasible and documented if not. The PREA Coordinator provided the auditor with a memorandum explaining there were no sexual abuse allegations reported between March 20, 2024 - October 28, 2024. The facility has completed the corrective action plan.

After the corrective action period, a systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.

115.87	Data collection
	Auditor Overall Determination: Meets Standard

Auditor Discussion	
Evidence Reviewed: PS6400; Interviews.	
Evidence Reviewed During Corrective Action Period: Revised Policy PS6400; WCCF 2023 Annual PREA Report; PC Interview.	
<p>115.87(a)(b)(c)(d): The facility does not collect and aggregate the incident-based sexual abuse data at least annually. The facility was found out of compliance with provisions (a)(b)(c)(d). As a result, the facility entered a 180-day corrective action period to remedy these deficiencies. To become compliant, the facility was required to develop and implement a procedure to ensure sexual abuse data is collected using a standardized instrument and set of definitions and to aggregate the incident-based data at least annually. The incident-based sexual abuse data was required to include data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. Additionally, the facility was required to develop and implement a procedure to ensure that all sexual abuse data is maintained, reviewed, and collected as needed from all incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p><u>Corrective Action Taken (a)(b)(c)(d):</u> The PREA Coordinator developed a spreadsheet to track allegations and incident-based sexual abuse data. All incident data will be entered into this spreadsheet which will be maintained by the PREA Coordinator. The facility is now prepared to respond to the SSV, if requested by DOJ. The PREA Coordinator will ensure that this information is maintained, reviewed and aggregated at least annually. The facility published the WCCF 2023 Annual PREA Report which included aggregated data meeting the requirements of this standard. The facility has completed the corrective action plan.</p> <p>115.87(e): The facility is a single-operation facility and does not contract with other facilities for the confinement of its inmates. Therefore, the facility meets this provision, through non-applicability.</p> <p>115.87(f): The facility reported that DOJ has not requested this data.</p> <p>After the corrective action period, a systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>	

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Reviewed: PS6400; Interviews.

Evidence Reviewed During Corrective Action Period: Revised Policy PS6400; WCCF 2023 Annual PREA Report; WCCF Public Website; Interviews.

115.88(a)(b)(c)(d): PS6400 does not establish, nor did the facility provide evidence they review data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including identification of problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. The facility has not produced an annual report and was found out of compliance with all provisions of this standard. As a result, the facility entered a 180-day corrective action period to remedy these deficiencies. To become compliant, the facility was required to 1) develop and implement procedures to 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, by identifying problem areas; taking corrective action on an ongoing basis; preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. 2) create an annual report that includes 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. The annual report must be 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. The facility must indicate the nature of any information 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.

Corrective Action Taken (a)(b)(c)(d): Interviews with the PREA Coordinator and Deputy Warden confirmed that they review data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including identification of problem areas, and taking corrective action on an ongoing basis. An annual report for calendar year 2023 was prepared by the PREA Coordinator which included findings from the data review and corrective actions taken at the facility. The annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. The interviews further supported that corrective action will be taken on an ongoing basis as any issues arise. The annual report was approved by the Warden and has been made available to the public through the WCCF website. The facility indicated no information was redacted as the annual report was designed to not include any personally identifying information or any information that would create a specific threat to the safety and security of the facility. The facility has completed the corrective action plan.

After the corrective action period, a systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: PS 6400; Interviews.</p> <p>Evidence Reviewed During Corrective Action Period: Revised Policy PS6400; WCCF 2023 Annual PREA Report; WCCF Public Website; Interviews.</p> <p>115.89(a)(b)(c)(d): Due to the non-compliance of standards 115.87 and 115.88, the agency was found out of compliance with all provisions of this standard. Once the CAP is cleared for 115.87 and 115.88, the agency was required to ensure that incident-based and aggregate data are compliant with provisions (a)-(d) of this standard.</p> <p><u>Corrective Action Taken (a)(b)(c)(d):</u> Interviews with the PREA Coordinator and Deputy Warden confirmed that they review data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including identification of problem areas, and taking corrective action on an ongoing basis. An annual report for calendar year 2023 was prepared by the PREA Coordinator which included findings from the data review and corrective actions taken at the facility. The annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. The interviews further supported that corrective action will be taken on an ongoing basis as any issues arise. The annual report was approved by the Warden and has been made available to the public through the WCCF website. The facility indicated no information was redacted as the annual report was designed to not include any personally identifying information or any information that would create a specific threat to the safety and security of the facility. The facility has completed the corrective action plan.</p> <p>After the corrective action period, a systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Website Review; Prior PREA Audit Reports; Information Obtained from Interviews.</p> <p>115.401(a)(b): Wayne County Correctional Complex is an independent facility. The</p>

	<p>facility has been audited at least once during each three-year period starting on August 20, 2013. The most recent audit report dated August 20, 2020 was located by the auditor on the facility's website at https://www.waynecountypa.gov/219/Sexual-Abuse-in-Our-Facility. The auditor reviewed two of the three prior audit reports that were conducted March 2-4, 2015 and July 14-15, 2020. During the corrective action period the facility posted the third audit to the website.</p> <p>115.401(h)(i): The auditor had access to, and observed, all areas of the Wayne County Correctional Complex and was permitted to request and receive copies of relevant documents including electronically stored information. The facility provided additional information as requested by the auditor during the post-audit period and is actively working on corrective action plans for several standards.</p> <p>115.401(m): The auditor was permitted to conduct private interviews with inmates.</p> <p>115.401(n): Inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. During the Post-Audit Period the Auditor received (1) letter from an inmate who wished to remain anonymous. The contents of the letter were shared with the facility PREA Compliance Manager for resolution, but the name of the reporter was not provided due to the inmate's request to remain anonymous.</p> <p>A systematic review and analysis of the stated evidence concluded the facility demonstrated compliance with the provisions of this standard.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Website Review; Information Obtained from Interview.</p> <p>Evidence Reviewed During Corrective Action Period: Review of Wayne County Public Website; PC Interview.</p>
	<p>115.403(f): The facility's last PREA final audit report is posted on the facility's website at https://waynecountypa.gov/219/Sexual-Abuse-in-Our-Facility. However, the two prior audit reports are not. As a result, the facility was found out of compliance with all provisions of this standard. To become compliant the facility was required to post all PREA final reports on its public website.</p>
	<p>Corrective Action Taken: The auditor reviewed the public website and found that the facility has now published all prior PREA audit reports. The facility has completed the corrective action plan.</p> <p>After the corrective action period, a systematic review and analysis of the evidence concluded the facility has demonstrated compliance with this standard.</p>

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.)	na
	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.)	na
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.)	na
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	na

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

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

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
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).)	yes
	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).)	yes
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).)	yes
	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).)	yes
	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).)	yes
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	yes

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

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

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

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

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

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

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

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

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

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

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

	Garrity 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

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

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

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

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

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

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

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

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

	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.)	na
115.52 (d) <i>Exhaustion of administrative remedies</i>		
	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.)	na
	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.)	na
	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.)	na
115.52 (e) <i>Exhaustion of administrative remedies</i>		
	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.)	na
	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.)	na
	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.)	na
115.52 (f) <i>Exhaustion of administrative remedies</i>		

	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.)	na
	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.).	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na
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.)	na
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?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

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

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

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

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

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

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

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	na
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.)	na
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.)	yes
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

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

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
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.)	na
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.)	yes
	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.)	na
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)		
	<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>	yes