PREA Facility Audit Report: Final

Name of Facility: Donald W. Wyatt Detention Facility
Facility Type: Prison / Jail
Date Interim Report Submitted: NA
Date Final Report Submitted: 03/21/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☑
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☑
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☑
Auditor Full Name as Signed: Amy J. Fairbanks	**Date of Signature:** 03/21/2026

AUDITOR INFORMATION	
Auditor name:	Fairbanks, Amy
Email:	fairbaa@comcast.net
Start Date of On-Site Audit:	02/11/2026
End Date of On-Site Audit:	02/13/2026

FACILITY INFORMATION	
Facility name:	Donald W. Wyatt Detention Facility
Facility physical address:	950 High Street, Central Falls, Rhode Island - 02863
Facility mailing address:	950 High Street, Central Falls, Rhode Island - 02863

Primary Contact

Name:	David C Dalpe
Email Address:	ddalpe@wyattdetention.com
Telephone Number:	5086319418

Warden/Jail Administrator/Sheriff/Director	
Name:	Michael Nessinger
Email Address:	mnessinger@wyattdetention.com
Telephone Number:	401-721-0323

Facility PREA Compliance Manager	
Name:	Roger Chartier
Email Address:	RChartier@wyattdetention.com
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Desmond Gyamfi
Email Address:	DGyamfi@wyattdetention.com
Telephone Number:	401-721-0355

Facility Characteristics	
Designed facility capacity:	785
Current population of facility:	652
Average daily population for the past 12 months:	700
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys

Age range of population:	19-77
Facility security levels/inmate custody levels:	Maximum Security Facility. Custody levels 1, 2, and 3
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	262
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	22
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	19

AGENCY INFORMATION	
Name of agency:	Central Falls Detention Facility Corporation
Governing authority or parent agency (if applicable):	
Physical Address:	950 High Street, Central Falls, Rhode Island - 02863
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	David Dalpe	**Email Address:**	ddalpe@wyattdetention.com

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:	
4	• 115.31 - Employee training • 115.33 - Inmate education • 115.41 - Screening for risk of victimization and abusiveness • 115.42 - Use of screening information
Number of standards met:	
41	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-02-11
2. End date of the onsite portion of the audit:	2026-02-13

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Just Detention Incorporated (JDI), Day One victim advocate organization

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	785
15. Average daily population for the past 12 months:	700
16. Number of inmate/resident/detainee housing units:	7
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes (●) No ( ) Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	663
25. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	14
26. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	2
27. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	1
28. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
29. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	61
30. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	37

31. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	4
32. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	5
33. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	40
34. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	253
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	19

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	23
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	15
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☑ Age ☑ Race ☑ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☑ Housing assignment ☑ Gender ☑ Other ☐ None
If "Other," describe:	Submitted correspondence in response to the audit postings.
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Interviewed at least one detainee from each housing unit.

43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	(●) Yes ( ) No
44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	16
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/ resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/ residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
47. Enter the total number of interviews conducted with inmates/residents/ detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
48. Enter the total number of interviews conducted with inmates/residents/ detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	2

49. Enter the total number of interviews conducted with inmates/residents/ detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
50. Enter the total number of interviews conducted with inmates/residents/ detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1
51. Enter the total number of interviews conducted with inmates/residents/ detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	2
52. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1
53. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
54. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	5
55. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	5

56. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The facility places incoming detainees on a protective status for twenty-four hours or less when there is questionable information reported which is why the number they reported for this in the PAQ is high. After inquiring more about their process the auditor concluded the number is zero.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	12

59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☑ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☑ Rank (or equivalent) ☑ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
If "Other," describe:	Bi-lingual capabilities.
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	17
63. Were you able to interview the Agency Head?	◉ Yes ○ No

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

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

	☑ Other
If "Other," provide additional specialized staff roles interviewed:	Programming manager (education, grievances, classification), classification staff, grievance staff, contract manager
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☐ Education/programming ☐ Medical/dental ☑ Food service ☐ Maintenance/construction ☑ Other
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

71. Did you have access to all areas of the facility?	(●) Yes ( ) No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	(●) Yes ( ) No
73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	(●) Yes ( ) No
74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
75. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.

Documentation Sampling

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

77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	(●) Yes ( ) No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	3	0	3	0
Staff-on-inmate sexual harassment	9	0	9	0
Total	12	0	12	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	3	0
Staff-on-inmate sexual harassment	1	6	2	0
Total	1	6	5	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	4

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

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	12
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	( ) Yes (●) No ( ) NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	3
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	( ) Yes (●) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	9
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	◉ Yes ○ No ○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

Non-certified Support Staff	
103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

AUDITING ARRANGEMENTS AND COMPENSATION	
108. Who paid you to conduct this audit?	◉ The audited facility or its parent agency ○ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) ○ A third-party auditing entity (e.g., accreditation body, consulting firm) ○ Other

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
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 · Organization Chart · Interview with the PREA Coordinator · Interview with the Warden · Interview with the PREA Coordinator assistant · Observations/interactions during the audit · FAQ The following policy excerpts demonstrate the facility's commitment to the

requirements of Zero Tolerance for sexual abuse and harassment as well as an outline for preventing, detecting, and responding to allegations of sexual harassment and abuse.

Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 is a 52-page policy that addresses the following: Policy and Purpose, Responsibilities, Definitions, Prevention Planning, Supervision and Monitoring, Limits to Cross Gender Viewing, Detainees with Disabilities and Limited English Proficiency, Hiring and Promotion Decisions, Upgrades to Physical Plant and Technologies, Responsive Planning, Training and Education, Screening for Risk of Sexual Victimization and Abusiveness, Reporting, Official Response Following a Detainee Report, Investigations, Discipline, Medical and Mental Health Care, and Data Collection and Review.

It states, *The Donald W. Wyatt Detention Facility (DWWDF) is committed to the prevention and elimination of sexual abuse perpetrated against detainees by employees, contractors, volunteers, or by other detainees. Meeting the objectives set forth within the Prison Rape Elimination Act (PREA) of 2003 shall be a major priority and an ongoing focus for staff efforts at all levels of this organization. The facility shall embrace the standards set forth by the National Prison Rape Elimination Commission, American Correctional Association (ACA) as well as its user-agencies.*

The facility is committed to having Zero Tolerance toward all forms of sexual abuse and sexual harassment and in doing so it is the policy of the DWWDF to:

Provide training to all staff, volunteers, contractors and detainees;

•Provide guidelines to help prevent sexual abuse and sexual harassment;

•Address the safety and treatment needs of victims of sexual abuse and sexual harassment;

•Investigate and document any and all incidents involving sexual abuse and sexual harassment;

•Discipline and/or refer for prosecution those found in violation of Donald W. Wyatt Detention Facility rules and regulations, policies, PREA Regulations, ACA Code of Ethics, local, state, and/or federal laws or statutes regarding sexual abuse and sexual harassment;

•Create an atmosphere of Zero Tolerance concerning sexual abuse and sexual harassment.

411.3. Responsibilities

All staff, volunteers, contractors and detainees are responsible for being alert to signs of potential situations in which sexual abuse and sexual harassment might occur.

Preventing sexual abuse and sexual harassment, intervening when sexual abuse or sexual harassment occurs, investigating allegations of sexual abuse and sexual harassment and disciplining/referring for prosecution perpetrators of sexual abuse

	and sexual harassment involves the coordinated efforts of several departments including but not limited to, Administration, Professional Standards Unit (PSU), Security, Programs, Training, and Health Services. *As the designated PREA Coordinator, the Director of Compliance shall have overall responsibility for ensuring that all elements of this policy are met in a coordinated, interdisciplinary fashion.* Evidence reviewed/analyzed by provision: (a) The written policy illustrated above mandates Zero Tolerance and outlines the agency approach to preventing, detecting and responding to such conduct. It describes how compliance is accomplished and notes who is responsible for the various requirements. (b) An organization chart demonstrates that the Compliance Director has been designated as the PREA Coordinator; he has a direct line to the Warden. The interview with the Compliance Director demonstrated to the auditor that he has the time and influence necessary to achieve compliance with the PREA standards. He has a full-time assistant to help with this obligation. He also addresses American Correctional Association (ACA) compliance in addition to monitoring needs of the Immigration Customs Enforcement (ICE) audits and United States Marshalls offices monitoring. During his interview he acknowledged that he is actively involved in the staffing plan review and analysis. The PREA Coordinator demonstrated his ability to effectively change policy/practice by updating several forms and processes since the last PREA audit. (c) The facility has not designated a PREA Compliance Manager but uses additional staff to assist with PREA-related duties. Summary of evidence to support findings: Policy, interview with the PREA Coordinator, review of the organization chart and overall observations throughout the audit provided the auditor with sufficient evidence to support the finding of compliance.

115.12	**Contracting with other entities for the confinement of inmates**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Interview with the Warden · Review of Contract with United States Marshall Service

	· Observations during the onsite visit · PAQ The PAQ confirms that the agency/facility holds detainees for the US Marshall Service but does not contract for the confinement of their detainees. Evidence reviewed/analyzed by provision: The PAQ indicates that the agency does not contract for the confinement of detainees. The interview with the Warden as well as observations during the audit led the auditor to find no evidence to dispute this. Summary of evidence to support findings: Based on the information noted, the auditor finds the standard is not applicable – compliant.

115.13	**Supervision and monitoring**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 · Staffing Plan September 2025 · Annual Staffing Plan and Video Monitoring System Review 2026, 2025, 2024 (completed twice yearly) · Interview with the Warden · Interview with the PREA Coordinator · Randomly selected security staff interviews · Interviews with supervisors - Unit Sergeant and Shift Commander · Documentation of unannounced rounds - all shifts for calendar year 2025 · Observations · PAQ The PAQ indicates that the average daily population since the last PREA audit is 696. However, the staffing plan is predicated on a detainee population of 785, the facility capacity. The facility reports there have been no deviations.

	The following policy excerpt supports compliance with the requirements of this standard: Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 states, *The facility shall maintain a staffing plan that provides for adequate levels of staffing to ensure detainee protection against sexual abuse and shall take the following into consideration when calculating adequate staffing levels and determining the need for adequate video monitoring:* *(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 detainees may be isolated);* *(6) The composition of the detainee population;* *(7) The number and placement of supervisory staff;* *(8) Facility 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) Incidents reflecting on facility security and detainee safety;* *(12) Findings and recommendations of sexual abuse incident review reports or other findings reflecting on facility security and detainee safety* *(13) Length of time detainees spend in facility custody; and* *(14) Any other relevant factors.* *The Chief of Security shall be required to report in writing to the Warden justification of all deviations from the approved staffing plan.* *Whenever necessary, but no less frequently than once each year, the Chief of Security, in consultation with the PREA Coordinator shall conduct a PREA assessment of the facility.* *The PREA assessment shall be documented and forwarded to the Warden for review. The assessment shall consider recent changes to the facility environment and uniqueness of the detainee population. The assessment shall include interviews of staff and detainees regarding the detainee safety and shall identify operational practices which should be improved upon. Furthermore, it is important to ensure that*

	staff and detainees are properly trained and to ensure that staff members are reporting all incidents, allegations, and observations of sexual abuse. The assessment shall also determine and document, determine, and document whether adjustments are needed to: *(1) The staffing plan* *(2) The deployment of the facility's video monitoring systems or other monitoring technologies; and* *(3) The resources the facility has available to commit to ensure adherence to the staffing plan.* *The Warden, Chief of Security, Chief of Programs and Shift Commanders shall be required to make unannounced rounds to identify and deter staff sexual abusee and sexual harassment. Such practices shall be implemented on all shifts. Staff shall be prohibited from alerting other staff members that supervisor rounds are occurring, unless such an announcement is related to the legitimate functions of the facility.* Policy mirrors the standard requirements noting who is responsible for achieving compliance and details of how it will be achieved. It provides additional requirements to further enhance compliance. Evidence reviewed/analyzed by provision: (a) The facility has provided a detailed staffing plan that demonstrates the minimum required staffing for all areas of operation in the facility. The interview with the Warden confirmed the following: (1) Generally accepted detention and correctional practices; the facility has achieved ACA accreditation; the most recent audit was October 2023 which resulted in certification. (2) Any judicial findings of inadequacy; there are none. (3) Any findings of inadequacy from Federal investigative agencies; there are none. (4) Any findings of inadequacy from internal or external oversight bodies; the facility has onsite audits from ICE and the US Marshalls. The deficiencies noted are immediately corrected. There is an onsite monitor for the US Marshalls full-time. The auditor had brief conversations with him during the audit. (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or detainees may be isolated); the interview with the Warden and PREA Coordinator confirmed that this is assessed and concluded that there are no blind spots not addressed by cameras. (6) The composition of the detainee population; this includes one ICE housing pod and otherwise US Marshall detainees. They have contracts with ICE and US Marshalls to house their detainees. They could also house detainees for the Navy and a local Indian tribe but report that this has not occurred in the past three years.

	(7) The number and placement of supervisory staff; per the Warden, this has been analyzed and determined to be acceptable. (8) Facility programs occurring on a particular shift; interviews with the Warden confirmed to the auditor awareness of programs running at the facility, particularly on the evening shift which would involve volunteers. They confirmed coverage is sufficient with security staff nearby or directly supervising the activity. (9) Any applicable State or local laws, regulations, or standards; none identified. (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; (11) Incidents reflecting facility security and detainee safety; it was reported to the auditor that a team meets monthly, and weekly to monitor specific incidents and specific detainees to ensure safety. (12) Findings and recommendations of sexual abuse incident review reports or other findings reflecting on facility security and detainee safety, see comments to §115.86. (13) Length of time detainees spend in facility custody; and (14) Any other relevant factors. As indicated above, the facility has added factors to monitor when addressing staffing needs. (b) The PAQ notes they have not deviated from the staffing plan. During the tour, the auditor monitored staffing posts which appear to line up with the staffing plan. Responsibility for staffing plan on a daily basis rests with the Chief of Security. (c) Review of the annual staffing plan reviews provided evidence to the auditor that the facility has assessed (1) The staffing plan, (2) The facility's deployment of video monitoring systems and other monitoring technologies; and (3) The resources the facility has available to commit to ensure adherence to the staffing plan. The PREA Coordinator is tasked with conducting two staffing analyses annually. The analysis reviews the requirements noted in provisions (a). (d) Documentation of unannounced rounds was reviewed with the PAQ. Documentation reflected unannounced rounds for the entire twelve-month review period. Additionally, the auditor asked staff when conducting random staff interviews. All confirmed that a supervisor and/or higher-level staff (Captain, Major, Warden) randomly tour the facility; they are not announced. This occurs on both shifts. They are not alerted that they are approaching, they do not alert others that they are approaching. Summary of evidence to support findings: Policy, interview with the Warden, Chief of Security and PREA Coordinator, interviews with random staff, documentation, and the PAQ as summarized provided sufficient evidence for the auditor to support the finding of compliance with all the standard provisions.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Interview with the PREA Coordinator · Interview with the youngest detainee (20 years old) · Detainee roster by age · Memo – PREA Coordinator confirming no youthful offenders · Observations Evidence reviewed/analyzed by provision: (a)(b)(c) The age of majority in this state is 18. The PAQ indicates the facility does not house detainees under the age of 18 years old. The auditor requested to interview the youngest detainee, he confirmed he is 20 years old and was transferred to the facility when he turned 18 years old. Summary of evidence to support findings: Based on the evidence above, the auditor finds the facility compliant with the standard provisions – not applicable.

