

# PREA Facility Audit Report: Final

**Name of Facility:** Consolidated Brig Charleston

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 07/15/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Kenneth L. James	<b>Date of Signature:</b> 07/15/2024

AUDITOR INFORMATION	
<b>Auditor name:</b>	James, Kenneth
<b>Email:</b>	james.kennethl@doc.sc.gov
<b>Start Date of On-Site Audit:</b>	05/28/2024
<b>End Date of On-Site Audit:</b>	05/30/2024

FACILITY INFORMATION	
<b>Facility name:</b>	Consolidated Brig Charleston
<b>Facility physical address:</b>	1050 Remount Road, Building 3107, North Charleston, South Carolina - 29406
<b>Facility mailing address:</b>	

Primary Contact
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<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Warden/Jail Administrator/Sheriff/Director</b>	
<b>Name:</b>	Joseph M. Brisco
<b>Email Address:</b>	joseph.m.brisco@navy.mil
<b>Telephone Number:</b>	(843) 794-0025

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Donald Farthing
<b>Email Address:</b>	donald.h.farthing.civ@us.navy.mil
<b>Telephone Number:</b>	O: (843) 794-0006
<b>Name:</b>	Andria Torres
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<b>Telephone Number:</b>	O: (843) 794-0072
<b>Name:</b>	Chase Harmon
<b>Email Address:</b>	chase.harmon1@navy.mil
<b>Telephone Number:</b>	O: (843) 794-0053

<b>Facility Health Service Administrator On-site</b>	
<b>Name:</b>	Dr. Crystal Brown-Voeltz
<b>Email Address:</b>	crystal.o.brown-voeltz.civ@us.navy.mil
<b>Telephone Number:</b>	843 794 0076

<b>Facility Characteristics</b>
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<b>Designed facility capacity:</b>	479
<b>Current population of facility:</b>	100
<b>Average daily population for the past 12 months:</b>	99
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	20 - 55
<b>Facility security levels/inmate custody levels:</b>	Maximum / Medium Security - Medium in, Medium Out / Minimum / Installation Custody
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	158
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	83
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	15

## AGENCY INFORMATION

<b>Name of agency:</b>	United States Navy Corrections Command
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	5720 Integrity Drive, Millington, Tennessee - 38053
<b>Mailing Address:</b>	
<b>Telephone number:</b>	9018744452

## Agency Chief Executive Officer Information:

<b>Name:</b>	Timothy Purcell
<b>Email Address:</b>	timothy.e.purcell.civ@us.navy.mil
<b>Telephone Number:</b>	9018744452

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Dave Greeson	<b>Email Address:</b>	davy.s.greeson.civ@us.navy.mil

<b>Facility AUDIT FINDINGS</b>	
<b>Summary of Audit Findings</b>	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
<b>Number of standards exceeded:</b>	
4	<ul style="list-style-type: none"> <li>• 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</li> <li>• 115.31 - Employee training</li> <li>• 115.33 - Inmate education</li> <li>• 115.41 - Screening for risk of victimization and abusiveness</li> </ul>
<b>Number of standards met:</b>	
41	
<b>Number of standards not met:</b>	
0	

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-05-28
2. End date of the onsite portion of the audit:	2024-05-30

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Tri-County S.P.E.A.K.S

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	479
15. Average daily population for the past 12 months:	100
16. Number of inmate/resident/detainee housing units:	98
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	99
<b>38. 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:</b>	0
<b>39. 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:</b>	0
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	1

<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>1</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>3</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>16</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>158</p>
<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>15</p>

<p><b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>83</p>
<p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>No text provided.</p>
<p><b>INTERVIEWS</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><b>Random Inmate/Resident/Detainee Interviews</b></p>	
<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>14</p>
<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p> <input checked="" type="checkbox"/> Age  <input checked="" type="checkbox"/> Race  <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)  <input checked="" type="checkbox"/> Length of time in the facility  <input checked="" type="checkbox"/> Housing assignment  <input type="checkbox"/> Gender  <input type="checkbox"/> Other  <input type="checkbox"/> None </p>
<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>The Auditor reviewed the alpha roster and selected prisoners by race, age, date of intake, length of stay, and dorm assignment. This is an all male facility that does not house prisoners with disabilities.</p>



<b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>57. 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):</b>	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	5
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility reported that due to the military requirements of entry and service, there were no prisoners who were blind, low vision, deaf, hard of hearing, otherwise disabled, or limited English deficient. The Auditor utilized information from the PAQ, documentation and discussions acquired onsite with staff and prisoners, and reviews of prisoner files.</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility reported that due to the military requirements of entry and service, there were no prisoners who were blind, low vision, deaf, hard of hearing, otherwise disabled, or limited English deficient. The Auditor utilized information from the PAQ, documentation and discussions acquired onsite with staff and prisoners, and reviews of prisoner files.</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility reported that due to the military requirements of entry and service, there were no prisoners who were blind, low vision, deaf, hard of hearing, otherwise disabled, or limited English deficient. The Auditor utilized information from the PAQ, documentation and discussions acquired onsite with staff and prisoners, and reviews of prisoner files.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility reported that due to the military requirements of entry and service, there were no prisoners who were blind, low vision, deaf, hard of hearing, otherwise disabled, or limited English deficient. The Auditor utilized information from the PAQ, documentation and discussions acquired onsite with staff and prisoners, and reviews of prisoner files.</p>

<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility reported that due to the military requirements of entry and service, there were no prisoners who were blind, low vision, deaf, hard of hearing, otherwise disabled, or limited English deficient. The Auditor utilized information from the PAQ, documentation and discussions acquired onsite with staff and prisoners, and reviews of prisoner files.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>1</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>1</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>1</p>

<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>1</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor reviewed the PAQ, documentation provided in the pre-audit and onsite, discussions with staff provided there were no prisoners placed in isolation, and prisoner provided they were not placed in isolation.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No barriers to completing interviews.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>14</p>

<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>No text provided.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>6</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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



	<input checked="" type="checkbox"/> Other
<b>If "Other," provide additional specialized staff roles interviewed:</b>	<ul style="list-style-type: none"> <li>• Food Services</li> <li>• Administration</li> </ul>
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	1
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	3

<p><b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p><input type="checkbox"/> Security/detention</p> <p><input checked="" type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>
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<p><b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>	<p>No text provided.</p>
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**SITE REVIEW AND DOCUMENTATION SAMPLING**

**Site Review**

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

<p><b>84. Did you have access to all areas of the facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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**Was the site review an active, inquiring process that included the following:**

<p><b>85. 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)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p><b>86. 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)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>No text provided.</p>
<p><b>Documentation Sampling</b></p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p><b>90. 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?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>No text provided.</p>

# 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.

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	2	0	2	0
<b>Staff-on-inmate sexual abuse</b>	1	0	1	0
<b>Total</b>	3	0	3	0

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

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

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

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

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

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

**Sexual Harassment Investigation Outcomes**

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

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	3
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<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>2</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>



<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>a. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>There were no sexual harassment investigation files</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>There were no allegations of prisoner-on-prisoner or staff-on-prisoner allegations for the previous 12 months.</p>

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

115. 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

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

- Yes
- No

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

1

## AUDITING ARRANGEMENTS AND COMPENSATION

121. 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

<b>Standards</b>	
<b>Auditor Overall Determination Definitions</b>	
<ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>	
<b>Auditor Discussion Instructions</b>	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

<b>115.11</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. BUPERINST 1640.23</li> <li>3. PREA SOP 6495 1640</li> <li>4. Agency Personnel OOD Organization Chart</li> <li>5. Appointment Letter – Agency PREA Coordinator</li> <li>6. Appointment Letter – Facility PREA Compliance Manager</li> <li>7. Appointment Letters – (2) Alternate PREA Compliance Managers</li> <li>8. PREA Guidance Letter</li> <li>9. PREA Coordinator’s Training – PRC Implementation and Audit Preparedness (2019)</li> <li>10. Certificate of Completion – (3) PREA Coordinator’s Roles and Responsibilities (2024)</li> <li>11. Facility Organizational Chart – NAVCONBRIG</li> </ol> <p>Interviews:</p>

1. PREA Coordinator

2. PREA Compliance Manager

Site Review Observations:

Findings:

The facility has reached compliance with the standard based on analysis of documentation, interviews with staff, and the onsite review.