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 · Interview with Warden · Interview with the PREA Coordinator · Interviews with randomly selected security staff (males and females) · Interviews with randomly selected detainees · Observations of living areas

· Observations of strip search areas

· Review of video monitoring

· Demonstration of a detainee intake search process

· PAQ

The PAQ indicates that there has been no cross-gender strip or cross-gender visual body cavity searches of detainees no cross-gender strip or cross-gender visual body cavity searches of detainees. This was documented through written statements in the PAQ.

The following policy excerpts supports compliance with the requirements of this standard:

Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 states, *(a) The facility shall be prohibited from conducting cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. (b) The facility shall be prohibited from conducting cross-gender pat-down searches of female detainees, absent exigent circumstances. Female detainees' shall not be restricted from access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. (c) All cross-gender strip searches and cross-gender visual body cavity searches and cross-gender pat searches of female detainees shall be documented by facility staff via an incident report prior to the end of the tour of duty in accordance with policy. (d) Detainees shall be provided with reasonable private bathing and toileting environment in accordance with safety and security needs. All detainees (male and female) shall be allowed to 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. (e) To protect the privacy of detainees during instances of showering, undressing or performing bodily functions, shall of the opposite gender shall announce their presence when entering a detainee housing unit. If a staff member's post is in the housing unit, an announcement must be made upon the commencement of the shift. If staff are not assigned to the housing unit, they must announce themselves upon entry.*

Policy as illustrated addresses the requirements of the standard provisions, responsibilities and the procedures on how to be compliant with the requirements.

Evidence reviewed/analyzed by provision:

(a) Policy addresses this requirement. The PAQ indicates there have been no incidents of cross-gender strip searches or visual body cavity searches. The auditor found this credible after conducting the onsite audit and conducting formal and informal interviews with staff.

(b) The facility does house females detainees. They are housed in one pod with

	sufficient space for programming to occur. Interviews with female detainees (three total) confirmed to the auditor that they have not been denied programming. Policy supports they will not be searched by males, even though the count is less than fifty. The auditor observed several female officers during the onsite audit. (c)The PAQ supports there have been no exigent circumstances warranting a cross-gender search. The was additionally confirmed by interviews with female detainees and overall observations during the audit which did not yield any evidence suggesting this has occurred. (d) Policy supports that detainees shall be provided with reasonable private bathing and toileting environment in accordance with safety and security needs. All detainees (male and female) shall be allowed 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. This requirement is additionally reinforced in the PREA training curriculum. All random staff interviews and detainees' interviews affirmed to the auditor that this is true. The auditor observed toilets, sinks and showers in all detainee living areas and the Receiving and Discharge (R& D) operation as well as any designated strip search areas. All detainee pods, except one have individual shower stalls with appropriate curtain yet sufficient vision to ensure safety; toilets and sinks are located inside the rooms angled to the right which does not provide direct observation but sufficient view to ensure safety. One pod is dormitory style which provides a common area for toilets, sinks and showers. Modifications are in place to ensure that staff do not have a direct view, but sufficient view to ensure safety. Intake holding cells have toilet and sink with a half concrete wall blocking the view. The holding cells for females are not in direct line of sight for staff or where holding cells for males are located. Additionally, all staff and detainees interviewed confirmed that the opposite gender do announce their presence when entering a detainee housing unit. The audit team was announced when touring the housing units. (e)(f) These provisions are not applicable to this audit. Summary of evidence to support findings: As illustrated and analyzed, policy, interviews and observations provided sufficient evidence to support all provisions of this standard. The auditor finds the facility compliant with the standard provisions.

115.16	**Inmates with disabilities and inmates who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence

	related to this standard: · Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 · Contract Certified Languages (on demand, scheduled, written, ASL, assessment services) · List of bi-lingual staff (Spanish, Creole, Portuguese, Urdu) · TTY Device · PREA Video closed caption, and Spanish. · Enlarged font forms (detainee handout and PREA education acknowledgment English and Spanish) · Interview with the Warden · Interviews with randomly selected security staff · Interviews with bi-lingual staff · Interview with medical staff · Interview with classification · Interviews with staff who conduct orientation · Interviews with LEP or disabled detainees · Testing, use of and observation of availability of language line services · Observations during the tour, PREA information · PAQ The PAQ indicates that the number of instances where detainee interpreters, readers, or other types of detainee assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under § 115.64, or the investigation of the resident's allegations is zero. The following policy excerpts supports compliance with the requirements of this standard: Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 states, *Detainees with disabilities (including, for example, detainees who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), shall 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. Detainees shall receive assistance from staff interpreters, telephonic interpreters, use of the TTY machine,*

	videos, use of written materials, etc. to ensure that they understand the information being provide. The facility shall not rely on detainee interpreters, detainee readers, or other types of detainee assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the detainee's safety, the performance of first-response duties under § 115.64, or the investigation of the detainee's allegations. Policy mirrors the standard requirements. Evidence reviewed/analyzed by provision: (a)The auditor analyzed evidence to support compliance. This included the interview with the medical supervisor. He assured the auditor that during the intake assessment and subsequent physical examination, medical staff identify any needs relating to blind/low vision, deaf/hard of hearing, cognitive deficiencies, mental illness and speech disabilities and intellectual disabilities/limited reading. Detainees diagnosed with autism were identified. The interview with Classification staff, who conduct orientation, would additionally assess these needs. The auditor was provided a list which demonstrated this information is maintained in the detainee management system. Interviews conducted (wheelchair bound, cognitive disability, and hard of hearing detainees) confirmed to the auditor that the needs are addressed; they are able to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The video shown at orientation is able to provide closed caption for those deaf/or hard of hearing. The facility also maintains a TTY for detainees who are deaf to assist with communication. (b) The auditor interviewed staff who are bilingual (Spanish, French, Arabic). At intake, language needs are assessed as they house ICE detainees, they are able to identify many different language needs. The staff in the ICE unit are bilingual (Spanish and English). Language line access telephones were observed throughout the facility. They have instructions posted near the phone. They are located typically in the medical exam area and/or counselor offices. (c) Policy and the PAQ support that use of another inmate to interpret has not occurred. Random staff interviews confirmed knowledge that if necessary, another detainee would be used until such time as staff or the language line could be accessed, understanding exigent circumstances. Summary of evidence to support findings: As indicated, policy, interviews, testing of the language line, interviews with detainees with special physical and language needs, and observations all provided sufficient evidence to support the finding of compliance with all provisions of the standard.

115.17	**Hiring and promotion decisions**

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 · Facility Hiring Practices, Staffing Requirements and Analysis, Labor Management Relations Number 602 · Interview with staff who conduct background checks · Interviews with the Director of Human Resources · Documentation of background checks · Review of staff integrity checks · Review of hiring documentation PREA questionnaire · Observations · PAQ The PAQ indicates that sixty-six (66) staff have been hired who may have contact with detainees in the previous twelve months, two contractual staff (commissary and food service) where criminal background record checks were conducted on all staff covered in the contract who might have contact with detainees. The following policy excerpts supports compliance with the requirements of this standard: *Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 states, The facility shall not hire or promote anyone who may have contact with detainees and shall not enlist the services of any contractor who may have contact with detainees, who may have contact with detainees who has a history of sexual abuse or harassment. Facility Hiring Practices, Staffing Requirements and Analysis, Labor Management Relations Number 602 states, The Director of Human Resources and the prospective supervisor are responsible for determining whether an applicant is technically qualified for the position and if the applicant can work suitably in the facility.* *Selection Process:* *Prior to entering on duty and/or start of pre-service training, a background investigation shall be conducted and conditional clearance granted on all new employees, contractors, and volunteers. Background investigations shall include:* *Criminal history check and domestic civil protective order through the National Crime*

	Information enter (NCIC) *Employment references* *Credit history* *Verification of US citizenship* *Pre-employment interview* *Drug screening* *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.* *All applicants must complete the Prison Rape Elimination Act (PREA) Questionnaire.* *The Professional Standards Unit shall conduct criminal background records checks at least every five (5) years of current employees and contractors who may have contact with detainees.* *The facility shall not hire or promote anyone who may have contact with detainees, and shall not enlist the services of any contractor who may have contact with detainees, who—* *(1) 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);* *(2) 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; or* *(3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.* *The facility shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with detainees.* *The facility shall ask all applicants and employees who may have contact with detainees directly about previous misconduct described in paragraph as described above in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of review of current employees. Current employees shall have an affirmative duty to disclose any such misconduct.* *Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.* Policy as illustrated addresses the requirements of the standard provisions,

	responsibilities and the means to enforce them. Evidence reviewed/analyzed by provision: (a)(b)(c)(d)(f)(g) The auditor interviewed the staff (HR Director) who processes new applications to assess compliance. She confirmed that all applicants are asked the questions in provision (a) and that prior incidents of sexual harassment are considered when determining whether to hire, promote or use a contractor for services. A form is used addressing this. It requires the candidate to acknowledge through signature, “I certify that there are no willful misrepresentations or falsifications of the above statements and answers to questions. I understand that should an investigation disclose such misrepresentation or falsifications, my application may be rejected and, should I be employed, my service may be terminated. It now also states, I hereby certify that I have answered the above questions honestly and accurately. I understand that material omissions regarding such misconduct, or provision of materially false information, shall be grounds for termination/dismissal. The auditor interviewed staff who confirmed that additional reference checks were conducted for those who hired in with prior correctional experience, providing the auditor with anecdotal information of who was contacted and what was concluded. (e) The interview with the person who conducts background checks confirmed that for all inquiries, the following are reviewed: NCIC, Interstate Identification Index (III), and Rhode Island Law Enforcement Telecommunications System (RILETS). The auditor randomly selected personnel files for status employees to assess background checks that are conducted upon hiring. Additionally, a report was reviewed in which a staff integrity check is conducted every year, exceeding the requirement of a background check every five years. The report was provided to the auditor as evidence of this action. (h) Policy and the interview with the HR Director confirmed that she will provide basic information to those who inquire about a prior employee. Upon receipt of a signed release, she can provide additional information. Summary of evidence to support findings: Policy supports the requirements of the standard. Random review of personnel files, questionnaires, interviews with staff who conduct background checks and interview with the Director of Human Resources provided the auditor sufficient evidence to support the finding of compliance with all provisions of the standard.

115.18	**Upgrades to facilities and technologies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 · Interview with the Warden · Observations of camera monitoring · PAQ The PAQ indicates the facility has not acquired any new facilities or made any substantial expansions or modifications of existing facilities since the last PREA audit and has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit. The following policy excerpts supports compliance with the requirements of this standard: Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 Upgrades to Physical Plant and Technologies *Prior to any substantial expansion or modification of the physical plant, the Director of Facilities and Procurement in consultation with the Chief of Security shall consider the effects of the expansion or modification on the ability to protect detainees from sexual abuse. The proposed plan shall be forwarded to the PREA Coordinator/PREA Compliance Manager/ PSA Compliance Manager for review and consideration. b. Prior to installing or updating the video monitoring system the Maintenance Foreman in consultation with the Chief of Security shall consider how such technology may enhance the ability to protect detainees from sexual abuse. The proposed plan shall be forwarded to the PREA Coordinator/PREA Compliance Manager/PSA Compliance Manager for review and consideration.* Policy mirrors the standard requirements. Evidence reviewed/analyzed by provision: (a)(b) Policy supports the requirements of the standard provisions. The interview with the Warden confirmed to the auditor if they upgrade the camera system to provide enhanced coverage (ongoing) and make changes to the physical plant that it would consider keeping detainees safe from sexual abuse. The upgrade to the showers providing individual stalls, demonstrated this. Summary of evidence to support findings: Policy, the interview with the Warden, observations of camera monitoring and the physical plant all provided the auditor with sufficient evidence. The auditor finds the facility compliant with the standard provisions.

115.21	**Evidence protocol and forensic medical examinations**

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411
- MOU Rhode Island State Police
- MOU with Day One advocacy services
- SOP for Wyatt Investigations - Uniform evidence protocol
- Rhode Island State Policy General Order 52H Prison Rape Elimination Act (PREA)
- Verification of SANE exams available
- Interview with investigator
- Interview with PREA Coordinator
- Review of investigations
- Observations
- PAQ

The PAQ indicates there have been no forensic medical exams, no SANE/SAFE exams nor exams performed by a qualified medical practitioner during the previous twelve months. The auditor found no evidence to dispute this during the audit process.

The following policy excerpts supports compliance with the requirements of this standard:

Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 states, Evidence Protocol and Forensic Medical Examinations

a. Facility staff shall follow a uniform evidence protocol as outlined in Policy #220 - Collection and Preservation of Physical Evidence, which maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution.

b. Health Services Unit (HSU) medical staff shall provide emergency first aid in preparation for transfer to an outside medical facility.

c. Victims of sexual assault shall be referred under appropriate security provisions to a local medical facility for medical, psychological care and gathering of evidence.

d. All victims of sexual abuse shall have access to forensic medical examinations, without financial cost, where evidentiary or medically appropriate. Such examinations

shall be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where possible. If a SAFE or SANE cannot be made available, the examination can be performed by other qualified medical practitioners. The Health Services Administrator (HSA) shall be required to document efforts to obtain the services of a SAFE or SANE.

e. The outside medical facility will be informed of the detainee's condition and relevant medical history.

f. The HSA shall attempt to make available to the victim, a victim advocate from a rape crises center. If a rape crisis center is not available to provide victim advocate services, the HSA shall acquire the services of a qualified staff member from a community-based organization, or a qualified facility staff member. The HSA shall document efforts to secure services from a rape crisis center.

g. As requested by the victim, the victim advocate, qualified facility staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

h. The facility shall request outside investigating agencies comply with the requirements set forth in this policy.

For the purpose of this section, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

Policy as illustrated addresses the requirements of the standard provisions, responsibilities and the means to enforce them.

Evidence reviewed/analyzed by provision:

(a)(b) This agency/facility is not responsible for investigating allegations of sexual abuse that would result in a criminal investigation. The facility would immediately secure the area and contact the Rhode Island State Police. An MOU with the Rhode Island State Police confirms that they will provide criminal investigative support in coordination and concurrence with the United States Marshall Service. The SOP for Wyatt Investigations states, If it is apparent or reasonably clear that a crime has been committed, Wyatt will secure the area as a crime scene by trained personnel at the Wyatt Detention Facility or the Central Falls Police Department, until USMS and RISP investigators arrive. Any evidence secured for safety reasons shall follow the chain of custody evidence procedures of the facility. Evidence secured by facility staff shall be surrendered to the USMS, or as otherwise directed. The auditor reviewed Policy #220 – Collection and Preservation of Physical Evidence which directs the process for evidence collection at the facility.

(c) The auditor verified that the Rhode Island Hospital provides comprehensive SANE

	services via review of the information available on the internet. (d) Policy supports the requirements of the provision. An MOU with DAY ONE (an organization in Rhode Island who provides comprehensive treatment and advocacy services in collaboration with partners) verifies services to include this facility and the Rhode Island State Police. Review of the webpage verifies they will provide medical attention, legal assistance or clinical support which includes referrals for other services based on the situation. Services are free. (e) A victim advocate from DAY ONE will be provided in accordance with the MOU established between this organization and the facility. (f) MOU with Rhode Island State Police (RISP) and SOP supports that the RISP will be the lead agency for all detainee-on-detainee assault investigations not covered by federal statute (i.e., witness tampering and hate crimes). The RISP will assist the USMS in the collection and processing of evidence in all cases. Rhode Island State Policy General Order 52H Prison Rape Elimination Act (PREA) demonstrates that it understands and follow requirements of PREA. Summary of evidence to support findings: Policies, MOUs with Rhode Island State Police and Day One advocacy services, SOP for investigations (uniform evidence protocol) and interviews with the PREA Coordinator and Director of PSU all provided sufficient evidence that the facility follows all provisions of the standard. Review of the investigations confirmed that they have not had an allegation of sexual abuse that would warrant a SANE exam in the past twelve months. The auditor finds the facility compliant with the standard provisions.

115.22	**Policies to ensure referrals of allegations for investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 · Rhode Island State Police General Order Prison Rape Elimination Act · Interview Warden · Interviews Director of Professional Standards Unit (PSU) · Review of investigations · SOP for Wyatt Investigations (guidelines when collaborating with other agencies – United States Marshall Service (USMS) and Rhode Island State Polie (RISP)

	· Observations · PAQ The PAQ indicates there have been seventeen (17) allegations resulting in administrative investigations and zero resulting in criminal investigations in the past twelve-month review period. The following policy excerpts supports compliance with the requirements of this standard: Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 states, Referral of Allegations for Investigation *a. The facility shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.* *b. In order to establish a strong, effective reporting culture among staff and to ensure the appropriate user-agency and facility receive timely information about sexual assault, sexual abuse, sexual harassment or retaliation and staff neglect or violation of responsibilities that may have contributed to an incident or retaliation, all allegations of sexual assault must result in immediate notification of the appropriate user-agency within twenty-four (24) hours of the initial report.* *c. Immediate notification and documented proof of notification is made to the external jurisdiction, such as the police or rape crisis center.* *d. The Warden ensures that facility staff report all allegations, while taking steps to protect the confidentiality of sexual abuse information by sharing internally with only those who need to know.* *e. Allegations of sexual abuse or sexual harassment shall be referred to the United States Marshals Service or the applicable user-agency who shall coordinate the criminal investigative effort between federal and state law enforcement officials. PSU staff shall assist as required.* *f. The PREA Coordinator/PREA Compliance Manager/PSA Compliance Manager and PSU staff shall maintain all case records associated with claims of sexual abuse, including incident reports, investigative reports, detainee information and case dispositions. All medical and counseling evaluation findings and recommendations for post-release treatment and/or counseling shall be maintained in the detainee's medical file in accordance with an established schedule as outlined in Policy #609 - Management Philosophy and Goals and Internal Regulations.* *The Shift Commander will take appropriate action to monitor the affected detainee and arrange a medical evaluation at an outside facility in coordination with the Health Services Administrator.* *g. The PSU staff shall be the point of contact for outside law enforcement after the initial referral by the Shift Commander or higher authority.*

h. In the event that a non-serious, or past incident is reported, the Shift Commander shall have the staff members involved in the situation complete an incident report. The Shift Commander shall notify the Chief of Security who shall be required to notify the USMS or applicable user agency.

j. Cases that are deemed prosecutable under local, state and/or federal law shall be immediately brought to the attention of the Warden.

k. Cases determined to be a violation of DWWDF policy, Central Falls Detention Facility Corporation's rules and regulations or ACA's Code of Ethics will be handled administratively. Such administrative action must be cleared by the criminal investigations authority.

Cases determined to be violations of detainee code of conduct shall be forwarded to the Chief of Security for potential disciplinary action once cleared by the criminal investigative authority.

Official Response Following a Detainee Report Staff Reporting Duties

a. Staff shall be required to report immediately any knowledge, suspicion, or information regarding: an incident of sexual abuse or sexual harassment that occurred in the facility; retaliation against detainees or staff who report such an incident; and, any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Policy as illustrated addresses the requirements of the standard provisions, responsibilities and the methods to enforce them.

Evidence reviewed/analyzed by provision:

(a) Policy excerpt noted above confirms that the facility will ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse. The interviews with the Warden and Director for PSU additionally affirmed this to the auditor. Review of the investigations supported this. Interviews with random staff supported knowledge of their reporting duties, and to report immediately. This is additionally reinforced in the PREA training. During the audit the auditor found no evidence to question this or discovered any evidence to the contrary of this.

(b)(c) Policy noted above, and the SOP for Wyatt Investigations articulates specific duties/responsibilities of the facility and the Rhode Island State Police and/or United States Marshall Services (USMS). This clarification of duties was reinforced when the auditor interviewed the Director of the PSU.

Investigations were reviewed with the assistance of the Director of PSU. A list of the investigations for the previous twelve months was provided and analyzed. When reviewing investigations, the auditor reviews the following: date of report, date of incident, date of completion, how reported, type of report, was notification immediate, was staff reassigned pending the investigation, was evidence gathered and preserved, need for forensic examination, credibility assessed individually, assessment of staff actions/failures, criminally referred, retention, files maintained in

	secure area, investigation continued when abuser or victim left the facility, findings, referred for prosecution and/or licensing board, notification to abuser, retaliation monitoring completed and PREA incident review). Summary of evidence to support findings: Policy excerpts noted above, interviews with the Warden, Director of PSU, random staff and review of the investigations all provided the auditor with sufficient evidence to support the finding of compliance with this standard.

115.31	**Employee training**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 · Training curriculum · Staff training records/acknowledgment of comprehension · Interviews with training staff · Interviews random staff · Informal interviews with maintenance staff · Observation of PREA training new corrections officers · PAQ · FAQ The PAQ indicates that all employees who have contact with detainees were trained on PREA requirements as outlined in the provision. The following policy excerpts supports compliance with the requirements of this standard: Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 Employee Training *The PREA Coordinator/PREA Compliance Manager/Sexual Abuse and Assault Prevention and Intervention (SMPI) Coordinator in conjunction with the Training Director shall ensure that all employees who have detainee contact receive training in the following:*

	The facility's Zero Tolerance policy toward sexual abuse and sexual harassment; *How to fulfill their responsibilities under the facility's sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;* *Detainees' rights to be free from sexual abuse and sexual harassment;* *The right of detainees 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;* *How to detect and respond to signs of threatened and actual sexual abuse;* *How to avoid inappropriate relationships with detainees;* *How to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees;* *How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and,* *All components set forth in this policy.* *Training shall encompass all detainees.* *All employees hired shall receive PREA training during their New Employee Orientation or during their pre-service training. All employees shall be provided with refresher training every two (2) years to ensure that they are knowledgeable and understand the requirements set forth in this policy. In years in which employees does not receive refresher training, the facility shall provide refresher information on current sexual abuse and sexual harassment policies.* *Employees shall be required to acknowledge in writing that they understand the training they have received. The Zero Tolerance - Sexual Abuse and Sexual Harassment Training Acknowledgement Form (WN 41101) shall be completed and filed in each employee's personnel and training file.* Policy as illustrated addresses the requirements of the standard provisions, responsibilities and the means to enforce them. Evidence reviewed/analyzed by provision: (a) The auditor reviewed the training curriculum for the facility. There are sixty-six (66) power point slides. It addresses the following: · Public Law · Professionalism/Duty to protect

	· Review of PREA · Benefits of PREA compliance · Zero Tolerance · Policy Definitions consistent with PREA definitions · Cross Gender Viewing and Searches · Detainee rights established by this law · Detainee Intake Screening and Reassessment · Awareness (signs of potential situations) · Recognizing Inappropriate Behavior, Contact or Relationships between Staff and detainees (males and females) · Creating a zero-tolerance atmosphere · Direct Supervision · Detainee Reporting · First Responder Duties · Coordinated Response Plan · Staff Reporting · Staff Reporting privately · Investigations · Disciplinary Sanctions for Staff · Disciplinary Sanctions for Detainees · Medical and Mental Health Practitioners · Behavioral Signs, Emotional Signs and Physical Signs of Sexual Assault and Abuse Policy and review of the training curriculum support that all topics as required by the provisions are addressed in addition to other relevant topics. (b)This facility houses both male and female detainees. Information contained in the training addresses both dynamics of sexual abuse in confinement and reactions of victims in confinement specific to males and females. (c)(d) There is no reassignment to this facility as it is not part of another agency. As reported by the training staff and during random interviews, all staff receive this

	training prior to contact with the detainees. This supports compliance with the FAQ issued October 2014, September 2015 and March 2019. This includes contractual staff and volunteers. The training staff and randomly interviewed staff all confirmed that they receive this training annually. The auditor was provided with access to all employee training files and randomly selected employees' files which all had documentation confirmed this training. Acknowledgments confirmed that staff received and understand the training. Informal interviews with maintenance staff confirmed that they attend PREA training annually. The auditor was able to observe the PREA training being conducted to the newly hired corrections officers during the onsite visit. Summary of evidence to support findings: Policy, review of the training curriculum, formal and informal interviews (training staff, random staff), review of randomly selected training documentation and observations, all led to a conclusion that the facility is compliant with the standard provisions. The auditors concludes that facility exceeds the standard by providing full PREA training annually.

115.32	**Volunteer and contractor training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 · Volunteer and contractual staff training curriculum and copy of acknowledgments. · Interview with the training staff · Interview with contractors (three total) · Contractor training records · Volunteer documentation · PAQ The PAQ indicates there are forty-two (42) volunteers and contractors who have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The following policy excerpts supports compliance with the requirements of this standard: Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411

	Volunteer and Contractor Training *a. All volunteers and contractors who have contact with detainees shall receive training regarding their responsibilities as they pertain to this policy.* *b. The level and type of training provided shall be based on the services they provide and the level of contact they have with detainees.* *c. All volunteers and contractors who have contact with detainees shall be notified of the facility's Zero Tolerance policy regarding sexual abuse and sexual harassment and shall be informed on how to report such incidents.* *d. Volunteers and contractors shall be required to acknowledge in writing that they understand the training they have received. The Zero Tolerance Sexual Abuse and Sexual Harassment Training Acknowledgement Form (WN 41101) shall be completed and filed in each volunteer/contractor's training file.* Policy addresses all standard requirements. Evidence reviewed/analyzed by provision: (a)(b)(c) During the audit, based on interviews, the auditor learned that contractual staff and volunteers receive orientation prior to providing their service. This orientation includes information pertaining to PREA. The auditor was provided with access to all volunteer and contractual staff training files. Three volunteer files were randomly selected and reviewed in addition to three contractual staff files. All supported documentation of receipt of the training. The interviews with three contractual staff (Keefe commissary supervisor, food service supervisor and food service staff) provided the auditor with detailed feedback on the training, further assuring compliance with the standard provisions. Summary of evidence to support findings: Policy, interviews, review of records provided ample evidence for the auditor to find the facility compliant with the standard provisions.

115.33	**Inmate education**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 · Facility Rulebook · Demonstration of the intake process

	· Documentation demonstrating receipt of PREA information · Demonstration of orientation · Interviews Intake staff · Interviews with staff who conduct orientation · Observations – posters, detainee identification cards · PAQ The PAQ indicates that 2371 detainees were admitted that were given information at intake, 1161 stayed past 30 days who received comprehensive education on their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake. All detainees have been educated. The following policy excerpts supports compliance with the requirements of this standard: Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 Detainee Education *a. During the intake process, detainees 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 information shall be provided by programs staff and shall include the Prisoner Rape Elimination Act Reporting Information (Appendix A). Additional information regarding sexual abuse and sexual harassment shall be included in the Detainee Handbook and shall include but not be limited to:* *Prevention/Intervention; Self-protection; Reporting; and, Treatment and counseling.* *b. Within fourteen (14) business days of intake, programs staff shall provide comprehensive education to detainees either in person and/or through video regarding their rights to be free from sexual abuse/sexual harassment, to be free from retaliation for reporting such incidents, and the facility's policies and procedures for responding to such incidents.* *c. Detainee education shall be provided in formats accessible to all detainees, including those who are of limited English proficiency, deaf, visually impaired, or otherwise disabled, as well as to detainees who have limited reading skills. Detainee video and written education material shall be available in English and Spanish. Facility staff shall translate or utilize the telephonic translator service for translation to other languages, and are also available to read the material to detainees as necessary to ensure that each detainee understands the information being provided.* *d. Programs staff shall ensure detainee participation in these educational sessions. Detainees shall be required to sign the Detainee Sexual Abuse and Sexual Harassment Training Acknowledgement Form (WN 41102) acknowledging that they*

have received and understand the training materials provided. The acknowledgement form shall be forwarded to the Records Department for inclusion in the detainee's six (6) part file.

e. In addition to the above education, the facility shall ensure that key information is continuously and readily available or visible to detainees through posters, videos, detainee handbooks, or other written formats.

Policy as illustrated addresses the requirements of the standard provisions, responsibilities and the methods to enforce them.

Evidence reviewed/analyzed by provision:

(a)(b) During the intake process a medical assessment is conducted upon arrival where the PREA initial risk assessment is conducted and then a meeting with classification where comprehensive education is provided individually with each detainee. This information provided, as confirmed by the orientation materials includes the following in English and Spanish:

· Hotline phone numbers and addresses to the Office of Inspector General, internal tip line and Victim Advocacy service. It notes the calls are free. They provide speed dial numbers which indicates that a pin number is not required. Other ways to report sexual abuse and sexual harassment are addressed.

· Zero Tolerance statement and information about the law

· Definitions sexual abuse, sexual harassment, staff sexual misconduct and prohibited acts

· Confidentiality

· Reporting- medical exam, investigation, protection from retaliation

· Ways to void becoming a victim of sexual abuse/sexual harassment

· Pamphlet which reinforces the information noted above

(c)The PAQ reports that all detainees have received this education. The auditor spoke to detainees housed at the facility since 2019 who confirmed receipt of the information. This facility is an individual private facility; there are no transfers therefore all new detainees participate in the same intake process.

(d) All PREA information is available in English and Spanish. See comments on §115.16. Intake orientation is provided in both English and Spanish with notation of which language and additional notation if a staff translator was used or telephonic interpreter service used, and, if the detainee has a literacy problem, noting that it was read to the detainee.

(e) Policy supports that there is documentation of the information received. Detainees sign the following: “I acknowledge receiving written, video and/or staff presentation of information regarding my rights to be free from sexual abuse/sexual

	harassment and to be free from retaliation for reporting such incidents I acknowledge that I understand the information provided to me and understand the Donald W. Wyatt Detention Facility's Zero Tolerance policy" (the form has a place for English and Spanish)The auditor requested and received evidence of this for four detainees to arrive each month in the previous twelve months which demonstrated compliance. This evidence along with interviews with staff who conduct orientation, and interviews with the detainees confirmed this process. The detainee interviews provided the auditor with a recap of their intake process confirming the information provided. This included the ICE unit, with use of a staff interpreter. Orientation additionally acknowledges receipt of information pertaining to grievances, disciplinary procedures, indigent status and mail/visiting/telephone/tablet regulations. (f) In every pod, the auditor viewed posters regarding PREA. They are secured to the wall near the officer's stations or other areas where it can be easily viewed. They have a red background which allows them to be easily visible as was reflected by the detainees during their interviews. It supports the following: Sexual Abuse is not part of your sentence -Don't be a Victim, Report Sexual Abuse with the PREA tipline number provided. It is on a white background with a large red font and further information below with bold black font. There were communication boards in each pod which had additional postings about PREA, the PREA audit notice and hotline numbers. These were on white 8 ½ inches by 11 inches. As it is included with other relevant information, it would be easy for a detainee to read it without revealing to anyone watching what he was reading. The facility has recently implemented the addition of the hot line numbers (internal hot line, outside agency hotline and victim advocate hotline) to the back of the detainee's identification card, which the auditor observed. Summary of evidence to support findings: Policy supports compliance. Analysis of the process on how education is provided also confirmed that it is completed immediately and thoroughly. This conclusion is based on interviews with intake staff and orientation staff, random requests for documentation and interviews with the detainees. Observations of posters and the additional newly added process for providing numbers on detainee identification provided sound evidence that information is continuously available to the detainees. The auditor finds the facility compliant with the standard provisions, exceeds the standard with placing of phone numbers on the detainee identification cards.