115.11(a):

- The agency has a comprehensive PREA Standard Operating Procedure (SOP) 6495 and Bureau of Naval Personnel (BUPER) Instructions 1640.23, which serves as its PREA policy and implementation guidance.
- The agency mandates a zero-tolerance policy towards all forms of sexual abuse and sexual harassment and outlines the agency's strategies on preventing, detecting and responding to such conduct.
- The Agency SOP and instructions addressed "Preventing" sexual abuse and sexual harassment through the designation of a PREA coordinator and PREA compliance manager, Criminal History Background Checks and Child Abuse Registry Checks (Staff, Contractors, and Volunteers, as applicable), Training (Staff, Volunteers, and Contractors), Staffing, Intake Screening, Classification, Incarcerated Person's Education, Posting of Signage (PREA Posters, etc.), and Contract Monitoring. This policy is consistent with the PREA standards and outlines the agency's approach to sexual safety.

115.11(b):

- The Agency SOP 6495, section 5 (a)(3) outlines the roles and responsibilities of the PREA Coordinator (PC); it calls for the position to be allowed sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA standards in each facility.
- The agency's organizational chart reflects that the PC position is an upper-level position and is agency-wide; the position appointment letter confirms the PC's responsibilities. The PC reports directly to the Agency Director (Correctional Program Officer).
- The PC was interviewed and he reported having enough time to focus on the PREA standards and the freedom to divert responsibilities to other staff as needed to focus on implementing and sustaining the PREA efforts. He stated that he has direct access to the Agency Director and can implement policies and practices as necessary to ensure sexual safety requirements. He oversees five PREA compliance managers and has been the PC for two years.
- The PC demonstrated knowledge of the agency policies and practices designed to promote sexual safety in the facility.
- The evidence shows that the agency has designated an upper-level, agency-wide PC as verified through the organizational chart, policy directives, job

description of the position and the interview with the PC.

115.11(c):

- SOP 6495, section (a) (3), outlines the role and responsibilities of the PREA Compliance Manager (PCM); it calls for the position to be allowed sufficient time and authority to coordinate the facilities efforts to comply with the PREA Standards.
- The PCM reports to the Technical Director of the facility and is listed in the facility's organizational chart as an upper-level position.
- The SOP lists the PCM as the Special Assistant and Liaison to the Agency PREA Coordinator. Interviews with the PCM indicated that he has the time and authority to direct the facility's actions to comply with the PREA Standards.
- The PCM provided that he has unimpeded access to both the Technical Director and the Commanding Officer of the facility. The PCM has demonstrated through actions and observation that he has the time, authority, and knowledge to lead the facility's compliance efforts. Based on the review of the Pre-audit questionnaire and related documents submitted, PREA implementation appears to be organized and well-documented under the leadership of the PCM.
- The employee/personnel's preparedness for the audit and overall incorporation of institutionalized sexual safety practices demonstrates that the PCM has sufficient time and authority to accomplish PREA responsibilities for the facility.
- The PCM's ability to delegate actions, when necessary, further demonstrates he has sufficient time for guiding PREA compliance and sexual safety practices in the facility.
- During the onsite review, the PCM demonstrated a deep knowledge of the requirements of the Standards, the facility's processes and practices consistent with the provisions, and documentation needed to demonstrate compliance.

Based on a review of the Pre-Audit Questionnaire (PAQ), SOP 6495, BUPERINST 1640.23, Interviews with the PC and PCM, and review of additional documentation, to include Agency and Facility Organizational Charts, appears to show the facility is in compliance with the Standard. The facility was well prepared for the audit and demonstrated institutionalization of practices and processes consistent with the requirement of Standard. Additionally, the facility exceeds the standard by assigning a primary and two alternate PREA Compliance Managers for the facility which is above and beyond the requirements of the standard.

<b>115.12</b>	<b>Contracting with other entities for the confinement of inmates</b>
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	<b>Auditor Overall Determination:</b> Meets Standard
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## Auditor Discussion

### Documentation:

1. Pre-Audit Questionnaire (PAQ)
2. Memorandum For Record (MFR) - Contracting for Confinement
3. PREA Guidance Letter
4. NAVCON Brig Charleston Outcome Measures
5. Directive-type Memorandum 13-002; Department of Defense (DOD) Directive to Implement PREA

### Interviews:

1. Agency Contract Administrator

### Findings:

The facility has reached substantial compliance with the standard based on analysis of documentation, interviews with staff, and the onsite review.

#### 115.12(a):

- This Standard does not apply to the Agency.
- The Agency does not contract with any private agencies or entities for confinement of incarcerated persons.
- SOP 6495 and MFR - Contracting for Confinement, provides that the Navel Consolidated Brig Charleston does not contract with any facilities or entities for confinement of persons.
- The Department of the Navy, PREA Guidance Letter provides that should the agency contract with an entity for confinement of person, the entity would be required to follow the PREA Standards and would be monitored for compliance.

#### 115.12 (b):

- This Standard does not apply to the Agency.
- The Agency does not contract with any private agencies or entities for confinement of incarcerated persons.
- Interviews with the Agency Contract Administrator confirmed that any new or renewed contract with an outside or private entity would require compliance with the PREA Standards and would be monitored.
- DOD Directive to Implement PREA provides guidance to the agency that confirms the requirement to the PREA Standard requirements.

Based on a review of the PAQ, agency and facility directives, outcome measures, and interviews, the facility appears to be compliant with this Standard.

**115.13 Supervision and monitoring**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

## Documentation:

1. Pre-Audit Questionnaire
2. Standard Operating Procedure (SOP) 6495 - PREA Compliance
3. SOP 104 - Command Duty Officer - Post and Priority Deviation
4. Office of the Chief of Naval Operations (OPNAV) Instructions 1000.16L - Navy Total Force Policies and Procedures
5. Memorandum For Record (MFR) - PREA Standard 115.14
6. 2023 PREA Review of Physical Plant, Manning, and Security
7. Command Duty Officer Morning Report
8. Fleet Training Management and Planning System (FLTMPS) - Activity Manpower Document
9. Head Quarters Review of Staffing Plan
10. MFR Average Daily Population
11. Unannounced Round Logbook Entries
12. Naval Consolidated Brig Charleston Outcome Measures

## Interviews:

1. Warden (Commanding Officer)
2. PREA Coordinator (PC)
3. PREA Compliance Manager (PCM)
4. Intermediated-Level or Higher-Level Facility Staff

## Site Review Observations:

1. Staffing Levels
2. Video Monitoring Technology or Other Monitoring Equipment
3. Line of Sight - Blind Spots

## Findings:

The facility has reached substantial compliance with the standard based on analysis of documentation, interviews with staff, and the onsite review.

## 115.13(a):

- SOP 6495, PREA Compliance, section 5 (a) - (e), directs the facility to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect prisoners against abuse.



- OPNAVINST 1000.16 provides guidance on Navy total force manpower requirements and authorizations for activities.
- SOP 104, section 4 (h), provides that the Command Duty Officer (CDO) will ensure that the watch is compliant with the Staffing Plan and will document any deviations from the plan.
- The FLTMPs provides a list of all positions, by title, authorized for the facility.
- Memorandum For Record - Average Daily Population, requires the facility to develop, document, and make its best efforts to comply with the staffing plan.
- The 2023 PREA Review of Physical Plant, Manning, and Security serves as the facilities Staffing Plan. The Staffing Plan was reviewed by the Agency-wide PREA Coordinator who concurred with the Staffing Plan in writing.
- The Outcome Measures document provided by the facility provides that the facility has not deviated from the staffing plan within the last 12 months.
- A review of the Staffing Plan concluded that the facility takes into consideration generally accepted detention practices, any judicial findings of adequacy, any finding of inadequacy from Federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility's physical plant, the composition of the incarcerated population, the number and placement of supervisory staff, the institutional programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incidents of abuse and any other relevant factors.
- The PAQ indicated that the Staffing Plan is predicated on 175 incarcerated persons. The PAQ indicated the daily population of incarcerated persons was 99 for the previous 12 months.
- The facility indicated that the current number of staff, including contractors, at the facility is 164.
- The Command Duty Officer (CDO) Reports for the 15th and 26th of each month, from May 2023 to April 2023 was reviewed and verified that staffing levels were met per the Staffing Plan for each month and shift.
- The Staffing Plan indicates that the minimum number of security staff for the institution is 11
- Based on the Onsite Review, there facility has 3 operating living unit, Alpha Two (A2), Bravo One (B1), Bravo Two (B2), Bravo Three (B3), Bravo Four (B4), and Special Quarters (SQ). During the onsite review, only housing units B1, B3, B4, and SQ had any incarcerated persons assigned. In Unit B1, there were 27 incarcerated persons assigned, Unit B2 was no in service due to maintenance, Unit B3 had 29 incarcerated persons assigned, Unit B4 had 32 incarcerated persons assigned, and Unit SQ had 7 assigned. There were at least one staff member in each unit with a direct line of sight to all incarcerated persons assigned. Upon entry into the unit, the staff member assigned to monitor the housing unit provided a briefing to the Technical Director including the current count and any issues that occurred on the shift. This indicated that the staff member was aware of the status of the unit and the location and status of all of the incarcerated persons.