115.34	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence

related to this standard:

· PREA Specialized Training curriculum

· NIC training – PREA: Investigating Sexual Abuse in Confinement Settings outline and certificate recently taken again April 2025

· Training records

· Interviews Investigative staff

· PAQ # of investigators agency

The PAQ indicates there is currently one investigator trained to handle and respond to sexual abuse allegations.

The following policy excerpts supports compliance with the requirements of this standard:

Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 Specialized Training - Investigations

a. In addition to the general training provided to all employees, the facility shall ensure that, to the extent the facility itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

b. 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 for administrative action or prosecution referral.

c. Documentation of training shall be maintained within the staff member's training file.

Policy mirrors the standard requirements noting where documentation will be maintained.

Evidence reviewed/analyzed by provision:

(a)(b)(c) The auditor confirmed through documentation and interview that the investigator receives regular PREA training and specialized investigator training. He confirmed that Miranda warning would be handled by the Rhode Island State Police. The auditor reviewed the training curriculum. The training curriculum addressed the following topics over a course of three days:

· Introduction to Sexual Assault Investigation

· Defining PREA

· Evidence Protocol

	· Interviewing, including Miranda and Garrity · Investigative Outcomes · Documentation · Post Allegation Finding of compliance is based on the following: Policy, review of training curriculum, review of training records both specialized investigations and regular PREA training in addition to the interview with the investigator all provided evidence supporting compliance with the standard provisions. The auditor finds the facility compliant with the standard provisions. The auditor concluded that the facility exceeds the standard requirement as the investigators took the training more than once.

115.35	**Specialized training: Medical and mental health care**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 · Specialized medical and mental health staff curriculum (NIC) · Training records (thirty-nine certificates) · Interviews with medical staff and mental health staff · Observations · PAQ The PAQ indicates that the facility has twenty-seven (27) medical staff, 100% have received specialized training. The facility uses contractual staff to provide mental health services. The following policy excerpts supports compliance with the requirements of this standard: Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 Specialized Training - Medical and Mental Health Practitioners *In addition to the general training provided to all employees, the facility shall ensure that all full and part-time medical and mental health care practitioners who work regularly within the facility shall be trained in the following:*

	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 and sexual harassment; and,* *How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.* *b. Facility medical and mental health staff DO NOT conduct forensic examinations. All such examinations shall be conducted at outside medical facilities.* *c. Documentation of training shall be maintained within the medical and mental health staff member's training file.* Policy mirrors the standard requirements noting where documentation will be maintained. Evidence reviewed/analyzed by provision: (a)(c)(d) The auditor received documentation showing receipt of regular PREA training and specialized training for twenty-one medical and mental health staff. The interview with the Health Services Administrator (HAS) confirmed the process and requirement to receive this training. The facility requires staff to complete PREA: Medical Health Care for Sexual Assault victims in a Confinement Setting, PREA: Behavioral Health Care for Sexual Assault Victims and PREA 201 for Medical and Mental Health Practitioners. The interview with one of the two mental health staff relayed to the auditor her recollection of the specialized medical and mental health training in addition to receiving the regular PREA training. (b) Not applicable, another agency provides this service. Finding of compliance is based on the following: Policy, review of training curriculum, review of training records both specialized and regular PREA training in addition to the interview with the nursing supervisor all provided evidence supporting compliance with the standard provisions. The auditor finds the facility compliant with the standard provisions.

115.41	**Screening for risk of victimization and abusiveness**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411

	· Risk Assessment form · Risk assessments initial, 30-day reassessment – randomly requested · Interview PREA Coordinator · Interviews Staff who perform risk screens · Interview with the HSA · Interview with the classification supervisor · Observations · PAQ · FAQ The PAQ indicates that 2223 detainees were screened for risk of sexual victimization or risk of sexually abusing other detainees within 72 hours of their entry into the facility, 1161 detainees remained past 30 days) 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 following policy excerpts supports compliance with the requirements of this standard: Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411Screening for Risk of Victimization and Abusiveness. *All new detainees shall undergo a medical and mental health screening upon intake in accordance with Policy #407 – Health Screenings, Examinations and Informed Consent. The screening shall include completion of the Sexual Assault/Sexual Abuse Risk Assessment Screening (form WN 41103) within twenty-four (24) hours of admission and shall include assessment for potential vulnerabilities and/or tendencies of acting out with sexually aggressive behavior. The screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility, in assessing detainees for risk of being sexually abusive. (FPBDS B.2.7.a.8) Based on the information provided, medical staff shall determine and document special housing needs and shall complete mental health referrals (if warranted) in accordance with Policy #413 – Mental Health Services and Suicide Prevention. The Shift Commander shall be immediately informed of all special housing needs.* *All screening forms shall be forwarded to the Health Services Administrator or designee for review and signature. Once the form has been reviewed and signed, a copy shall be promptly forwarded to the Programs Department and utilized as part of the classification process. The original shall be placed in the detainee's medical file.*

	The screening shall consider, at a minimum, the following criteria to assess detainees for risk of sexual victimization: *i. Whether the detainee has a mental, physical, or developmental disability;* *ii. The age of the detainee;* *iii. The physical build of the detainee;* *iv. Whether the detainee has previously been incarcerated;* *v. Whether the detainee's criminal history is exclusively nonviolent;* *vi. Whether the detainee has prior convictions for sex offenses against an adult or child;* *vii. Whether the detainee is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;* *viii. Whether the detainee has previously experienced sexual victimization;* *ix. The detainee's own perception of vulnerability; and,* *x. Whether the detainee is detained solely for civil immigration purposes.* *Detainees shall not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked pursuant to Section 411.6(D)(1)(a)(items i, vii, viii and ix above).* *Upon intake, medical staff shall provide detainees with the Zero Tolerance – Sexual Abuse and Sexual Harassment Handout (Appendix B). Issuance of this handout shall be documented on the Sexual Assault/Sexual Abuse Risk Assessment Screening (form WN 41103).* *Detainees identified as having a history of sexually abusive behavior shall be assessed by mental health staff or another qualified professional. These detainees are identified, counseled, and monitored.* *Unless special housing has been deemed necessary, all new detainees shall be housed in an orientation unit/area pending a classification assessment and facility orientation which will be completed by programs staff.* *Within thirty (30) days, but no earlier than five (5) days of a new commitment's arrival to the facility, a programs staff member shall conduct a reassessment utilizing a Sexual Assault/Sexual Abuse Risk Re-Assessment Screening (form WN 41104) in accordance with Policy #506 – Assessment and Classification, to assess the detainee's risk of being sexually abused by other detainees or risk of sexually abusing others. The Classification Manager and Programs Director shall review the reassessment and determine if the detainee shall remain housed in the current unit or re-assigned to special management for Protective Custody or Administrative Status review.*

A detainee's risk level shall be assessed when warranted due to a referral request, incident of sexual abuse, or receipt of additional information that bears on the detainee's risk of sexual victimization or abusiveness.

In order to ensure that detainee responses to questions are not exploited to the detainee's detriment by staff or other detainees, staff shall ensure that the information is only disseminated to those persons with a need to know (i.e., Chief of Security and/or higher authority, medical and mental health practitioners, programs staff).

The Sexual Assault/Sexual Abuse Risk Re-Assessment Screening (form WN 41104) that is utilized as the re-assessment screening (or due to a referral request, incident of sexual abuse, or receipt of additional information that bears of the detainee's risk of sexual victimization or abusiveness) shall be forwarded to the Records Department for inclusion in the detainee's six (6) part file.

Policy as illustrated addresses the requirements of the standard provisions, responsibilities and the process to enforce the requirements.

Evidence reviewed/analyzed by provision:

(a)(b) Policy, interviews with Intake staff and demonstration of the intake process support that an initial intake screen is completed immediately upon arrival to assess risk of sexual abuse or risk of being sexually abused. The initial screening is conducted by medical staff during the intake medical assessment.

(c)(d)(e) An example of the Sexual Assault/Sexual Abuse Risk Assessment Screening Form was provided with the pre-audit documentation. The objective screening tool used now considers the following information:

Risk of being sexual victimization

· mental, physical, development disability

· age

· physical build

· first incarceration

· prior placement in protective custody

· convictions for sex offense against an adult or child victim

· gender expression, gender identity, assigned sex birth, sexual orientation, intersex

· subjective assessment by the screener (overtly feminine males only)

· crimes exclusively nonviolent

· previous experience as a victim of sexual abuse community and while

	incarcerated · detainee's perception of vulnerability · prior institutional sexual activity · detained solely for civil immigration The risk screen developed and used at this facility addressed all of these requirements of the provision with the exception of convictions for sex offense against an adult or child for potential victim. This was corrected during the onsite audit. The screening form was updated and implemented prior to the auditor leaving the jail and now addresses all requirements noted in this provision. The facility does not hold detainees who are detained solely for civil immigration. The screen is completed upon arrival by the medical staff. It did meet the requirements of the FAQ in that staff make a subjective opinion of whether the detainee is perceived as gay, lesbian, bisexual, transgender, intersex or gender nonconforming. In addition to the requirements of the standard provisions, it inquires about prior institutional sexual activity. (e) The screening tools address the following: Risk of being Sexually Abusive · history of committing institutional sexual abuse, convicted of or known history · history of consensual sex while incarcerated (detainee, employee, contractor, volunteer) · gang affiliation · history of violence or is criminal history exclusively nonviolent · prior convictions for violent crimes or domestic violence? · history of involvement in sexual taunting towards staff or detainees while incarcerated? · history of strong arming or assaulting others while incarcerated · overtly masculine (females only) In addition to the requirements of the standard, the screen addresses gang affiliation, history of strong arming or assaulting others while incarcerated, history of involvement in sexual taunting towards staff or detainees while incarcerated and notes about available information. The questions are asked verbally and in private according to the interview with the person who conducts risk assessments, demonstration of the intake process and confirmation by the detainee interviews.

	(f) The auditor interviewed the staff who completed the 30-day reassessment. It was confirmed to the auditor that this occurs in person, privately and the detainee is verbally asked the questions again. This practice does meet the expectations clarified in the FAQ that requires that the 30-day reassessment be conducted in person with the detainee. The auditor requested and received documentation demonstrating for the past twelve months that this process has occurred noting date of admission and date the initial screen was completed and the reassessment screen, four examples for each month. The documentation demonstrated that the process has been consistently occurring. The reassessment provides for notation of whether new information was received and whether this would generate a change in housing status, based on a follow-up review by the nursing supervisor. (g) Policy and interview with the random staff assured the auditor that staff are observant and would communicate any information to PREA Coordinator that may initiate an updated (when warranted referral, receipt of additional information or request) risk assessment would be completed. And the PREA Coordinator assured the auditor in addition to policy that a updated risk assessment would be completed upon conclusion of a sexual abuse investigation that would warrant such a update. (h) The interview with the intake staff/staff who conduct risk assessments confirmed to the auditor that they would not require a detainee to answer sensitive questions - (d)(1), (d)(7), (d)(8), or (d)(9) if they did not want to respond. Interviews with the detainees all confirmed they did not believe they would be disciplined for not answering. (i) Per the interview with the HSA and observation of the detainee record storage area, paper versions of the risk assessments are maintained in an area which has appropriate controls on which staff can access the area. The interview with the PREA Coordinator further confirmed to the auditor that the risk assessment is maintained in the medical record and the detainee institutional record in a secure area where only appropriate staff are allowed access. The auditor viewed both storage areas during the onsite audit. Summary of evidence to support findings: Policy supports the requirements of the standard provisions. An objective screening form is used to assess risk for being a sexual victim and risk for being a sexual predator. It meets the clarifications as set forth in the FAQs issued regarding making a subjective assessment and a reassessment, in person, within 30 days. This was based on interviews with staff, detainees, and observations. Detainee interviews all confirmed they did not believe they would be disciplined for not answering questions. They confirmed the interview was conducted privately. Randomly requested documentation demonstrating the initial assessment and reassessment was requested and received. Analysis of this evidence supported compliance. The auditor observed the storage areas and described the process for assuring the privacy of the information is maintained when working between the medical department and classification. As such, the auditor finds the facility compliant with the standard provisions. The risk assessment is conducted immediately upon arrival, exceeding the requirement of 72 hours.

115.42	Use of screening information
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 · Assessment and Classification Number 506 · Risk Assessment Screening Form · Interview with the PREA Coordinator · Interview with staff who conduct the risk screens · Interview with the Chief of Programs · Observations The following policy excerpts supports compliance with the requirements of this standard: Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411Use of Screening Information *a. Programs staff shall use information obtained from the risk screening in making informed decisions regarding housing, bed, work, education and program assignments with the goal of keeping separate those detainees at high risk of being sexually victimized from those at high risk of being sexually abusive. These decisions shall be made on a case-by-case basis.* *e. Transgender and intersex detainees shall be given the opportunity to shower separately from other detainees.* *Assessment and Classification Number 506 was reviewed by the auditor. It confirms that any detainee at risk is placed in a protective status while it considers alternatives for housing.* Policy as illustrated addresses the requirements of the standard provisions, responsibilities and the means to enforce them. Evidence reviewed/analyzed by provision: (a)(b) The Risk Assessment Screening form affords a notation about whether the assessment generated information that would warrant an immediate notification to the Shift Commander. Indicating “Notify the Shift Commander and forward copy to the Program Department” There is a notation for the reassessment to note if there are changes and that they are to notify the Shift Commander for re-evaluation of

	housing placement. The auditor discussed with the Chief of Programs how housing and program decisions are made. Detainees are provided programming in the housing pod, or detainees from pods which are allowed programming opportunities outside of the cell are provided these services by their specific pod only, assuring that once a housing cell decision is made, it also ensures safety for work and programming. Additionally, the Chief of Programs informed the auditor that a team comprised of the Chief of Security, support services, medical staff, programming staff and classification staff meet regularly to review any detainee needs presented for review. This would include any needs relating to a detainee being sexually vulnerable or sexually abusive. Interviews and evidence supported that all placements made in accordance with Assessment and Classification Number 506 for initial safety based on having been previously sexually victimized were reassessed to a non-specialized housing status within 24 hours or less. (c)(d)(e)(f)(g) These provisions are not applicable. Summary of evidence to support findings: As summarized, policy, interviews with staff, and observations all provided evidence which led the auditor to find the facility compliant with the standard provisions.

115.43	**Protective Custody**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 · Observations of Special Management Unit · Interview with the Warden · Interviews staff who supervise special management · Interview with detainees housed in special management · PAQ The PAQ states that thirty-nine (39) detainees have been placed in involuntary protective custody in the past twelve months for one to twenty-four hours awaiting completion of assessment due to their high risk of sexual victimization. The following policy excerpts supports compliance with the requirements of this standard:

Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 Protective Custody.

Detainees identified as at risk for sexual victimization are assessed by a mental health or other qualified professional, monitored and counseled in accordance with the requirements set forth in this policy. (5-

Detainees at high risk for sexual victimization shall not be placed in involuntary special management 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.

In the event that the assessment cannot be conducted immediately, the detainee may be held in Protective Custody status in accordance with Policy #205 – Special Management, for up to twenty-four (24) hours while completing the assessment.

Detainees placed on Protective Custody status for this purpose shall, to the extent possible, have access to programs, privileges, education, and work opportunities. All denials of these privileges must be documented in an Incident Report (form WN 22102) and forwarded to the Warden through the chain of command. The report must include, but not be limited to:

i. The opportunities that have been limited;

ii. The reasons for such limitations; and,

iii. The duration of the limitations.

Detainees may be held in involuntary special management on Protective Custody status only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of thirty (30) days.

ICE detainees who have been victimized, shall be placed in a supportive environment that represents the least special management option possible (e.g., Protective Custody) but victims shall not be held for longer than five (5) days in any type of administrative special management except in highly unusual circumstances or at the request of the detainee.

If an involuntary special management on Protective Custody status is made, the following must be clearly documented:

i. The basis for the concern for the detainee's safety; and,

ii. The reason why no alternative means of separation can be arranged.

Detainees housed in special management shall be reviewed by the Deputy Chief of Security or higher authority within twenty-four (24) hours of placement. Detainees remaining in special management shall be reviewed every seven (7) days by a multi-disciplinary staff committee in order to determine whether there is a continuing need for separation from general population (refer to Policy #205 - Special Management).

	During a detainee's duration in Protective Custody, the detainee must have a face-to-face review with the Programs Director or designee every thirty (30) days. Policy as illustrated addresses the requirements of the standard provisions and responsibilities for how it is addressed. Evidence reviewed/analyzed by provision: (a)(b)(c)(d)(e) The auditor concluded that no detainee has been placed in the special management unit due to being at high risk for sexual victimization. The auditor found this credible after interviewing the Warden, PREA Coordinator, supervisor and officer assigned to the specialized housing area. The number reported reflects the practice of holding detainees for under one day who indicate they have experienced sexual abuse to determine their appropriate, safest housing option. Summary of evidence to support findings: Policy, interviews with the Warden, PREA Coordinator, supervisor, officer and detainees all provided sufficient evidence for the auditor to find the facility compliant with the standard provisions. The auditor believes that the extra caution provided at intake warrants a finding of exceeds the standard requirements.

115.51	**Inmate reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 · Reporting of Incident Number 221 · USMS Detainee Handout – English and Spanish · ICE Detainee Handbook – English and Spanish · Interviews randomly selected security staff · Interviews randomly selected detainees · Review of investigations · Test of telephone for reporting · Report of number of times called · Observations

	The following policy excerpts supports compliance with the requirements of this standard: Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 states, Reporting *Detainees shall have multiple internal ways to privately report sexual abuse and sexual harassment without fear of retaliation from other detainees or staff. All reports regarding sexual abuse shall be considered Class 1 incidents and shall be reported and documented in accordance with Policy #221 – Reporting of Incidents.* *Detainee Reporting.* *Staff shall accept reports made verbally, in writing, anonymously, and from third parties of sexual abuse, sexual harassment, retaliation by other detainees 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 promptly relay such information verbally to the Shift Commander. Staff shall also be required to submit an Incident Report (form WN 22102) to the Shift Commander prior to the end of their tour of duty.* *Detainees may report to any staff member, at any time, information concerning sexual abuse and sexual harassment.* *Detainees who are victims of sexual abuse or sexual harassment shall have the option to report the incident to a designated staff member as well as other individuals or entities (e.g., a supervisor, third party reporting on behalf of a detainee, or safe helpline(s) as identified in Section 411.6(E) of this policy, etc.). For purposes of a designated report person, the Health Services Administrator has been appointed by the Warden.* *c. Detainees may also report sexual abuse or sexual harassment by telephone, as follows:* *i. The facility maintains an internal "Hotline" number *9011# which connects directly to the Professional Standards Unit.* *ii. Detainees may report sexual abuse and/or sexual harassment to the Rhode Island State Police by dialing *4011# or 1-401-444-1000. The Rhode Island State Police may also be contacted by mail, the address is:* *Rhode Island State Police* *311 Danielson Pike* *North Scituate, RI 02857* *iii. Detainees may report sexual abuse and/or sexual harassment to the Office of the Inspector General:* *(01) Contacting the DOJ Inspector General by Non-ICE Detainees. Non-ICE*

	*detainees may contact the U.S. Department of Justice (DOJ) Office of the Inspector General by dialing *8477# or 1-800-869-4499. The Office of the Inspection General may also be contacted by mail, the address is:* *Office of the Inspector General* *U.S. Department of Justice* *950 Pennsylvania Avenue, Room 4706* *Washington, DC 20530* *(02) Contacting the DHS Inspector General by ICE Detainees. ICE detainees may contact the U.S. Department of Homeland Security (DHS) Office of the Inspector General via hotline by pressing 6 on the telephone keypad, then entering 518# or detainees may dial 1-800-323-8603. The Office of the Inspection General may also be contacted by mail, the address is:* *DHS Office of the Inspector General* *245 Murray Lane, SW* *Building 410/Mail Stop 0305* *Washington, DC 20528* *iv. ICE detainees may also contact the ICE Detention Reporting and Information Line (DRIL) at 1-888-351-4024 (toll-free hotline) or by pressing 6 on the telephone keypad, then entering 9116#. The ICE Detainee Handbook shall contain information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.* *d. Staff may privately report sexual abuse and sexual harassment of detainees directly to the Warden, Chief of Security, or Professional Standards Unit.* *Policy as illustrated addresses the requirements of the standard provisions, responsibilities and the methods to enforce them.* *Detainee Orientation Handbook addresses the following regarding PREA* *· Committed to Zero Tolerance* *· Sexual misconduct is not tolerated* *· If a victim should report to a staff person, use hotline write, use the PREA icon on the kiosk* *· Staff sexual misconduct is prohibited, and all incidents should be reported immediately*

	· *False allegations may result in disciplinary action* · *Internal hotline numbers: calls are confidential* · *External speed dial number to UD DOJ, toll free number or write* · *Victim advocacy services by calling toll free number, speed dial number or writing (address provided)* · *Added to the book for clarification is that all calls to the Rhode Island State Police, Office of Inspector General and Day One Advocacy Services are confidential, not monitored, not recorded.* *See comments to §115.33 regarding how detainees of informed of other reporting options* Evidence reviewed/analyzed by provision: (a)(b) The agency provides multiple internal methos for detainees to report privately sexual abuse, sexual harassment and/or retaliation. This includes the following: · Privately to staff, random interviews confirmed to the auditor that detainees can request to speak with staff privately. · Kiosk – this affords a private manner in which detainees can report PREA as there is a specific link noted for PREA reports – several investigations were initiated by the link on the detainee kiosk. · Call the internal tip line. One investigation was initiated (third party) by use of this tip line. The auditor tested the phone number from a detainee phone and was able to reach a live person. · Outside the facility by calling the Inspector General. The auditor tested the phone number from a detainee phone and was able to reach the correct department and leave a message. The auditor called the phone number outside the facility and was not able to successfully complete a complaint as the phone system discontinued the call. Attempts to file online lead to a circular report without making any progress. A mailing address is provided. However, the auditor was not able to ascertain the effectiveness of this process. · Contact Rhode Island State Police, this was added after the onsite audit but the directions are located on the information posted and the back of identification cards and in the updated Detainee Handbook. · Outside the facility by calling Day One victim advocate. The auditor tested the phone number from a detainee phone and was able to reach an advocate live person. The facility provided the auditor with a report of the number of times the phone numbers have been called. The report provided information of how many times the number was called in 2025 and 2026.

	For 2025, the following statistics are provided: Day One 94 complete calls Rhode Island state Police 34 complete calls DOJ Inspector General 111 completed calls In house hotline to PSU 340 completed calls The auditor tested the numbers for Day One, internal hotline and Rhode Island State Police from a detainee wall phone and was able to connect/communicate with the reporting entity. Reporting mechanism for allegations of sexual abuse and sexual harassment concluded the following: kiosk, verbally, grievance, hotline, during a PREA interview, written and one to the State Police. (c) All random staff interviews confirmed to the auditor that they will accept any reports to include verbal, written, anonymously and from third parties; they would notify the sergeant and/or shift commander immediately and follow up with the report required. (d) Staff may privately report sexual abuse and sexual harassment of detainees directly to the Warden, Chief of Security, or Professional Standards Unit. Additionally, during random interviews most knew of the phone number available to detainees and confirmed that they too could call the number, those that did not acknowledge this option did so after prompting. Summary of evidence to support findings: Policies support the requirements of the standard. The facility provides multiple methods for detainees to report to include outside agencies (Inspector General, Rhode Island State Police, Day One advocacy services) internal hotline, kiosk, grievances, in writing and verbally to any staff. Staff have been trained and are aware they must accept any information provided to them, including third party and anonymous, and forward it immediately through the chain of command. Detainees are informed of the reporting options; detainee interviews confirmed to the auditor knowledge of them. Review of investigations supported that the detainees used the kiosk, grievance process, report to staff and tip line when making allegations of sexual abuse or sexual harassment. The auditor tested the internal tip line and external reporting line from a detainee phone and was able to leave a message. Based on the summary, the auditor finds the facility compliant with the standard provisions.

115.52	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence

related to this standard:

· Detainee Grievance System Number 302

· Grievance Form

· Interview Warden

· Interview with Grievance Coordinator

· Review of sexual abuse grievances

· PAQ

The PAQ provided the following information:

three grievances regarding sexual abuse

three grievances alleging sexual abuse that reached final decision within 90 days after being filed

zero grievances that involved extensions/zero grievances that took longer than a 70 day extension

zero third party grievances

zero grievances in which the detainee declined third-party assistance

zero grievances alleging imminent sexual abuse; zero filed in the past twelve months that reached a final decision within five days

zero emergency grievances

zero grievances written in bad faith, resulting in disciplinary action

The following policy excerpts supports compliance with the requirements of this standard:

Detainee Grievance System Number 302 states, Allegations of Sexual Abuse/ Harassment

A detainee may submit a grievance regarding an allegation of sexual abuse/ harassment. There shall be no time limit imposed regarding said grievance.

A detainee who alleges sexual abuse/harassment may submit a grievance without submitting it to a staff member who is the subject of the complaint.

Any staff member named in a grievance shall not participate in the grievance process in any capacity. In the event a grievance is filed against the Warden, that grievance shall be forwarded to the respective district marshal, the ICE field office or user-agency as appropriate for review and processing.

The Grievance/Evidence Coordinator shall provide a written response to detainees

alleging sexual abuse/harassment barring extraordinary circumstances within three (3) business days and any proposed resolutions or corrective action. A report for ICE related detainee grievances must be sent directly to the ICE FOD.

The Warden may approve an extension of time to respond if the normal time period for response is insufficient to make an appropriate decision. The Grievance/Evidence Coordinator shall notify the detainee in writing of any such extension and shall provide the detainee with a date by which a decision will be made.

In the event that the detainee appeals the decision, the Warden shall respond to the detainee regarding the appeal, in writing, within fifteen (15) business days of receipt.

Third parties, including fellow detainees, staff members, family members, attorneys, and outside advocates, shall be permitted to assist detainees in filing grievances relating to allegations of sexual abuse/harassment, and shall also be permitted to file such requests on behalf of detainees.

If a third party files such a grievance on behalf of a detainee, 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 grievance process.

If a detainee declines to have a grievance processed on his or her behalf, the Grievance/Evidence Coordinator shall document the detainee's decision.

Emergency grievances may be filed in cases where it is alleged that a detainee is subject to substantial risk of eminent sexual abuse/harassment. These grievances should be marked "EMERGENCY" and given to any staff person.

Emergency grievances of this nature shall be immediately forwarded to the Shift Commander and/or Grievance/Evidence Coordinator. The Shift Commander and/or Grievance/Evidence Coordinator shall review the grievance and take immediate action to ensure the detainees safety. The Chief of Security shall be notified immediately of any such action including off duty hours.

The Grievance/Evidence Coordinator or in his/her absence, the Shift Commander shall provide an initial response within forty-eight (48) hours of receipt of the emergency grievance. The Grievance/Evidence Coordinator shall issue a final decision within three (3) business days.

A detainee may be disciplined for filing a grievance related to alleged sexual abuse/ harassment only when it has been demonstrated that the detainee filed the grievance in bad faith.

Policy as illustrated addresses the requirements of the standard provisions, responsibilities and the methods to accomplish compliance.

Evidence reviewed/analyzed by provision:

(a)(b)(c)(d)(e)(f)(g) Policy addresses all requirements of the provisions of this

	standard. The interview with the Grievance Coordinator confirmed that any grievance that indicates sexual abuse or sexual harassment is closed for purposes of the grievance process and immediately referred to the Director of PSU for investigation. She was aware of all the provisions allowed for a sexual abuse grievance (no time limit, bypass informal resolution, not submit to staff that is the subject, final decision within 90 days or extension of 70 days, third party grievances, consult with detainee, emergency grievance process, initial response 48 hours, final decision 5 days). Three grievances were reviewed that led to a PREA investigation that were initiated promptly, forwarded to the investigator and concluded within the timelines and requirements of the provision. Summary of evidence to support findings: Based on policy, interview with the grievance coordinator, and review of investigations initiated via the grievance system, the auditor finds the facility is compliant with the requirements of the standard.