- Interviews with both the Commanding Officer and the PCM confirmed that the facility has a written Staffing Plan which provides for adequate staffing of the facility.

115.13(b):

- SOP 6495, section (b), indicates that the facility will document all deviations from the Staffing Plan in the CDO Morning Report.
- A review of the CDO Morning Report shows that staffing and posts are documented consistent with the Staffing Plan and SOP. The CDO Report provides that there were no deviations from the Staffing Plan during the reporting period (May 2023 - May 2024)
- The PAQ indicated that the facility did not have any deviations from the Staffing Plan in the previous 12 months.
- SOP 104- Command Duty Officer - Post Priority and Deviation, section 4 (h) provides that the CDO will document and justify all deviations from the Staffing Plan in the Morning Report.
- The Site Review observations provided that there were at least one security officer present in each of the housing units, and two assigned to the Special Quarters. From the officers desk, there is a clear line of sight to the entirety of the cells on each side of the unit. The auditor reviewed the camera monitors and was able to review all areas of the housing unit. The housing unit cells are single occupancy.
- An interview with the Commanding Officer indicated that the CDO will ensure that any deviations from the staffing plan due to staffing shortages or exigent circumstances will be documented in the Morning Report and discussed by the leadership team. The Commander Officer indicated that there has not been any deviations during the reporting period.
- Each housing unit has cameras that both stationary and rotational for observation of the population.
- Although there were no deviations from the staffing plan, the Auditor recommended the Command Staff review the Staffing Plan and account for additional staffing needs. There was just one security member in each dorm with over 20 incarcerated persons with the exception of Special Quarters. The Auditor recommends adding additional personnel to allow for greater focus on security and safety of personnel and incarcerated persons.

115.13(c):

- SOP 6494, section 4 (c) - (d), provides that the Brig's Manpower Management Committee, in consultation with the Agency-wide PC, will review the staffing plan annually. The staffing plan review will assess, determine, and document whether there is a need for adjustments to the staffing plan, video monitoring equipment, and commitment to the staffing plan. The staffing plan review is integrated with the annual command-wide staffing assessment.
- The 2023 PREA Review of Physical Plant, Manning and Security (Staffing Plan)

provides an analysis of the Minimum Manning Requirements fore the Naval Consolidated Brig Charleston.

- The HQ Review of Staffing Plan document provides that the Agency-wide PREA Coordinator reviewed the Staffing Plan and concurred with the findings
- An interview with the PC confirmed that the staffing plan is analyzed at the Headquarters Level and provided back to the facility after review. The Brig's Manpower Management Committee can request the movement or adjustment of staff during the annual review.

115.13(d):

- SOP 6495 - PREA SOP, section 5 (e) provides that intermediate-level or higher-level supervisors will conduct regular and random unannounced rounds to identify and deter staff and prisoner sexual misconduct. The SOP requires the practice of unannounced rounds to be conducted both on night shifts as well as day shifts; be documented in the post logbook and entered in the CDO Morning Report; cover all shifts and all areas of the facility; and prohibits staff from alerting other staff members unless the announcement is related to legitimate operational functions.
- A review of the facility's logbooks confirmed that unannounced rounds occurred on day and night shifts, as well as holidays and weekends. The review of the logbooks provided that supervisors (E-7/G-12) and above conducted unannounced rounds.
- A review of the CDO reports for the 15th and 26th of each month from April 2023 to April 2024 confirmed that unannounced rounds occurred several times per shift by the CDO to each area and housing location.
- Interviews with intermediate and higher level staff concluded that staff were aware of the requirements to conduct unannounced rounds and confirmed that unannounced rounds were done on all shifts. Interviewees confirmed that staff are prohibited from alerting other staff members of unannounced rounds.

Based on a review of the PAQ, agency and facility directives, outcome measures, and interviews, the facility appears to be compliant with this Standard.

<b>115.14 Youthful inmates</b>	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documentation:  1. Pre-Audit Questionnaire

2. SOP 6495 - PREA Compliance
3. SOP 633 - Direct Supervision
4. Secretary of the Navy Instructions (SECNAVSINST) 1640.9d - Core Programs
5. Memorandum For Record (MFR) - Youthful Prisoners
6. Memorandum For Record (MFR) - Youthful No Contact
7. PREA Onboard - Alpha Roster of Incarcerated Persons with Age at Confinement
8. Naval Consolidated Brig Charleston's PREA Outcome Measures
9. Naval Consolidated Brig Charleston's Prisoner Handbook

Interviews:

1. Line Staff who Supervise Youthful Incarcerated Persons
2. Youthful Incarcerated Persons
3. Education and Program Staff who Work with Youthful Incarcerated Persons

Site Review Observations:

Findings:

The facility has reached compliance with the standard based on analysis of documentation, interviews with staff, and the onsite review.

115.14 (a):

- The PAQ provided that the facility does not house youth persons
- A review of SOP 6395 - PREA Compliance, section 6 (a)-(d) provides that the facility will comply with Standard 115.14 in the rare occurrence that a youthful offender is placed in confinement.
- SOP 633 - Direct Supervision, section 5 (k) - 6, provides that the facility will provide direct supervision to the incarcerated population with staff directly posted within the housing unit rather than in a remote location.
- MFR 115.14 provides that the United States Military does enlist minors at the age of 17 years old with parental consent, but minors usually reach the age of 18 prior to completing basic training and therefore if a minor is incarcerated, the facility will comply with the youthful offender policy.
- The Population Age at Confinement Report confirms that there were no minors (>17) confined in the navel Consolidated Brig Charleston during the review dates (April 2023 - April 2024)
- During the Site Review, the Auditor observed that there were no incarcerated persons under the age of 18 present.
- A review of the Alpha Roster provided during the Onsite Review confirmed that there was no one listed under the age of 18 years old.
- The Commanding Officer and the PCM confirmed that the facility has not housed any individuals under the age of 18.

115.14 (b):

- The PAQ provided that the facility does not house youth persons
- A review of SOP 6395 - PREA Compliance, section 6 (a)-(d) provides that the facility will comply with Standard 115.14 in the rare occurrence that a youthful offender is placed in confinement.
- SOP 633 - Direct Supervision, section 5 (k) - 6, provides that the facility will provide direct supervision to the incarcerated population with staff directly posted within the housing unit rather than in a remote location.
- MFR 115.14 provides that the United States Military does enlist minors at the age of 17 years old with parental consent, but minors usually reach the age of 18 prior to completing basic training and therefore if a minor is incarcerated, the facility will comply with the youthful offender policy.
- The Population Age at Confinement Report confirms that there were no minors (>17) confined in the navel Consolidated Brig Charleston during the review dates (April 2023 - April 2024)
- During the Site Review, the Auditor observed that there were no incarcerated persons under the age of 18 present.
- A review of the Alpha Roster provided during the Onsite Review confirmed that there was no one listed under the age of 18 years old.  
The Commanding Officer and the PCM confirmed that the facility has not housed any individuals under the age of 18.

115.14 (c):

- The PAQ provided that the facility does not house youth persons
- A review of SOP 6395 - PREA Compliance, section 6 (a)-(d) provides that the facility will comply with Standard 115.14 in the rare occurrence that a youthful offender is placed in confinement.
- SOP 633 - Direct Supervision, section 5 (k) - 6, provides that the facility will provide direct supervision to the incarcerated population with staff directly posted within the housing unit rather than in a remote location.
- MFR 115.14 provides that the United States Military does enlist minors at the age of 17 years old with parental consent, but minors usually reach the age of 18 prior to completing basic training and therefore if a minor is incarcerated, the facility will comply with the youthful offender policy.
- The Population Age at Confinement Report confirms that there were no minors (>17) confined in the navel Consolidated Brig Charleston during the review dates (April 2023 - April 2024)
- During the Site Review, the Auditor observed that there were no incarcerated persons under the age of 18 present.
- A review of the Alpha Roster provided during the Onsite Review confirmed that there was no one listed under the age of 18 years old.  
The Commanding Officer and the PCM confirmed that the facility has not housed any individuals under the age of 18.

Based on a review of the PAQ, daily population reports, observations, and discussions with facility staff, this standard appears to be non-applicable for this facility, and therefore is compliant.