115.53	**Inmate access to outside confidential support services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 · Detainee Orientation Handbook excerpt (English and Spanish) · Review of access to mail and telephones · MOU with Day One · Interviews randomly selected detainees · Observations of PREA Postings · Observations The following policy excerpts supports compliance with the requirements of this standard: Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 states, Detainee Access to Outside Confidential Support Services *a. Detainees shall have access to outside victim advocates for emotional support services related to sexual abuse.* *b. Health services staff shall provide detainees with the Zero Tolerance - Sexual*

	Abuse and Sexual Harassment Handout (Appendix B) which includes mailing addresses and telephone numbers, including toll-free hotline numbers (where available) of local, state, or national victim advocacy or rape crisis organizations; and persons detained solely for civil immigration purposes shall be provided with contact information for immigration service agencies. Medical and/or programs staff shall ensure that detainees are allowed reasonable communication between these organizations and agencies, in as confidential a manner as possible. Local victim advocacy services may be accessed by calling Day One at '"9070# or 1-800-494-8100; or by writing to Day One at 100 Medway Street, Providence, RI 02906-4402. *c. The detainee shall be informed prior to having access to the above resources, 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.* *d. The facility maintains contractual agreements with community service providers who are able to provide detainees with confidential emotional support services related to sexual abuse.* Policy addresses the standard requirements, noting specifically how compliance is achieved at this facility. Evidence reviewed/analyzed by provision: (a)(b)(c) There is an MOU with Day One victim advocacy services that affords detainees to call them, without being monitored or recorded (as indicated in the detainee handbook). The auditor tested the phone number and was able to reach an advocate from the detainee phone without the need for a personal identification number. Evidence was provided to the auditor that the advocacy center was called by a detainee phone ninety-four (94) times. However, this number would include the test calls made by the facility. Detainees were not aware of the number but acknowledged there was information available. They did not know what services were providing, noting they do not need them, or if they were aware of the services, they acknowledged they were confidential, free and not recorded. Detainees are able to make phone calls from their tablets, providing further evidence of the reasonable communication they can have with this organization. A review of this website for Day One addresses that this organization is committed to supporting survivors of sexual assault and efforts to increase prevention. They have clinicians on staff, and a helpline available twenty-four/seven (24/7) hours. This was reiterated in the interview with the Director from Day One (conversation from a previous audit). She confirmed that confidentiality is addressed with the client prior to initiation of services. Her staff are qualified through a minimum of thirty hours of training in addition to continuous education. Detainees are provided with information about this organization in the detainee handbook, which includes how to call them and a mailing address. Summary of evidence to support findings: Policy, the MOU, access to the services, observations of information posted in every housing pod, review of Detainee Handbook, interview with the Director of Day One and detainee interviews

	acknowledging awareness of the services provided sufficient evidence to support a finding of compliance.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 · Facility website - Zero_Tolerance.pdf (wyattdetention.com) · Visitor posters · Interview with the Warden · Interview with the PREA Coordinator · Random staff interviews · Testing of third-party reporting · Observations · FAQ The following policy excerpts demonstrate compliance with the provisions of the standards. Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 states, Third-Party Reporting *a. Third-parties may report sexual abuse and sexual harassment on behalf of a detainee.* *b. Information regarding third-party reporting (refer to Appendix C ….:* *Sexual Abuse and Sexual Harassment Prevention Statement) shall be posted in the facility Lobby and on the public website www.wyattdetention.com.* Policy as illustrated addresses the requirements of the standard provisions, responsibilities and the methods to enforce them. Evidence reviewed/analyzed by provision: The website provides the following information:

	PREA/Zero Tolerance Sexual Abuse and Sexual Harassment Prevention In keeping with Public Law 108-79 Prison Rape Elimination Act (PREA) of 2003, the facility will investigate and refer to outside law enforcement for prosecution, any activities involving such conduct. All detainees housed at the Donald W. Wyatt Detention Facility have the right to be safe from sexually abusive behavior. See the link below for a signed statement from the Warden which provides additional information regarding the facility's PREA/Zero Tolerance standards. The Sexual Abuse and Sexual Harassment Prevention Statement, reviewed on the agency website, provides phone numbers and address for the Professional Standards Unit, Warden's Office, Officer of Inspector General (ICE Detainees and non-ICE Detainees). The auditor tested the reporting number and left a message for the facility hotline in the evening. Verification of receipt of the call was received the next morning. The auditor called the phone number for ICE detainees and was able to talk to a person. This was a call made in the evening. All random staff interviews confirmed that they would accept a third-party allegation and forward as required. There is information posted in the lobby, observed by the auditor, providing information to visitors about Zero Tolerance and information on how to report any concerns. Summary of evidence to support findings: As summarized above, the auditor finds the facility compliant with the standard provisions.

115.61	**Staff and agency reporting duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 · Facility information for detainees · Training curriculum · Interview with the PREA Coordinator · Interview with the Director of PSU. · Interviews randomly selected security staff · Interview with medical supervisor

	· Research of mandatory reporting laws · Observations The following policy excerpts supports compliance with the requirements of this standard: Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 states, Official Response Following a Detainee Report Staff Reporting Duties *a. Staff shall be required to report immediately any knowledge, suspicion, or information regarding: an incident of sexual abuse or sexual harassment that occurred in the facility; retaliation against detainees or staff who report such an incident; and, any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.* *b. Apart from reporting to their supervisor or higher authorities, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in facility policies, to make treatment'. investigation, and other security and management decisions.* *c. Unless otherwise precluded by local, state and/or federal law, medical and mental health practitioners shall be required to report sexual abuse pursuant to this policy and to inform detainees of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.* *d. If the alleged victim is under the age of eighteen (18) or is considered a vulnerable adult under a state or local vulnerable person's statute, the facility shall report the allegation to the designated state or local services agency under applicable mandatory reporting laws.* *e. All reports of alleged sexual abuse and sexual harassment, including third-party and anonymous reports shall be reported through the chain of command to the Director of Professional Standards and Audits, and to the Warden.* Policy as illustrated addresses the requirements of the standard provisions, responsibilities and the means to enforce them. Evidence reviewed/analyzed by provision: (a)(b) Policy and all random staff interviews confirmed to the auditor their awareness and requirement to report any knowledge, suspicion, retaliation and staff neglect that may contribute to an incident of retaliation immediately and that they must maintain confidentiality of the report. Specifically, they reveal information needed to make treatment, investigation and security management decisions. (c) The interview with the medical supervisor confirmed that medical and mental health staff are required to report any knowledge or suspicion of sexual abuse. A salient sign is posted in the medical area where detainees can see that reads: “As

	part of the Wyatt Detention Facility's Zero Tolerance policy, medical and mental health practitioners are required to report ANY information regarding sexual abuse (in English and Spanish). It is bright yellow with black font, 8 1/2 x 11 inches. Photographic evidence was provided showing that it is posted in all exam rooms. (d) This facility does not house detainees under the age of 18 years. Adult Protective Services Rhode Island Elder abuse and neglect is defined as an older person (60+) who resides in the community call and therefore does not apply to this facility. (e) The interview with the investigator supported the fact that all allegations, including third-party and anonymous, are reported to his office. Summary of evidence to support findings: Policy supports the requirements of each provision. Interviews with the PREA Coordinator, Director of PSU, and random staff all confirmed that any information received, whether an allegation or suspicion, will be immediately reported through the chain of command. The training curriculum reinforces this. Observation of notification that medical and mental health staff must report and review of mandatory reporting laws for this state provided sufficient evidence for the auditor to support a finding of compliance.

115.62	**Agency protection duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 · Interview with the Warden · Interview random staff · Observations · PAQ The PAQ indicates there have been eighteen (18) times the facility determined that a detainee was at risk of imminent sexual abuse. The auditor found no reason to dispute this during the audit process. This relates to placing a detainee in a secure setting for under twenty-four hours to determine the best place to house to ensure safety. The auditor does not consider this risk of imminent sexual abuse but commends the facility for its transparency and best practice to prevent sexual abuse. The following policy excerpts demonstrate compliance with the provisions of the standards.

	Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 states, Facility Protection Duties *When the facility learns that a detainee is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the detainee.* *The facility clarified that eighteen (18) times at intake, a detainee was identified as being at risk for sexual abuse. Action was taken at that time. There was no incident where a detainee in general population was identified as being at imminent risk for sexual abuse. The interview with the Warden confirmed that a detainee at imminent risk of sexual abuse or any imminent risk of harm shall have immediate action taken to ensure his safety. This can include a transfer to another operation that holds detainees if warranted. All staff interviews confirmed to the auditor that they would take immediate action if they believed a detainee was at imminent risk of sexual abuse. Staff confirmed that this request to intervene before something has occurred would be supported, and action would be taken to protect the detainee before the suspected event occurred.* Finding of compliance is based on the following: Based on information noted above and overall observations during the audit, the auditor found staff credible and that to protect detainee is an integral part of the culture of this facility. The auditor finds the facility compliant with the standard provisions.

115.63	**Reporting to other confinement facilities**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 · Interview with the Warden · Review of notifications · PAQ The PAQ indicates that twenty (20) allegations were received that a detainee was abused while confined at another facility, and one allegation of sexual abuse was received from another facility. The following policy excerpts supports compliance with the requirements of this standard: Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411

	states, Reporting to Other Confinement Facilities *a. Upon receiving an allegation that a detainee was sexually abused while confined at another facility, the Warden or designee shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.* *b. Such notification shall be provided as soon as possible, but not later than seventy-two (72) hours after receiving the allegation. All such notifications shall be documented.* *c. When another agency notifies the facility of an allegation of sexual abuse or sexual harassment that occurred at the facility, the Warden or designee shall ensure that the allegation has already been investigated or an investigation is initiated in accordance with the PREA standards.* Policy as illustrated addresses the requirements of the standard provisions, responsibilities and the means to enforce them. Evidence reviewed/analyzed by provision: (a)(b)(c) Review of all of the notifications in the previous twelve-month review period demonstrated that the notification was made from the Warden to the facility head, within 72 hours. The interview with the Warden confirmed that he will notify the facility head within seventy-two (72) hours of receipt of the information. (d) The PAQ notes one notification was received from other agencies of allegations of sexual abuse that occurred at this facility. The auditor found this credible. Interview with the Warden confirmed that any allegations received are provided to the Director of PSU for immediate action. Summary of evidence to support findings: Policy, interview with the Warden, review of the notifications and the PAQ provided the auditor with sufficient evidence to support a finding of compliance.

115.64	**Staff first responder duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 · Training curriculum · Random staff interviews

	· PAQ There were eight allegations of sexual abuse o Zero times the first security staff member to respond separated the alleged victim and abuser o Zero times staff was notified within a time period that still allowed for the collection of physical evidence. o Of these allegations where staff were notified within a time period that still allowed for the collection of physical evidence, zero times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence o Of these allegations where staff were notified within a time period that still allowed for the collection of physical evidence, zeros time the first security staff member to respond to the report requested 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: o Of these allegations where staff were notified within a time period that still allowed for the collection of physical evidence, zero times the first security staff member to respond to the report ensured that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: o There were zero incidents of alleged sexual abuse in which a non-security staff member was the first responder The following policy excerpts supports compliance with the requirements of this standard: Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 states, Staff First Responder Duties *Upon learning of an allegation that a detainee has been sexually abused, the first security staff member to respond to the report shall be required to:* *1.Notify Central Control;* *2. Separate the alleged victim and abuser. Ensure the detainee victim and perpetrator are placed on a constant observation watch in accordance with Policy #413 - Mental Health Services and Suicide Prevention;* *3. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence (refer to Policy #220 - Collection and Preservation of Physical Evidence};* *If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and, *If the abuse occurred within a time period that still allows for the collection of physical evidence, 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 first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.* Policy as illustrated addresses the requirements of the standard provisions, responsibilities and the methods to enforce them. Evidence reviewed/analyzed by provision: (a)(b) Policy and the training curriculum support the requirements of the standard. Most staff were aware of the requirements needed to preserve evidence, however, some required prompting and were then able to provide an understanding of the specific actions needed. Summary of evidence to support findings: As analyzed above, the auditor finds the facility compliant with the standard provisions.

115.65	**Coordinated response**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 · Interview the Warden · Random staff interviews · Interview with the Shift Commander The following policy excerpts supports compliance with the requirements of this standard: Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 Coordinated Response *There shall be a coordinated response to incidents of sexual abuse, among staff first*

	responders, medical and mental health practitioners, investigators and facility management. *The Chief of Security or Shift Commander shall make all required notifications in accordance with Policy #221 - Reporting of incidents, to include notification to user-agencies and PSU.* *The detainee victim shall be escorted to the Health Services Unit for evaluation by medical staff and mental health practitioner (if on duty).* *Medical staff shall make a determination as to the need for transfer of the detainee victim to an outside medical facility.* *The Shift Commander and medical staff shall coordinate transfer to an outside medical facility as deemed necessary.* *The perpetrator if known shall be kept separate from the victim until the investigation has been completed.* Evidence reviewed/analyzed by provision: The facility has a Coordinated Response to Sexual abuse allegations that includes staff first responders, medical and mental health practitioners, investigators and facility management. The interview with the Shift Commander revealed he was quickly able to locate the plan (in the computer) and implement as required for any allegations of sexual abuse. Summary of evidence to support findings: Policy (Response Plan) addresses all aspects of the requirement of this standard. The Shift Commander is aware of how to immediately locate the Response Plan. The interview with the Warden confirmed the commitment to the Response Plan. The auditor finds the facility compliant with the standard provisions.

115.66	**Preservation of ability to protect inmates from contact with abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 · Review of Union Contracts · Interview with the Warden

	· Interview with a union member · Review of investigations · Observations · PAQ The PAQ indicates that the facility has entered into a collective bargaining on the agency's behalf. The following policy excerpts supports compliance with the requirements of this standard: Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 states, Preservation of Ability to Protect Detainees from Contact with Abusers *The facility shall not enter into or renew any collective bargaining agreement or other agreement that limits the facility's ability to remove alleged staff sexual abusers from contact with any detainees pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.* Policy mirrors the standard requirements. Evidence reviewed/analyzed by provision: (a)(b) The interview with the Warden and a union representative confirmed that he has no restrictions from removing staff who have received allegations of sexual abuse from contact with the detainee. The auditor reviewed the following contracts: · Sergeants CBA · Officers. CBA · Rhode Island Council 94 AFSCME The contracts do not have restrictions for removing a potential abuser from assignment pending an investigation. Review of one investigation supported this ability. Summary of evidence to support findings: The interview with the Warden, union representative, review of the contracts, the PAQ and observations provided the auditor with sufficient evidence to support that the facility is not restricted from removing alleged staff sexual abusers from contact with any detainees pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Review of one investigation supported this action. The auditor finds the facility compliant with the standard provisions.

115.67	**Agency protection against retaliation**

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

· Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411

· Interview with the Warden

· Interview with designated staff members charged with monitoring for retaliation (Program Manager)

· Retaliation Monitoring Form (Detainees and Staff)

· Review of documentation of retaliation monitoring

· Interview with detainees who reported abuse

· PAQ

The PAQ indicates that there were no reported incidents of retaliation occurred. The auditor found no reason to dispute this during the audit process.

The following policy excerpts supports compliance with the requirements of this standard:

Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 states, Protection against Retaliation.

All detainees and staff who report sexual abuse or sexual harassment or cooperate with a sexual abuse or sexual harassment investigation shall be protected from retaliation by other detainees and/or staff. If an individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual against retaliation.

The Programs Director shall ensure protective measures for detainees who report sexual abuse or sexual harassment or cooperate with a sexual abuse or sexual harassment investigation. The Programs Director shall initiate documentation of retaliation monitoring at the time of the initial report and continue for a minimum of ninety (90) days if the initial monitoring indicates a continuing need. Monitoring shall be documented on form WN 41105 – Retaliation Monitoring (Detainee). Intermittent reviews shall be annotated every 30 days on the same WN 41105.

The Director of Human Resources shall provide protective measures for staff who

	report sexual abuse or sexual harassment or cooperate with a sexual abuse or sexual harassment investigation. The Director of Human Resources shall initiate documentation of retaliation monitoring at the time of the initial report and continue for a minimum of ninety (90) days if the initial monitoring indicates a continuing need. Monitoring shall be documented on form WN 41106 – Retaliation Monitoring (Staff). Intermittent reviews shall be annotated every 30 days on the same WN 41105. *Protective measures include, but are not limited to, housing changes, transfers, removal of alleged staff or detainee abusers from contact with victims, and emotional support services for detainees or staff who fear retaliation for reporting sexual abuse/ sexual harassment or for cooperating with an investigation.* *The facility's obligation to monitor for retaliation shall be discontinued if the investigation determines that the allegation is unfounded.* Evidence reviewed/analyzed by provision: (a) Policy addresses the requirement to protect all detainees and staff who report sexual abuse or sexual harassment. (b) Policy and the interview with the PREA Coordinator and the Program Manager confirmed that this will include multiple protection measures to include housing changes, transfer for the detainee victim, and emotional support for anyone cooperating with the investigation. (c)(d)(e)(f) Two detainee interviews confirmed that staff have checked in on them after the allegation and investigation. The Warden, Program Manager and the PREA Coordinator confirmed that for sexual abuse allegations, the review will occur for ninety (90) days, longer if needed, and conclude if the investigation is deemed unfounded. The auditor reviewed all completed forms for the twelve-month review period (fourteen in total) and found them to be complete and addressed all aspects of the provision of the standard. Summary of evidence to support findings: Policy, monitoring form, interview with the Warden demonstrating commitment to ensuring no retaliation for reporting and the person who conducts monitoring all led the auditor to conclude that the facility is compliant with all aspects of the standard.

115.68	**Post-allegation protective custody**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

	· Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 · Interview with the Warden · Interview with the PREA Coordinator · Interview staff who supervise special management housing · Interview with detainees who reported sexual abuse · PAQ The PAQ indicates there has been no incident where detainees who suffered sexual abuse were held in involuntary segregated housing in the past twelve months. The auditor found no reason to dispute this during the audit process. The following policy excerpts supports compliance with the requirements of this standard: Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 states, Post-Allegation Protective Custody *Any use of segregated housing to protect a detainee who is alleged to have suffered sexual abuse shall be subject to the requirements set forth in Section D(3) of this policy.* *Additionally, medical and mental health staff shall be responsible for crisis intervention, assessment of treatment needs, documentation of the evaluation results, treatment, psychiatric referral, and other treatment options related to the alleged victim as outlined in this policy.* Policy addresses the standard requirements. Evidence reviewed/analyzed by provision: The interviews with the Warden, Special Management Housing supervisor and PREA Coordinator confirmed that for allegations that require an assessment of the situation, detainees may be placed in this unit for less than twenty-four (24) hours until an assessment of the situation may be conducted. There was no evidence from any interview of any detainee who reported sexual abuse being maintained for longer. The auditor found this credible after talking to three detainees who reported sexual abuse, who were not moved to this unit. If held longer, the policy as articulated in comments to §115.43 would then address the requirements of the provisions of both standards. Summary of evidence to support findings: Based on the analysis above and review of policy, the auditor finds the facility compliant with the standard provisions.

115.71	**Criminal and administrative agency investigations**

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 · SOP for Wyatt Detention Center Investigations · Interview with investigator · Interview with the Warden · Interview with the PREA Coordinator · Interview with detainees who reported sexual abuse · Review of complete investigations · Observation of investigation storage · PAQ PAQ indicates zero substantiated allegations of conduct that appeared criminal were referred for prosecution since the last PREA audit. The auditor reviewed evidence to support this. The following policy excerpts supports compliance with the requirements of this standard: Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 states, Criminal and Administrative Agency Investigations *a. All initial investigative assessments into allegations of sexual abuse and/or sexual harassment shall be completed by an investigator assigned to the Professional Standards Unit. Investigations shall be completed promptly, thoroughly and objectively for all allegations, including third party and anonymous reports.* *b. PSU investigators shall receive special training in sexual abuse investigations in accordance with this policy.* *c. 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 a detainee or staff member. The facility shall not require a detainee who alleges sexual abuse to submit to a polygraph examination or truth telling device as a condition for proceeding with the investigation of such an allegation.* *d. If at any point in the initial inquiry or assessment, the quality of the evidence appears to support criminal prosecution, the PSU inquiry/assessment shall cease immediately and the appropriate user agency and/or the Rhode Island State Police*

	(RJSP) shall be notified. *e. Once notification and/or investigative referral to any outside agency/agencies has been made, the PSU investigator(s) shall consult with prosecutors before conducting any compelled interviews.* *f. PSU investigators shall assist and cooperate with outside agencies/investigators by helping to facilitate the gathering and preservation of direct and circumstantial evidence, including available physical and DNA evidence, and any available electronic monitoring data. Additionally, PSU investigators shall help facilitate any interviews of alleged victims, suspected perpetrators, witnesses, and provide for a review of all information concerning prior complaints or facility reports of sexual abuse involving the suspected perpetrator.* *g. Administrative Investigations:* *i. shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and,* *ii. shall be documented in written reports that include a description of physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.* *h. Criminal Investigations:* *i. shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence where feasible.* *ii. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.* *2. The PSU shall maintain written reports referenced above in subsections (g) and (h) for as long as the alleged abuser is incarcerated or employed by the facility, plus five (5) years.* *The departure of the alleged abuser or victim from the employment or control of the facility shall not provide a basis for terminating an investigation.* *Any state entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.* *The PSU investigator(s) shall endeavor to remain informed about the progress of the external investigation.* Policy mirrors the standard requirements assigning responsibility for compliance. Evidence reviewed/analyzed by provision: (a) In addition to policy, the auditor reviewed investigations for the previous twelve months. All administrative investigations are investigated by the Director of PSU. Investigations appearing to be criminal are immediately referred to the Rhode Island

	State Police, per the interview with the Director of PSU. This is additionally defined in the SOP for Wyatt Investigations. Review of investigations indicated to the auditor that they are reported immediately, and the investigation is initiated promptly. Investigations demonstrated thorough, objective, detailed reports for all allegations of sexual abuse and sexual harassment. (b) The investigator (Director of PSU) has received the required training. (See comments to §115.34) (c) The auditor was able to conclude that a database of investigations has been maintained since the implementation of the PREA standards. This allows the investigator to ascertain if there were prior complaints and reports of sexual abuse involving the suspected perpetrator. However, due to the transient nature of this population, review of investigations did not reveal any prior reports on the alleged preparator. A review of the investigations revealed that the investigator thoroughly reviewed video evidence, identification and interview of potential witnesses and detainees who made allegations and the suspected perpetrator. The interview with the investigator confirmed that DNA evidence, as indicated, would be gathered by the Rhode Island State Police; the area would be secured to preserve the evidence in accordance with the SOP for Wyatt Investigations. For SANE exams, he reported that the Department of Health collects the evidence onsite and turns it over to the Rhode Island State Police. (d) When the quality of evidence appears to support criminal prosecution, the Rhode Island State Police will contact the prosecutors to proceed with the investigation. The auditor found this credible as the Director of PSU has prior experience as a police officer. (e) Polygraph tests or truth telling devices are not allowed in accordance with the policy and therefore not used in any aspect of the investigation for sexual abuse or sexual harassment. Review of investigations supported that the credibility of victim, suspect or witness is based on alignment with established facts. These provision requirements were confirmed by the interview with the investigator. (f)(g)(h) The interview with the investigator did confirm that staff actions are reviewed in every case. His role at the facility includes oversight of Internal Affairs investigations. Review of investigations supports that they are standardized, written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Criminal investigations are documented by the state police. Substantiated allegations are referred for prosecution by the state police with consultation with the Director of PSU. (i) Policy supports this requirement. As indicated in the interview with the investigator, investigations are retained forever. The auditor observed the storage area and found no evidence to dispute this. (j) Policy and the interview with the investigator support that the departure of an alleged abuser or victim from employment or control of the agency does not provide

	a basis for terminating an investigation, as confirmed by the interview with the investigator. Investigations reviewed supported that the investigation continued even when the alleged victim or perpetrator left the facility. (k) Auditor is not required to audit this provision. (l) Policy and the interview with the Warden and investigator both assured the auditor that they are kept informed with and cooperate with outside investigators. This is also supported by the SOP for Wyatt Investigations. Review of investigations provided evidence that all investigations are reviewed by the PREA Coordinator and Warden. Summary of evidence to support findings: Based on review of the policies, investigations and interviews with the Warden and investigator (Director of PSU), the auditor concludes that investigator addresses investigations promptly, thoroughly, and with a review of incidents to address staff actions and assesses credibility consistently. Additionally, interviews with three detainees who reported sexual abuse or sexual harassment yielded no evidence to the contrary, stating that the investigation was completed, and they expressed no concerns about the process.

115.72	**Evidentiary standard for administrative investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 · Interview Director of PSU – PREA investigator · Review of investigations using preponderance of evidence (administrative) The following policy excerpts supports compliance with the requirements of this standard: Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 states, Evidentiary Standard for Administrative Investigations *The facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.* Policy mirrors the standard requirements. Evidence reviewed/analyzed by provision: The auditor reviewed sixteen completed investigations conducted in the previous

	twelve months with the investigator. Analysis of the findings, most of which were unfounded, led the auditor to conclude that the investigator makes a detailed assessment, weighing the facts when making his conclusion, which the auditor found to have sound reasoning. A concerted effort is made to find evidence such as review of video monitoring and identification of potential witnesses when analyzing and weighing evidence to reach the findings. The interview with the Director of PSU (investigator) confirms use of a preponderance of evidence to determine a finding for administrative investigations. Additionally, all investigations are reviewed by the PREA Coordinator and Warden who assess the findings and note their concurrence. Summary of evidence to support findings: Based on policy, interview and analysis of the evidence noted, the auditor finds the facility compliant with the standard provision.

115.73	**Reporting to inmates**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 · Interview with the Director of PSU · Interview with the warden · Observations of Detainee Notifications · Review of one notification sent with the PAQ · Interview with detainees that reported sexual abuse · PAQ The PAQ indicates the following: Seven investigations of alleged sexual abuse completed Seven investigations of alleged sexual abuse competed where detainee was notified of the results (verbally or in writing) Zero sexual abuse investigations completed by an outside agency Zero notifications of the results of an investigation completed by an outside agency Zero substantiated cases of staff sexual abuse; zero notifications made pursuant to

	those Seven notifications provided to detainees; seven of those that are documented The following policy excerpts supports compliance with the requirements of this standard: Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 states, Reporting to Detainees *PSU staff shall coordinate with law enforcement staff (where applicable), following an investigation into a detainee's allegation that he or she suffered sexual abuse at this facility, PSU staff shall inform the detainee as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.* *If the facility did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the detainee.* *Following a detainee's allegation that a staff member has committed sexual abuse against the detainee, PSU staff shall subsequently inform the detainee (unless the facility has determined that the allegation is unfounded) whenever:* *The staff member is no longer posted within the detainee's unit; The staff member is no longer employed at the facility;* *The facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or,* *The facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility.* *Following a detainee's allegation that he or she has been sexually abused by another detainee, PSU staff shall subsequently inform the alleged victim whenever:* *The facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or,* *The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.* *All such notifications or attempted notifications shall be documented by PSU staff. The facility's obligation to report under this section shall be terminated if the detainee is released from facility custody.* Policy mirrors the standard requirements and assignment of responsibility for compliance. Evidence reviewed/analyzed by provision: (a) Documentation of notification was observed with review of the investigations. The interview with the warden confirmed the facility’s commitment to provide this

	notification. (b) The interview with the investigator supported that he would make the notification upon receipt of the investigation if conducted by the Rhode Island State Police. (c)(d)(e)(f) Review of notifications in the investigation file and interview with the investigator provided evidence to support compliance. Summary of evidence to support findings: Policy, interview with the PSU Director who completes the notifications, observation of notifications in the investigative files and additional assurances received by the warden provided the auditor with sufficient evidence to support the finding of compliance.

115.76	**Disciplinary sanctions for staff**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 · Interview Warden · PAQ The PAQ notes that zero staff have been disciplined for violation of agency sexual abuse or sexual harassment policies, zero staff disciplined short of termination. No staff have been reported to law enforcement or licensing bodies following termination or resignation for violating agency sexual abuse or sexual harassment policies. The auditor found no evidence to dispute this statement during the audit process. The following policy excerpts supports compliance with the requirements of this standard: Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 states, Discipline Sexual conduct between staff and detainees; volunteers or contract personnel and detainees, regardless of consensual status, is prohibited and subject to administrative and criminal disciplinary sanctions. "Consensual" sexual activity shall be prohibited between or among detainees; or between staff, contractors, volunteers and detainees. Disciplinary Sanctions for Staff

	Staff shall be subject to disciplinary sanctions up to and including termination for violating facility sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of facility policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to any relevant licensing bodies. (40-22-5) Policy supports compliance with requirements of the standard provisions. Evidence reviewed/analyzed by provision: (a)(b)(c)(d) Policy and the interview with the Warden supported the requirements of the standard provision. Summary of evidence to support findings: Policy, PAQ, review of the investigations, interviews with the investigator and the warden provided the auditor with sufficient evidence. The auditor finds the facility compliant with the standard provisions.

115.77	**Corrective action for contractors and volunteers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 · Interviews Warden · Interviews with contractual staff · PAQ The PAQ notes that no contractor or volunteer has been involved in an investigation regarding sexual abuse or sexual harassment towards a detainee. The following policy excerpts supports compliance with the requirements of this

	standard: Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 states, Corrective Action for Contractors and Volunteers *Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with detainees and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.* *The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with detainees, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.* Policy mirrors the standard requirements. Evidence reviewed/analyzed by provision: (a)(b) Policy, interview with the Warden confirmed that the Warden has the authority to prohibit a contractor or volunteer from entering the facility in the even a credible allegation of sexual abuse or sexual harassment is made against them pending the investigation. The interview with three contractual staff confirmed to the auditor that they are informed of the policy during the PREA orientation training. Summary of evidence to support findings: Policy, interview with the Warden, and interviews with three contractual staff provided sufficient evidence for the auditor to finds the facility compliant with the standard provisions.

115.78	**Disciplinary sanctions for inmates**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 · Rules and Discipline Number 301 · Interview with the warden · Detainee orientation materials · Interviews with mental health staff · Interview with disciplinary officer · Information in the detainee orientation materials

· PAQ

The PAQ indicates there has been one administrative finding, no criminal finding of detainee-on-detainee sexual abuse. The auditor found no reason to dispute this during the audit process.

The following policy excerpts supports compliance with the requirements of this standard:

Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 states, Disciplinary Sanctions for Detainees

Detainees shall be subject to disciplinary sanctions pursuant to Policy #301 - Rules and Discipline for engaging in detainee-on-detainee sexual abuse or following a criminal finding of guilty for detainee-on-detainee sexual abuse.

Disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the detainee's disciplinary history, and the sanctions imposed for comparable offenses by other detainees with similar histories.

The disciplinary process shall consider whether a detainee's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

The facility may discipline a detainee for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

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.

Sexual activity between detainees shall result in the issuance of a disciplinary report. The facility may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Rules and Discipline Number 301 addresses charges relating to sexual abuse (Class A charges) and addresses the sanctioning schedule.

Policy mirrors the standard requirements.

Evidence reviewed/analyzed by provision:

(a)(b) Detainees receive orientation materials that inform them that a detainee who engages in inappropriate sexual behavior with or directs it at others, can be charged with Prohibited Acts under the Detainee Disciplinary Policy. The Rules and Disciplinary policy address specific charges related to sexual abuse, including sanctions. The interview with the disciplinary officer indicated to the auditor that charges are assessed by Category based on seriousness of the behavior and that with each category (a,b,c,d) there are sanctions established. The disciplinary office has the ability to give more or less sanctions based on disciplinary history and sanctions

	imposed for comparable offense. (c) Policy and the interview with the disciplinary officer confirmed that mental health practitioners will be contacted for assessment of whether the mental illness contributed to the behavior when determining sanctions. However, as the facility does not house detainees diagnosed with mental illness, this is highly unlikely. (d) The facility does offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, as indicated by the interview with the mental health staff. (e) Policy and the interview with the disciplinary officer did confirm that the facility may discipline a detainee for sexual contact with staff only upon a finding that the staff member did not consent to such contact. Review of one investigation supported this to be true. (f) Policy supports this provision. The interview with the investigator confirmed that he does assess if an allegation is made in bad faith, but disciplinary action will only be pursued when it was clearly made by a preponderance of evidence of the intent. (g) As indicated in policy, this facility does prohibit all sexual activity between detainees. Consensual activity between detainees is not considered sexual abuse. This was supported by the interview with staff who conduct disciplinary hearings and review of the disciplinary codes for this facility. Summary of evidence to support findings: Policies, written materials for orientation, interviews, review of investigations all provided the auditor with sufficient evidence to support that the facility is compliant with the standard provisions.