**115.15 Limits to cross-gender viewing and searches**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

## Documentation:

1. Pre-Audit Questionnaire
2. SOP 6495 - PREA Compliance
3. SOP 405 - Searches
4. BUPERSINST 1640-18J - Designated Place of Confinement
5. MFR - Cross Gender Frisk, Strip, or Body Cavity Search
6. MFR - Cross Gender Female Search
7. MFR - Cross Gender Strip or Body Cavity Search
8. MFR - Cross Gender Viewing
9. Training Roster - Cross Gender Searches
10. Training - Searches PowerPoint
11. Pictures of Facility Showers
12. Pictures of Housing Unit Cells
13. NAVCOM Charleston PREA Outcome Measures

## Interviews:

1. Non-Medical Staff (involved in cross-gender strip or visual searches)
2. Random Staff
3. Random Incarcerated Persons
4. Transgender/Intersex Persons

## Site Review Observations:

1. Observations of all housing units
2. Observations of all areas where incarcerated persons are allowed
3. Review of all areas where incarcerated persons are allowed for blind spots and barriers to line of sight
4. Observation of use of body scanners for searches of incarcerated persons
5. Review of areas used for strip searches

## Findings:

The facility has reached compliance with the standard based on analysis of documentation, interviews with staff, and the onsite review.

## 115.15 (a):

- A review of SOP 6495 - PREA Compliance, section 7 (a) , provides that the facility staff will not conduct cross-gender strip or cross-gender visual body

cavity searches; except in exigent circumstances or when performed by a medical practitioner. Section 7(b) provides that cross-gender frisk searches of incarcerated persons are not permitted except in exigent circumstances; and will be documented and identified as a significant event. Section 7 (c), provides that facility staff will enable prisoners to shower, perform bodily functions, and change without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia (except in exigent circumstances or when viewing is incidental to routine dorm or cell checks). Section 7 (d), provides that facility staff will not search or physically examine a transgender, intersex, or gender nonconforming incarcerated person for the sole purpose of determining the person's genital status. Section 7 (e) provides that the Training Officer will ensure annual training of all security staff in conducting exigent cross-gender frisk searches, and searches of transgender and intersex persons in a professional and respectful manner and in the least intrusive manner possible. The review concluded that the SOP is compliant with the requirements and provision so this standard.

- A review of SOP 405 - Searches, pages 7 - 9, provides guidance on visual, body, frisk, and cavity searches. The SOP provides that correctional staff will not conduct mixed-gender frisk searches and prohibits cross-gender strip searches. Additionally, the SOP instructs that body-cavity searches are only to be conducted by qualified medical personnel, when authorized.
- A review of BUPERSINST 1640.18J - Designated Places of Shore Confinement, page 4, indicated that NAVCONBRIG Charleston is a Level II facility which houses male incarcerated persons only.
- MFR - PREA Standard 115.15 - Cross Gender Frisk, Strip or Body Cavity Search, provides that from April 1, 2023 to present, the Navel Consolidated Brig Charleston has not conducted any cross-gender frisk, strip, or visual body cavity searches by medical or nonmedical staff for routine or exigent circumstances.
- The PAQ indicated that there were no cross-gender strip or cross-gender visual body cavity searches conducted.
- During the on-site review of the facility, the Auditor observed that the facility has a strip search area in the intake area of the facility. Informal conversations with intake staff and persons confined during the onsite review confirmed that only male staff conduct strip searches of confined persons during intake and release. Any other search is conducted with SOTER RS body scanner. The SOTER RS body scanner is a full body x-ray security scanner that can detect contraband and other materials inside or outside the human body.
- Interviews with staff indicated that there were no cross-gender searches of any kind conducted during the reporting period

115.15 (b):

- The PAQ indicated that the facility does not permit cross-gender pat-down searches of female confined persons, absent exigent circumstances

- SOP 405 - Searches, provides that Correctional Staff shall not conduct mixed-gender frisk searches , except in exigent circumstances that must be documented, and prohibits cross-gender strip searches.
- MFR - PREA Standard 115.15(b)-1,(b)-2, provides that from April 1, 2023 to present, the have been no instances of cross-gender pat-down searches of female confined persons. The Naval Consolidated Brig Charleston only confines mail prisoners.
- During the onsite review, the Auditor confirmed that there were no female confined persons housed at the facility.

115.15 (c):

- The PAQ indicated that facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches are documented.
- SOP 405 - Searches, page 7, section (f). provides that frisk searches and body cavity searches must be documented; cross-gender strip searches are prohibited.
- SOP 6495 - PREA Compliance, page 11, section 7, states that facility staff will not conduct cross-gender strip searches or cross-gender visual cavity searches, except in exigent circumstances or when performed by a medical practitioner.
- During the onsite review, the Auditor confirmed that there were no female confined persons house at the facility
- MFR - PREA Standard 115.15(b)-1,(b)-2, provides that from April 1, 2023 to present, the have been no instances of cross-gender pat-down searches of female confined persons. The Naval Consolidated Brig Charleston only confines mail prisoners.

115.15 (d):

- The PAQ indicated that the facility has implemented policies and procedures that enable confined persons to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks.
- SOP 6495 - PREA Compliance, page 11, section 7 (c), indicates that facility staff will enable confined persons to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing the breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. This includes viewing via video cameras.
- During the site review, the Auditor observed the camera monitoring systems and confirmed that there were no cameras that viewed areas where confined persons would be seen showering, performing bodily functions, or changing clothing by non-medical staff of the opposite gender. In the Special Quarters Unit, cameras are within the living areas (cells) and the confined persons can



be seen utilizing the toilet. On the outside door to the camera monitoring room, a large sign is posted stating No Females Permitted - Restricted Area. Interviews with the PCM and staff that work in Restricted Housing Units (RHU) confirmed that only male staff are allowed in the camera room due to the camera provided view of the confined persons on the toilet.

- SOP 6495 - PREA Compliance, page 11, section 7 (c), provides that facility staff of the opposite gender will announce their presence when entering a prisoner housing unit (e.g., Female On Deck when entering any other housing unit). The SOP also instructs that the facility staff be aware of the Plan of the Day and to the maximum extent possible, limit the number of official visits to the dorms during recreation, shower call, and times when prisoners are most susceptible to unauthorized viewing.
- During the onsite review, the Auditor observed female facility staff announce their presence while entering each housing unit. Female staff members stated Female on Deck! as they entered the housing unit and waited a few moments before fully entering the unit where confined persons could be seen. The Auditor observed the cells in the housing units have toilets that are behind the door of the cell. To observe a confined person on the toilet, one must look into the confined person's cell. The Auditor observed that all the housing units have individual showers that have a door that covers the confined person's midsection (shoulders to feet). While maneuvering throughout the housing unit, the Auditor was not able to observe an area within the housing unit that allowed the person in the shower to be observed other than their head and shoulders.
- Informal conversations with confined persons within the housing units provided that female staff consistently make announcements when entering the housing unit. Confined persons provided that they felt as if staff were respectful with allowing confined persons the opportunity to shower, change clothing, and use the toilet without staff watching. Informal conversations with staff in the units provided that if a confined person puts their ID card in the window of their cell, that means that they are on the toilet. Staff stated that if a prisoner is on the toilet, they would knock on the door and the prisoner will acknowledge their presence, which allows for the staff to know that the confined person is accounted for and safe.
- Interviews with fourteen (14) confined persons confirmed that female staff members announce their presence when entering the housing units.
- Interviews with (14) random staff provided that female staff members announce their presence when entering a housing unit and that prisoners are able to dress, shower, and use the toilet without being viewed by staff of the opposite gender.

115.15 (e):

- The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex prisoner for the sole purpose of determining the prisoner's genital status. The facility indicated that

there have been no such searches in the past 12 months

- SOP 405 - Searches, page 7, section f (4), states that staff shall not search or physically examine a transgender or intersex prisoner for the sole purpose of determining the prisoner's genital status. If the prisoner's genital status is unknown, it may be determined during conversations with the prisoner, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.
- SOP 6495 - PREA Compliance, page 12, section 7(d) states that facility staff will not search or physically a transgender or intersex prisoner for the sole purpose of determining the prisoner's genital status. Additionally, the SOP provides that a transgender, intersex, or gender nonconforming prisoner may be asked which gender staff member they would be most comfortable with conducting the search, this includes frisk searches.
- Interviews with random staff confirmed that staff were aware of the policy prohibiting searches of transgender and intersex persons for the sole purpose of determining the confined person's genital status.
- An interview with a transgender confined person indicated that they were not searched for the sole purpose of determining their genital status.

115.15 (f)

- The PAQ indicated that 100% of all security staff have received training on conducting cross-gender pat-down and searches of transgender and intersex prisoners in a professional and respectful manner, consistent with security needs.
- SOP 6495 - PREA Compliance, page 12, section 7 (e), states "The Training Officer will ensure annual training of all security staff in conducting exigent cross-gender frisk searches, and searches of transgender and intersex prisoners, in a professional and respectful manner, and in the least intrusive manner possible consistent with security needs".
- The facility training power point presentation references Secretary of the Navy Instructions (SECNAVINST) 1640.9D, Navy Education and Training (NAVEDTRA) 12740, SOP 405 - Searches, and the Prison Rape Elimination Act 115.15. The PowerPoint provides guidance that Gay, Bisexual, Transgender, Intersex, or Gender nonconforming prisoners will be treated in a professional and dignified manner and prohibits searches of transgender and intersex prisoners solely to determine the prisoner's genital status. The training guides how and when to search, and discusses what search types are prohibited. A review of the training PowerPoint indicates that this training appears to be compliant with the standard.
- Interviews with random staff provided that staff have received training on how to conduct cross-gender pat-down searches and searches of transgender and intersex prisoners in a professional and respectful manner, consistent with security needs within the past 12 months.
- Training rosters provided by the facility proved evidence that staff were

provided training indicated by staff signature.

Based on a review of the PAQ, SOP 405, SOP 6495, BUPERINST 1640, multiple MFRs, Training Rosters, Training Curriculum, interviews with random staff and confined persons, observations during the onsite review, informal conversations and reviews of camera monitoring, indicates that this standard appears to be compliant.

**115.16**

**Inmates with disabilities and inmates who are limited English proficient**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documentation:

1. Pre-Audit Questionnaire
2. SOP 6495- PREA Compliance
3. SOP 6000.39 - Special Needs
4. MFR - Disabilities, Limited English Proficient
5. MFR - ADA Appointment Letter and Certificate
6. Translation Services Document - OneSource
7. PREA PowerPoint for Staff Training
8. Adult Basic Education (ABE) Testing Documentation
9. NAVCON Brig Charleston - Prisoner Handbook
10. NAVCON Brig Charleston - Prisoner Training Acknowledgement (PREA)
11. PREA Information Trifold (English/Spanish)
12. Army Regulation (AR) 601-270 Military Entrance Processing Station (MEPS)
13. Photo of Telecommunication Device for the Deaf (TDD) - Superprint 4425 by Ultratec
14. Photo of Prisoner phone system - adjustable volume
15. MFR - Department of the Navy PREA Guidance Letter #3
16. MFR - Staff Fluent in Second Language
17. Department of Defence (DOD) Safe Helpline
18. PREA Poster - Right to Report, How to Report
19. NAVCON Brig Charleston PREA Outcome Measures

Interviews:

1. Agency Head
2. Confined persons with disabilities
3. Confined persons who are limited English proficient (LEP)
4. Random Staff

Site Review Observations:

1. Observations of PREA Posters in English and Spanish

Findings:

The facility has reached compliance with the standard based on analysis of documentation, interviews with staff, and the onsite review.

115.16 (a):

- The PAQ indicated that the Agency has established procedures to provide disabled confined persons 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.
- SOP 6495 - PREA Compliance, page 12, section 8, provides that the Commanding Officer will appoint an E7 or above as an ADA Coordinator in writing. The CO or designee will consult with the ADA coordinator and take appropriate steps to ensure that prisoners with disabilities (e.g., prisoners who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.
- MFR - PREA Standard 115.16 - Disabilities, Limited English Proficient, provides that from April 2023 to present, the Naval Consolidated Brig Charleston have had no prisoners that require prisoner interpreters, readers, and other prisoner assistants. Additionally, prisoners with hearing disabilities are provided information in writing or may use TDD located in Prisoner management. From April 2023 to present, the Naval Consolidated Brig Charleston have had no prisoners that were limited English proficient, deaf, visually impaired, limited reading skills, or otherwise disabled.
- MFR - ADA Appointment Letter provides that the Commanding Officer assigned an ADA Coordinator to the Naval Consolidated Brig Charleston and that ADA Coordinator successfully completed the required course of study in ADA Foundations on November 9, 2022
- A review of the PREA Posters, posted throughout the facility and within all areas accessible to confined persons, are written with large font and hung low enough for shorter confined person or confined persons utilized an assisting device (i.e., wheelchair).
- The facility provides confined persons with copies of the PREA Trifolds which provides information on the facilities zero-tolerance policy, mandated reporting requirements, confidentiality, how to report, preservation of evidence, investigation protocols, addresses and phone numbers to report, and resources.
- The NAVCON Prisoner Handbook, page 13, provides information regarding PREA, the facility's zero-tolerance policy, definitions of sexual abuse, sexual harassment, and sexual misconduct, how to avoid becoming a victim, how to

report, points of contact, Outside advocacy, phone numbers, investigation, and treatment and counseling

- Army Regulation 601-270, Military Entrance Processing Station (MEPS) provides that Non-English speaking registrants who failed to attain qualifying test scores will be rejected from military service without further processing.
- During the onsite review, the Auditor observed that each housing unit had multiple phones with adjustable volume controls. The auditor tested the phones for operability and verified that all phones worked. The Auditor also observed several posters, fliers, and PREA information on the walls, on billboards, and available in areas accessible to confined persons.
- During the onsite review, informal conversations with staff and confined persons indicated that there were no individuals who were LEP or disabled within the facility who would have benefited from disability accommodations.
- An interview with the Agency Head provided that the confined persons at NAVCON Brig Charleston receive PREA information upon entry into the facility and within 72 hours. The confined person is given orientation and provided information in various formats including a video, written materials, and posters. The Agency Head indicated that there are no confined persons with disabilities at NAVCON Brig Charleston and there has not been any within the past 12 months.

115.16 (b):

- The PAQ indicated that the agency has established procedures to provide prisoners with limited English proficiency 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.
- SOP 6495 - PREA Compliance, page 12, section 8, provides that the Commanding Officer will appoint an E7 or above as an ADA Coordinator in writing. The CO or designee will consult with the ADA coordinator and take appropriate steps to ensure that prisoners with disabilities (e.g., prisoners who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.
- MFR - PREA Standard 115.16 - Disabilities, Limited English Proficient, provides that from April 2023 to present, the Naval Consolidated Brig Charleston have had no prisoners that require prisoner interpreters, readers, and other inmate assistants. Additionally, prisoners with hearing disabilities are provided information in writing or may use TDD located in Prisoner management. From April 2023 to present, the Naval Consolidated Brig Charleston have had no prisoners that were limited English proficient, deaf, visually impaired, limited reading skills, or otherwise disabled.
- MFR - ADA Appointment Letter provides that the Commanding Officer assigned an ADA Coordinator to the Naval Consolidated Brig Charleston and that ADA Coordinator successfully completed the required course of study in

ADA Foundations on November 9, 2022

- A review of the PREA Posters, posted throughout the facility and within all areas accessible to confined persons, are written with large font and hung low enough for shorter confined persons or confined persons utilized an assisting device (i.e., wheelchair).
  - The facility provides confined persons with copies of the PREA Trifolds which provides information on the facilities zero-tolerance policy, mandated reporting requirements, confidentiality, how to report, preservation of evidence, investigation protocols, addresses and phone numbers to report, and resources.
  - The NAVCON Prisoner Handbook, page 13, provides information regarding PREA, the facility's zero-tolerance policy, definitions of sexual abuse, sexual harassment, and sexual misconduct, how to avoid becoming a victim, how to report, points of contact, Outside advocacy, phone numbers, investigation, and treatment and counseling
- Army Regulation 601-270, Military Entrance Processing Station (MEPS) provides that Non-English speaking registrants who failed to attain qualifying test scores will be rejected from military service without further processing.

115.16 (c):

- The PAQ indicated the agency policy prohibits use of prisoner interpreters, prisoner readers, or other types of prisoner assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the prisoner's allegations.
- The PAQ indicated that there were no instances where prisoner interpreters, readers, or other types of prisoner assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the prisoner's safety, the performance of first-response duties under §115.64, or the investigation of the prisoner's allegations
- SOP 6495 - PREA Compliance, page 13, section 8 (d), provides prisoner interpreters, prisoner readers, or other types of prisoner assistants are prohibited except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the prisoner's safety, the performance of first-response duties, or the investigation of the prisoner's allegations when prisoner interpreters, prisoner readers, or other types of prisoner assistants are used it will be documented in the investigative report.
- MFR - PREA Standard 115.16 - Disabilities, Limited English Proficient, provides that from April 2023 to present, the Naval Consolidated Brig Charleston have had no prisoners that require inmate interpreters, readers, and other inmate assistants. Additionally, prisoners with hearing disabilities are provided information in writing or may use TDD located in Prisoner management. From April 2023 to present, the Naval Consolidated Brig Charleston have had no prisoners that were limited English proficient, deaf, visually impaired, limited reading skills, or otherwise disabled.

	<ul style="list-style-type: none"> <li>• MFR - ADA Appointment Letter provides that the Commanding Officer assigned an ADA Coordinator to the Naval Consolidated Brig Charleston and that ADA Coordinator successfully completed the required course of study in ADA Foundations on November 9, 2022</li> <li>• Army Regulation 601-270, Military Entrance Processing Station (MEPS) provides that Non-English speaking registrants who failed to attain qualifying test scores will be rejected from military service without further processing.</li> <li>• During the onsite review, informal conversations with staff and confined persons indicated that there were no individuals who were LEP or disabled within the facility who would have benefited from disability accommodations.</li> </ul> <p>Based on a review of the PAQ, SOP 6495, SOP 6000, AR 601-270, the Onsite Review, and other provided documentation, this standard appears to be compliant.</p>
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<b>115.17</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Pre-audit Questionnaire</li> <li>2. SOP 6495 - PREA Compliance</li> <li>3. SOP 306 - Standards of Conduct</li> <li>4. SOP 1008 - Volunteer-Contractor-Intern Program</li> <li>5. NPC LTR 1640 - PREA Guidance Letter #1</li> <li>6. NAVCON Brig Charleston - Standards of Conduct Form</li> <li>7. NAVCON Brig Charleston - New Employee Questionnaire/Acknowledgement Form</li> <li>8. NAVCON Brig Charleston - NCIC Background Check Form</li> <li>9. NAVCON Brig Charleston - Memorandum from the Technical Director - Volunteer Contractor NCIC Denial of Request</li> <li>10. DD Form 2906 - Civilian Performance Plan, Progress Review and Appraisal</li> <li>11. NAVCON Brig Charleston - PREA Outcome Measures</li> <li>12. Department of the Navy - Equal Employment Opportunity (EEO) Policy Statement</li> <li>13. Department of the Navy - Sexual Assault Awareness and Prevention Policy Statement</li> <li>14. NAVCON Brig Charleston - Civilian Interview Questionnaire</li> <li>15. USA Jobs Job Announcement - NAVCONBRIG Correctional Program Officer</li> </ol> <p>Interviews:</p>

## 1. Administrative (Human Resources) Staff

### Findings:

The facility has reached compliance with the standard based on analysis of documentation, interviews with staff, and the onsite review.

- The Agency indicated on the PAQ that its policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates 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.
- A review of SOP 6495 - PREA Compliance indicated on page 13, section 9, that the facility will not employ, or promote anyone who may have contact with prisoners, and will not enlist the services of any contractor who may have contact with prisoners, who have (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.
- SOP 306 - Standards of Conduct provides on page 9, section 23, Mandatory Disclosure, Staff who have engaged in sexual abuse in any confinement setting, been convicted, civilly or administratively adjudicated of engaging in or attempting to engage in sexual activity by force, threats of force, or coercion are prohibited to be hired or promoted. Staff are required to report such conduct prior to assuming duties at the brig and any subsequent allegations while assigned to the Brig to the Shared Services Director. This form references military and civilian staff are required to fill out the PREA Employee Questionnaire/Acknowledgement Form. Page 10 has a statement of understanding and requires that staff print, sign, and date a copy of the SOP.
- SOP 1008 - Volunteer/Contractor/Intern Program provides the required language from this standard as listed in SOP 6495 and SOP 306 on page 5, sections (r) - (t).
- The Department of the Navy - PREA Guidance Letter #1 provides beginning on page 5, section 7, instructions for complying with the National PREA Standards, Standard 115.17. The letter indicates that NAVPERSCOM shall develop screening tools for assignment of qualified military correctional staff, consistent with the provisions of this standard. This section of the guidance



letter is specific to pursuance to compliance with this standard and its provisions.

- A review of the NAVCON Brig Charleston - New Employee Questionnaire/Acknowledgement form indicates that the facility questions and reviews new employees as required by the provisions and elements of the standard. The Auditor reviewed questionnaires for 14 randomly selected military, civilian, and contracted employees who were either present or hired in the previous 12 months. The review indicated that the facility has institutionalized this practice.
- A review of randomly selected files indicated that background checks were conducted within the previous year
- An interview with human resources staff indicated that background checks of civilians and contractors are done on a yearly basis and military staff are done on a three year basis.

115.17 (b):

- The Agency indicated on the PAQ that the agency policy requires the consideration of 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 inmates.
- A review of SOP 6495 - PREA Compliance indicated on page 13, section 9, that the facility will not employ, or promote anyone who may have contact with prisoners, and will not enlist the services of any contractor who may have contact with prisoners, who have (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.
- SOP 306 - Standards of Conduct provides on page 9, section 23, Mandatory Disclosure, Staff who have engaged in sexual abuse in any confinement setting, been convicted, civilly or administratively adjudicated of engaging in or attempting to engage in sexual activity by force, threats of force, or coercion are prohibited to be hired or promoted. Staff are required to report such conduct prior to assuming duties at the brig and any subsequent allegations while assigned to the Brig to the Shared Services Director. This form references military and civilian staff are required to fill out the PREA Employee Questionnaire/Acknowledgement Form. Page 10 has a statement of understanding and requires that staff print, sign, and date a copy of the SOP.
- SOP 1008 - Volunteer/Contractor/Intern Program provides the required language from this standard as listed in SOP 6495 and SOP 306 on page 5, sections (r) - (t).
- The Department of the Navy - PREA Guidance Letter #1 provides beginning on

page 5, section 7, instructions for complying with the National PREA Standards, Standard 115.17. The letter indicates that NAVPERSCOM shall develop screening tools for assignment of qualified military correctional staff, consistent with the provisions of this standard. This section of the guidance letter is specific to pursuance to compliance with this standard and its provisions.

- A review of the NAVCON Brig Charleston - New Employee Questionnaire/ Acknowledgement form indicates that the facility questions and reviews new employees as required by the provisions and elements of the standard. The Auditor reviewed questionnaires for 14 randomly selected military, civilian, and contracted employees who were either present or hired in the previous 12 months. The review indicated that the facility has institutionalized this practice.
- A review of randomly selected files for 14 employees indicated that there were no indication of previous incidents of sexual harassment.
- A review of randomly selected files for 14 employees indicated that background checks were conducted within the previous year
- An interview with the Human Resources staff indicated that the facility does consider prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

115.17(c):

- The facility indicated on the PAQ that agency policy requires that before it hires any new employees who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes 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.
- SOP 6495 - PREA Compliance, page 13, section 9 (c) - (f) indicates that before hiring an employee or contractor, the agency will conduct a background check through the National Crime Information Center (NCIC) for all employees who will have contact with inmates.
- The facility indicated on the PAQ that the number of persons hired who may have contact with inmates who have had criminal background records checks were three in the past 12 months.
- The Auditor reviewed the background checks for 14 randomly selected employees, including those who were hired within the past 12 months.
- An interview with the human services staff indicated that all civilian and contracted staff have a background check conducted yearly, and military staff have a background check conducted every three years.

115.17(d):

- The agency provided on the PAQ that agency policy requires that a criminal

background record check be completed before enlisting the services of any contractor who may have contact with inmates.

- The facility provided that there were 62 contracts for services (contractors) where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates in the past 12 months
- SOP 6495 - PREA Compliance, page 13, section 9 (c) - (f) indicates that before hiring an employee or contractor, the agency will conduct a background check through the National Crime Information Center (NCIC) for all employees who will have contact with inmates.
- SOP 1008 - Volunteer/Contractor/Intern Program, page 5, indicates that the agency performs criminal background checks before enlisting the services of any contractor who may have contact with prisoners via a check of the National Crime Information Center (NCIC).
- The Auditor reviewed the background checks for 14 randomly selected employees, including those who were hired within the past 12 months.
- An interview with the human services staff indicated that all civilian and contracted staff have a background check conducted yearly, and military staff have a background check conducted every three years.

115.17(e):

- The PAQ indicated that agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees.
- SOP 6495 - PREA Compliance, page 14, section c (1), provides that the NAVCON Brig Charleston will conduct a National Crime Information Center (NCIC) criminal background records check to all staff (active duty and civilian) who will have contact with prisoners, every three years or will have in place a system for otherwise capturing such information for current staff.
- The Auditor reviewed background checks for 14 randomly selected employees.
- An interview with the human resources staff indicated that NCIC background checks are conducted yearly for contractors and every three years for military personnel.

115.17 (f):

- SOP 6495 - PREA Compliance, page 14, section (f), states that the Shared Services Officer will ask directly all applicants and staff who may have contact with prisoners regarding previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees.
- SOP 306 - Standards of Conduct, pages 9 - 10, Mandatory Disclosure, provides that staff who have engaged in sexual abuse in any confinement setting, been

convicted, civilly or administratively adjudicated of engaging in or attempting to engage in sexual activity by force, threats of force, or coercion are prohibited to be hired or promoted. Staff are required to report such conduct prior to assuming duties at the brig and any subsequent allegations while assigned to the Brig to the Shared Services Director. This form references military and civilian staff are required to fill out the PREA Employee Questionnaire/Acknowledgement Form. Page 10 has a statement of understanding and requires that staff print, sign, and date a copy of the SOP.

- SOP 1008 - Volunteer/Contractor/Intern Program, page 5, section 7(c), provides that Navy Personnel Command (NAVPERSCOM) shall coordinate with the Human Resource Office (HRO) Millington to facilitate the hiring process; particularly, with respect to interviewing prospective employees concerning the provisions of 115.17.
- A review of the NAVCON Brig Charleston's New Employee Questionnaire/Acknowledgement provides six questions concerning the PREA Standards and provisions specific to the requirements of Standard 115.17. Questions asked are specific to paragraphs (a)(1)-(3) of this standard and are acknowledged by the initials of the new employee. Page 2 of the form provides the language of this standard and subsequent provisions and is acknowledged by the new employee's initials, signature, and date; along with a signature and date from the PREA Compliance Manager
- the Auditor reviewed 14 randomly selected New Employee Questionnaire/Acknowledgement forms which indicated that staff understood and acknowledged the requirements to provide sexual abuse / sexual harassment history prior to having contact with incarcerated persons.
- An interview with the Human Resources staff indicated that all staff, military or civilian, are required to complete the New Employee Questionnaire/Acknowledgement form prior to having access to the incarcerated population.

115.17 (g):

- The PAQ indicated that agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.
- SOP 6495 - PREA Compliance, page 13, section 9 (g), states, material omissions regarding such misconduct or the provision of materially false information will be grounds for termination.
- SOP 306 - Standards of Conduct, requires all staff members to sign and receive a copy of the Standards of Personal Conduct. Page 9, mandatory disclosure, section 24, states material omissions regarding such misconduct or the provision of materially false information shall be grounds for termination.
- The Department of the Navy, PREA Guidance Letter #1, page 6, section 7, states 115.17(g) appropriate administrative or disciplinary actions shall be referred to the applicable civilian or military activity for action.
- NAVCOM Brig Charleston's New Employee Questionnaire provides, on page 2,

section 5, that material omissions regarding such misconduct or the provision of materially false information, shall be grounds for termination, and an attestation which states "I certify that, to the best of my knowledge and belief, that I have answered the questions and fully understand the statements above. I understand that a false or fraudulent answer to any question on this statement may be grounds for not hiring me, or for firing me after I begin work.

- An interview with the Human Resources staff confirmed that any false information or omissions would result in an employee or contractor being terminated. Any military personnel would be removed from contact with incarcerated persons and would constitute Uniformed Code of Military Justice (UCMJ) action.

115.17 (h):

- SOP 6495 - PREA Compliance, page 14, section (h) provides that, unless prohibited by law, NAVPERSCOM will 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.
- An interview with Human Resources Staff indicated that the Agency would provide information related to substantiated allegations of sexual abuse or sexual harassment involving a former employee to an institutional employer who request if a former employee has applied.

Based on a review of the PAQ and all applicable documents and forms provided by the agency, along with interviews with the agency staff and a review of employee files, applications, and information obtained from employee records indicates that this standard appears to be compliant.

<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documentation: <ul style="list-style-type: none"> <li>1. Pre-audit Questionnaire</li> <li>2. SOP 6495 - PREA Compliance</li> <li>3. Annual PREA Review of Physical Plant, Manning and Security Procedures</li> <li>4. NAVCOM Scope of Work - Electronic Security and Control System (ESCS) Contract</li> <li>5. Master Camera List</li> </ul>

6. Contract for Installation
7. Updates to Security Switches documentation

Interviews:

1. Agency Head
2. Warden (Commanding Officer)

Site Review Observations:

1. Observations of video monitoring stations
2. Observations of video monitoring throughout facility
3. No new construction or modifications noted

Findings:

The facility has reached compliance with the standard based on analysis of documentation, interviews with staff, and the onsite review.

115.18 (a):

- The PAQ indicated that the facility has not acquired a new facility or made a substantial expansion or modification since the last PREA audit.
- An interview with the Agency Head and the Commanding Officer provided that there has not been any significant modifications or construction since the last audit in 2021.
- An interview with the Agency Head and the Commanding Officer provided that if there were to be any new facility designs, modifications, or technology upgrades, the agency and facility would consider the effects of such changes on its ability to protect the incarcerated population from sexual abuse.
- During the onsite review, the Auditor did not see any areas that would be considered new constructions or modifications to the facility. Throughout the site review, the Auditor noticed where the video technology was stationed and was advised that there were no new cameras or technology placed in the facility since 2021.

115.18 (b):

- The PAQ indicated that the facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.
- The facility provided documentation on its contract for its Electronic Security and Control System along with its master camera list.
- An interview with the Agency Head and the Commanding Officer confirmed that there has not been an upgrade or update to the facilities monitoring system since the last PREA audit conducted in 2021. The Agency Head

advised that the video monitoring systems are utilized to assist staff in monitoring the incarcerated population and for the protection of residents from incidents of sexual abuse. The Commanding Officer advised that the camera monitoring station is always manned and the population is constantly monitored to protect them from incidents of abuse.

Based on the review of the PAQ, the onsite review, interviews with staff, and review of documentation, this standard appears to be compliant.

115.21	Evidence protocol and forensic medical examinations
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Pre-audit Questionnaire</li> <li>2. SOP 6495 - PREA Compliance</li> <li>3. Navy Tactics, Techniques, and procedures (NTTP) 3-07.2.3 - Law Enforcement and Physical Security</li> <li>4. Department of the Navy (DON), Bureau of Naval Personnel (BUPERS) 1640.23 - Compliance with PREA at Navy Shore Confinement Facilities</li> <li>5. Department of the Navy (DON), Bureau of Medicine and Surgery (BUMED) Instructions 6310.11 - Sexual Assault Prevention and Response Medical - Forensic Program</li> <li>6. Department of the Navy (DON) - Memorandum of Agreement (MOU) with NCIS and Navy Medical</li> <li>7. Department of the Navy (DON) - Memorandum of Agreement (MOU) with the Medical University of South Carolina (MUSC)</li> <li>8. Department of the Navy (DON) - Memorandum of Agreement (MOU) with People Against Rape</li> <li>9. Department of the Navy (DON) - Operational Navy Instructions (OPNAVYINST) 1752 - Designation as Unit Sexual Assault Prevention and Response Victim Advocate</li> <li>10. MFR - PREA Standard 115.21 - Youthful Prisoner</li> <li>11. MFR - PREA Standard 115.21 - Forensic Medical Examinations</li> <li>12. NAVCON Brig Charleston - PREA Onboard - Prisoner Roster; April 2023-April 2024</li> <li>13. Department of Defense (DoD) - 199.16 - Supplemental Health Care Program for Active Duty Members</li> </ol>

14. Medical University of South Carolina - Sexual Assault Services documentation
15. Role of the Sexual Assault Response Coordinator documentation
16. Department of the Navy, NAVCOM Brig Charleston Appointment Letter
17. Rape, Abuse & Incest National Network (RAINN) information documentation
18. DoD Safe Helpline documentation
19. NAVCOM Brig Charleston - PREA Posters (x3)
20. NAVCOM Brig Charleston - PREA Intake Information Sheet - Acknowledgement
21. NAVCOM Brig Charleston - PREA Trifold Information Sheet (English/Spanish)
22. NAVCOM Brig Charleston - Prisoner Handbook
23. MFR - PREA Standard 115.21 State and DOJ Investigations
24. NAVCOM Brig Charleston - PREA Outcome Measures

Interviews:

1. Random Staff
2. SAFE/SANE Staff
3. PREA Compliance Manager (PCM)
4. Incarcerated persons who reported sexual abuse

Findings:

The facility has reached compliance with the standard based on analysis of documentation, interviews with staff, and the onsite review.

115.21 (a):

- The PAQ indicated that the facility is responsible for conducting administrative sexual abuse investigations (including prisoner-on-prisoner sexual abuse or staff sexual misconduct), and the Naval Criminal Investigative Service (NCIS) is responsible for conducting criminal investigations.
- The Agency provided that the facility and NCIS follows the Navy Tactics, Techniques, and Procedures (NTTP) 3-07.2.3 - Law Enforcement and Physical Security Manual.
- SOP 6495 - PREA Compliance, page 15, section b, outlines the agency's evidence protocols and procedures for collection of evidence. The policy discusses the responsibility of NCIS to conduct investigations of allegations concerning sexual misconduct. The policy indicates the protocols for evidence preservation, medical examinations, and reporting events.
- The NTTP 3-7.2.3 provides guidance on the initial response, preservation of the crime scene, minimal contamination and/or disturbance of physical evidence, crime scene response methodology, and evidence handling and custody procedures; along with guidance on investigation tactics, techniques, and procedures.
- Interviews with 14 random staff indicated that staff knew and understood the agency's protocol for obtaining usable physical evidence if a prisoner alleges sexual abuse. Interviews also indicated that staff were aware of who was



responsible for investigating sexual abuse investigations.

115.21 (b):

- The PAQ indicated that the evidence protocol is developmentally appropriate for youth and developed by the US Department of the Navy.
- The agency indicated that NAVCOM Brig - Charleston does not house and has not housed any youthful offenders
- SOP 6495 - PREA Compliance, page 15, section b, indicated that the NCIS follows the appropriate uniform evidence protocols that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

115.21 (c):

- The PAQ indicated that the facility offers all prisoners who experience sexual abuse access to forensic medical examinations.
- SOP 6495 - PREA Compliance, page 15, section b, provides that the Brig Medical Officer will offer all victims of sexual abuse access to forensic medical examinations at an outside qualified medical facility, without financial cost, where evidentiary or medically appropriate. The facility will refer all prisoners of sexual abuse to a local medical facility, [The] Medical University of South Carolina (MUSC), Charleston, where qualified practitioners are available. Such examinations will be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where possible. If SAFE or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners and will be documented by the facility.
- The facility provided a Memorandum of Understanding (MOU) with the Medical University of South Carolina (MUSC) which provides that the Sexual Assault Nurse Examiner Program at the Medical University of South Carolina (MUSC), Charleston, will provide medical forensic examination services to any adult, age 18 and older.
- The PAQ indicated that there were no forensic medical examinations, exams performed by SANEs/SAFEs, or exams performed by a qualified medical practitioner conducted during the past 12 months.
- An interview with a SANE indicated that the Medical University of South Carolina (MUSC) was responsible for conducting all forensic medical examinations for the facility. The interview provided that MUSC is the only provider of SANE exams in the tri-county area and has a team of trained SANEs, so therefore, there is always an available examiner, doctor or nurse to assist.

115.21 (d):

- The PAQ indicated that the facility attempts to make a victim advocate from a

rape crisis center available to the victim, either in person or by other means.

- SOP 6495 - PREA Compliance, provides that victims of sexual abuse may request emotional support services, crisis intervention, information, and referrals, anonymously, via the Safe Helpline (operated by RAINN). The Safe Helpline is a 24-hour hotline made available to prisoners via the prisoner telephone system and is not recorded.
- The facility provided a Memorandum of Understanding between the Naval Support Activity Charleston and People Against Rape, which is the local rape crisis center. The MOU provides the implementation and execution of a Sexual Assault Prevention and Response Program. The program is intended to provide emotional support and guidance to victims of sexual assault during administrative, medical, investigative and legal procedures.
- The facility provided documentation which indicates that it has designated a Sexual Assault Prevention and Response Victim Advocate who has completed 40-hours of Victims Advocate training through a Department of Defense Sexual Assault Advocate Certification Program.
- An interview with the PREA Compliance Manager provided that the facility would provide a victim advocate, a qualified agency staff member, or a qualified community based organization staff member to accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. The PCM indicated that the facility has a Sexual Assault Prevention and Response (SAPR) staff member at the facility and available to prisoners along with MOUs with MUSC and People Against Rape (renamed Tri-County S.P.E.A.K.S).
- During the onsite review, the Auditor observed advocacy information and phone numbers throughout the facility and listed on all prisoner phones. The Auditor tested the lines to observed that the phones were operable and went to multiple advocacy numbers without the use of a identifying PIN number.
- There were no prisoners who reported sexual abuse available to interview.

115.21 (e):

- The PAQ indicated that, if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.
- The facility has a SARC staff member available at the facility, an MOU with People Against Rape (Tri-County S.P.E.A.K.S), and an MOU with MUSC, which describes the relationship between MUSC and People Against Rape. The documentation provided by the facility outlines the duties and responsibilities of the SARC, which includes, but is not limited to, Managing Uniformed Victim Advocates (UVA) and Installation Victim Advocates (IVA), oversight of all sexual assault cases, assigns a UVA/IVA to cases, conducts sexual assault case management, and tracks services of victim from initial to resolution.

- An interview with the PREA Compliance Manager indicated that the MOU with both MUSC and People Against Rape (Tri-County S.P.E.A.K.S) ensures that a qualified advocate is provided to assist a victim through the forensic medical examination process and through investigatory interviews. Additionally, the Sexual Assault Response Coordinator's (SARC) role is to manage sexual assault cases and ensure that all process and procedures are followed.
- There were not prisoners who reported sexual abuse to interview.

115.21 (f):

- The PAQ indicated that the agency is responsible for investigating administrative investigations and NCIS, an outside entity, is responsible for investigating criminal allegations of sexual abuse.
- The agency provided an MOU between the facility, the Naval Criminal Investigative Service (NCIS), and the Bureau of Medicine and Surgery; which delineates the responsibilities of each entity concerning investigations and medical services.

115.21 (g):

- N/A

115.21 (h):

- The facility has an MOU with People Against Rape (Tri-County S.P.E.A.K.S) which is a local sexual assault advocacy program which offers free support and services for adult survivors of sexual assault in Charleston, Dorchester, and Berkeley Counties of South Carolina. Additionally, the facility provides information and phone numbers to the Rape, Abuse and Incest National Network (RAINN) which is the nation's largest anti-sexual violence organization through the DoD Safe Helpline. Information is provided through posters, fliers, prisoner handbooks, and information trifold, which were observed throughout the facility and available to the incarcerated population.
- The facility has an assigned Sexual Assault Response Coordinator (SARC) assigned to the facility whose duties include providing victim advocate services. The SARC has training from the Department of Defense Sexual Assault Advocate Certification Program.
- An interview with the PREA Compliance Manager indicated that if a victim requests, a victim advocate, qualified agency staff member, or a qualified community-based organization staff member will accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. The PCM confirmed the facility has an MOU with People Against Rape (Tri-County S.P.E.A.K.S) to provide emotional support services from a local rape crisis center.

	<ul style="list-style-type: none"> <li>• There were no prisoners who reported sexual abuse during the review period.</li> </ul> <p>Base on a review of the PAQ, all relevant documentation, MOUs with MUSC and People Against Rape (Tri-County S.P.E.A.K.S), and information provided through interviews, this standard appears to be compliant.</p>
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<b>115.22</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Pre-audit Questionnaire</li> <li>2. SOP 6495 - PREA Compliance</li> <li>3. BUPERSINST 1640.23</li> <li>4. NCBC Webpage - Navy Personnel Command - PREA</li> <li>5. NCIS Public Webpage</li> <li>6. Department of Defense, Inspector General - Directive-type Memorandum (DTM) 14-002 - The Establishment of Special Victim Capacity (SVC)</li> <li>7. Outside Investigator Training - Email</li> <li>8. National Institute of Corrections (NIC) Certificate of Completion for PREA Investigators</li> <li>9. NAVCON Brig Charleston PREA Annual Review</li> <li>10. Survey of Sexual Victimization Report - 2023</li> <li>11. NAVCON Brig Charleston - PREA Incident Response Procedures Form</li> <li>12. MFR - Referral of Allegation; NCIS Investigative Jurisdiction</li> <li>13. MFR - State and DOJ Investigations</li> <li>14. NAVCON Brig Charleston - PREA Outcome Measures</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Agency Head</li> <li>2. Investigative Staff</li> </ol> <p>Findings:</p> <p>The facility has reached compliance with the standard based on analysis of documentation, interviews with staff, and the onsite review.</p> <p>115.22