115.81	**Medical and mental health screenings; history of sexual abuse**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
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115.82	**Access to emergency medical and mental health services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	zz

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	zz

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 · Review of completed Sexual Abuse Incident Reviews sent with the PAQ · Interview with members of the Sexual Abuse Incident Review Team · Interview with the Warden · PAQ The PAQ indicates that there were two criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents. The auditor found this credible after review of the investigations for the previous twelve months. The following policy excerpts supports compliance with the requirements of this standard: Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 states, Sexual Abuse Incident Reviews *The PREA Coordinator/PREA Compliance Manager/Sexual Abuse and Assault Prevention and Intervention {SMPI) Coordinator shall 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. Such review shall ordinarily occur within thirty (30) days of the conclusion of the investigation.* *The review team shall include upper-level management and PSU staff, with input from security supervisors, and mental health or medical practitioners.*

	The review team shall: *Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;* *Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;* *Examine the area 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;* *Prepare a report of its finding, including by not necessarily limited to determinations made and any recommendation for improvement and submit such report to the Warden; and,* *The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.* Evidence reviewed/analyzed by provision: (a)(b)(c)(d)(e) Policy and interview with the PREA Coordinator, his assistant and the Warden supports that a Sexual Abuse Incident Review will be conducted. The auditor reviewed them with the review of the investigations. They included representatives from medical and mental health staff, Chief of Security, Lieutenant (line staff supervisor), the investigator and the Shift Commander, Warden and PREA Coordinator. They confirmed that input will be received from line supervisors and medical and mental health practitioners. It was confirmed that the review at a minimum will include the following: policy review, motivation for the action, examination of the area, and staffing levels/video monitoring. Summary of evidence to support findings: Policy, interviews and review of the Sexual Abuse Incident Reviews provided sufficient evidence for the auditor to support a finding of compliance.

115.87	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence

	related to this standard: · Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 · Interview PREA Coordinator · Definitions – uniform data collection · Annual Report · Observations The following policy excerpts supports compliance with the requirements of this standard: Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 states, Data Collection *PSU shall collect accurate, uniform data for every allegation of sexual abuse.* *The PSU shall aggregate the incident-based sexual abuse data at least annually. The incident-based data collection shall 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.* *The data shall be forwarded to the PREA Coordinator/PREA Compliance Manager/PSA Compliance Manager for review.* *The PSU shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.* *Upon request, the facility shall provide all such data from the previous calendar year to the Department of Justice no later than June 30th* *Any event that has been reported to a staff member, contractor, or volunteer but which has not yet been verified or investigated.* *Definitions:* *Allegation: any event that has been reported to a staff member, contractor, or volunteer but which has not yet been verified or investigated.* *At Risk: Detainees who exhibit characteristics consistent with potential victims or perpetrators of sexually abusive behavior.* *Chief of Programs: Executive staff member having management supervision of all matters relating to the programming function of the facility.* *Chief of Security: Executive staff member having management supervision of all matters relating to the security of the facility.*

Contractor: A person who provides services to the facility on a recurring basis pursuant to a contractual agreement.

Detainee: Any person detained at the facility regardless of adjudication status.

Direct Staff Supervision: For the purpose of this policy, shall mean that security staff are in the same room with, and within reasonable hearing distance of the detainee.

Employee, Staff or Staff Member: A person who works directly for the Central Falls Detention Facility Corporation.

Exigent circumstances: Any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of the facility.

Facility: The Donald W. Wyatt Detention facility (DWWDF).

Gender Nonconforming: A person whose appearance or manner does not conform to traditional societal gender expectations.

Intersex: A person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.

Intimacy: Any behavior not deemed as sexual contact or sexual abuse of a detainee including kissing. touching parts of the body not defined under sexual abuse or other related acts including, but not limited to, sending/receiving personal letters/cards/ gifts or receiving phone calls from a detainee. Intimate relationships between staff and detainees are expressly prohibited.

Medical Practitioner: A health professional who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of his or her professional practice. A "qualified medical practitioner" refers to such a professional who has also successfully completed specialized training for treating sexual abuse victims.

Mental Health Practitioner: A mental health professional who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of his or her professional practice. A "qualified mental health practitioner" refers to such a professional who has also successfully completed specialized training for treating sexual abuse victims.

Pat Search: The running of hands over the clothed body of a detainee to determine whether the detainee possesses contraband.

PREA (Erison Rape Elimination Act): Federal legislation (Public Law No. 108-79), enacted in 2003 to provide for the analysis of the incidence and effects of prison rape in local, state and/or federal correctional institutions and to provide information, resources, recommendations and funding to protect individuals from prison rape.

Sexual Abuse: Sexual abuse includes:

	Sexual abuse of a detainee by another detainee includes any of the following acts, if *the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:* *a. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight.* *b. Contact between the mouth and the penis, vulva, or anus;* *c. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and,* *d. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.* *Sexual abuse of a detainee by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the detainee:* *a. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;* *b. Contact between the mouth and the penis, vulva, or anus;* *c. Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;* *d. Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;* *Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;* *f. Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described above in paragraphs a-e of this definition;* *g. Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of a detainee; and,* *h. Voyeurism by a staff member, contractor, or volunteer.* *Sexual Harassment: (1) Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one detainee toward another; and (2) Repeated verbal comments or gestures of a sexual nature to a detainee by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory*

	comments about body or clothing, or obscene language or gestures. *Staff Sexual Misconduct: Any verbal, physical or offensive conduct of a sexual nature by a staff member, contractor, or volunteer, directed toward a detainee under the care, custody, and supervision of the facility. All sexual contact between a detainee and a staff member, contractor, volunteer, shall be considered sexual misconduct.* *Strip Search: A search that requires a person to remove or arrange some or all clothing so as to permit a visual inspection of the person's breasts, buttocks, or genitalia.* *Substantiated Allegation: An allegation that was investigated and determined to have occurred.* *Transgender: A person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth.* *Unfounded Allegation: An allegation that was investigated and determined not to have occurred.* *Unsubstantiated Allegation: An allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred.* *User-Agency: An entity (i.e., The 11 ..S. Marshals .Service (USMS), Immigration and Customs Enforcement (ICE), Federal Bureau of Prisons (FBOP), U.S. Navy, and the Mashantucket Pequot Tribal Nation) that has a signed contract with the Central Falls Detention Facility Corporation authorizing the entity to remand its detainees to the custody of the officials of the Donald W. Wyatt Detention Facility.* *Volunteer: An individual who donates time and effort on a recurring basis to enhance activities and programs at the facility.* *Voyeurism by a Staff Member, Contractor. or Volunteer: An invasion of privacy of a detainee by staff for reasons unrelated to official duties, such as peering at a detainee who is using a toilet in his or her cell to perform bodily functions; requiring a detainee to expose his or her buttocks, genitals, or breasts; or taking images of all or part of a detainee's naked body or of a detainee performing a bodily function.* *Warden: The chief executive responsible for the oversight of all operational and administrative functions of the Donald W. Wyatt Detention Facility.* Evidence reviewed/analyzed by provision: (a)(b) Policy supports the requirement that the facility collects uniform data using standardized definitions. The Annual Report reflects the use of standardized instrument such as Detainee on Detainee nonconsensual sexual acts, Detainee on Detainee abusive sexual contact, Detainee on Detainee sexual harassment, Staff on Detainee sexual misconduct, and Staff on Detainee sexual harassment, consistent with the definition in the PREA standard.

	(c)(d)The Annual Report reflects the use of these categories and definitions collected and compared for the previous three years. Data collected can answer questions for the most recent Survey of Sexual Violence (SSV). Based on interviews, the auditor concludes that the facility maintains, reviews and uses information obtained from risk assessment and investigations and sexual abuse incident reviews (e) This is not applicable to this facility; they do not contract for the confinement of its detainees. (f) The PREA Coordinator indicates that this facility has not been requested to complete the Survey on Sexual Victimization (SSV), however statistics are calculated annually to address is if received. Summary of evidence to support findings: Policy supports the requirements of the standard including definitions for use to ensure consistency of application. This is a private entity; they do not contract for the confinement of its detainees. The interview with the PREA Coordinator and review of the 2025Annual Report provided evidence to support the requirements. The auditor finds the facility compliant with the standard provisions.

115.88	**Data review for corrective action**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 · Interview with the Warden · Interview PREA Coordinator · Link to website - PREA Annual Reports (wyattdetention.com) · Annual Report on the Prison Rape Elimination Act 2025 · Observations The following policy excerpts supports compliance with the requirements of this standard: Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 states, Data Review for Corrective Action *The PREA Coordinator/PREA Compliance Manager/PSA Compliance Manager shall review the collected and aggregated data pursuant to Section J(2) above, in order to*

	assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: *1.identifying problem areas;* *2. taking corrective action on an ongoing basis; and,* *3. preparing an annual report of its findings and corrective actions.* *Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the facility's progress in addressing sexual abuse.* *The facility's report shall be forwarded to the Warden and made readily available to the public through its website. The annual review/report shall also be forwarded to the ICE/ERO HQ or other user-agency as required for use in determining whether changes are needed to existing policies and practices.* *Specific material may be redacted from reports when publication would present a clear and specific threat to the safety and security of tl1e facility but must indicate the nature of the material redacted.* Evidence reviewed/analyzed by provision: (a)(b)(c)(d) Review of the Annual Report for 2025 reflects that data collected has been assessed and a narrative report of the following: background, achievements, aggregated data with comparison to prior years, identified problem areas and corrective action. Definitions are provided. There is a comparison between the years 2023, 2024, and 2025. The facility's report is approved by the Warden and available for review on the facility webpage at https://www.wyattdetention.com/prea-annual-reports No redactions were required on the Corrective Action Plan. The interviews with the PREA Coordinator and the Warden provided additional affirmation of these actions as required by the standard provisions. Summary of evidence to support findings: Policy, facility webpage, Annual Report 2022, interview with the Warden and PREA Coordinator provided the auditor with sufficient evidence to support a finding of compliance with the standard provisions.

115.89	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411

	· Interviews PREA Coordinator · Documentation that it is on the website · Retention Schedule · Observations The following policy excerpts supports compliance with the requirements of this standard: Sexual Abuse and Sexual Harassment Prevention and Intervention Number 411 states, Date Storage, Publication, and Destruction The facility shall ensure that data collected pursuant to Section J(3) above are securely retained. The facility shall maintain sexual abuse data collected for at least ten (10) years after the date of the initial collection unless local, state and/or federal law requires otherwise. Evidence reviewed/analyzed by provision: (a)(b)(c)(d) The auditor reviewed the area where investigations are retained. It is a secure office located in the administrative wing of the facility stored by the PREA Coordinator. This storage process was confirmed by the interview with the PREA Coordinator. PREA Annual Reports are available on the webpage from 2014 to 2025. The interview with the investigator confirmed that investigation reports are maintained forever. There were no personal identifiers that required removal. Summary of evidence to support findings: Policy, interview, observation of the website and storage areas provided the auditor with sufficient evidence to support a finding of compliance with the standard provisions.

115.401	**Frequency and scope of audits**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	See comments supporting compliance throughout the report. Posters announcing the audit were strategically placed throughout the facility. They indicated that the facility will be undergoing an audit for compliance with the United States Department of Justice’s National Standards to Prevent, Detect, and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) dates provided. The auditors name and address were provided for any inmates who wanted to correspond prior to the commencement of the auditor. Confidentiality was explained as follows: *CONFIDENTIALITY – All correspondence and disclosures during interviews with the

	designated auditor are confidential and will not be disclosed unless required by law. There are exceptions when confidentiality must be legally broken. Exceptions include, but are not limited to the following: · if the person is an immediate danger to her/himself or others (e.g. suicide or homicide); · allegations of suspected of child abuse, neglect or maltreatment; · in legal proceedings where information has been subpoenaed by a court of appropriate jurisdiction. They were posted on salient orange paper. All detainees interviewed indicated they had seen the audit notification or least the “orange” posting. One letter was received. The author was interviewed. The auditor was allowed access to all areas of the facility, access to interview any staff or inmate requested and the ability to observe activities as requested.

115.403	**Audit contents and findings**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The previous PREA Audit reports from 2021, 2017 and 2023 are located on the agency website at https://www.wyattdetention.com/prea-annual-reports.

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.)	na
115.13 (c)	**Supervision and monitoring**	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	**Supervision and monitoring**	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	**Youthful inmates**	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	**Youthful inmates**	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	**Youthful inmates**	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	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**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.15 (f)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
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 with inmates with disabilities including inmates who: Have intellectual disabilities?	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: 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 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
	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	yes

	consent or refuse?	
	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	yes

	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?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	**Hiring and promotion decisions**	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	**Hiring and promotion decisions**	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	**Upgrades to facilities and technologies**	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.18 (b)	**Upgrades to facilities and technologies**	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	**Evidence protocol and forensic medical examinations**	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the	yes

	agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	
115.21 (b)	**Evidence protocol and forensic medical examinations**	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	**Evidence protocol and forensic medical examinations**	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	**Evidence protocol and forensic medical examinations**	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes

	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	**Evidence protocol and forensic medical examinations**	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	**Evidence protocol and forensic medical examinations**	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.21 (h)	**Evidence protocol and forensic medical examinations**	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes

	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	**Policies to ensure referrals of allegations for investigations**	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	**Employee training**	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates’ right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	yes
	Does the agency train all employees who may have contact with	yes

	inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	
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 Garrity warnings? (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 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 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.)	yes
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	yes

	health care practitioners who work regularly in its facilities.)	
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 screening instrument?	yes
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	yes

	criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	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) Whether the inmate is detained solely for civil immigration purposes?	yes
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 information is not exploited to the inmate’s detriment by staff or other inmates?	yes
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	yes

	being sexually abusive, to inform: Education Assignments?	
	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**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (d)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (e)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (f)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (g)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
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	yes

	are at high risk of sexual victimization have access to: Programs to the extent possible?	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	**Protective Custody**	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	**Protective Custody**	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility’s concern for the inmate’s safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation	yes

	can be arranged?	
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 anonymous upon request?	yes
	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.)	yes
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.	no
115.52 (b)	**Exhaustion of administrative remedies**	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	**Exhaustion of administrative remedies**	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (d)	**Exhaustion of administrative remedies**	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision,	yes

	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.)	
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	**Exhaustion of administrative remedies**	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate’s decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	**Exhaustion of administrative remedies**	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days?	yes

	(N/A if agency is exempt from this standard.)	
	Does the initial response and final agency decision document the agency’s determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency’s final decision document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	**Exhaustion of administrative remedies**	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	**Inmate access to outside confidential support services**	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, 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.)	yes
	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	yes

	understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	
	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 abuse or sexual harassment or retaliation?	yes
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	yes

	confidentiality, at the initiation of services?	
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	yes

	required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	
	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 response to an incident of sexual abuse?	yes
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	yes

	with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	
	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 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?	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 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 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).)	yes
	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	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	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	yes

	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?	
	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 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?	yes
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	yes

	have engaged in sexual abuse?	
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 evidence sufficient to substantiate the allegation?	yes
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 sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
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 §	yes

	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.)	
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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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,	yes

	investigation files, and sexual abuse incident reviews?	
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.)	yes
115.88 (a)	**Data review for corrective action**	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant 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?	yes
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	yes

	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?	
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.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by	na

	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.)	
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 (f)	**Audit contents and findings**	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes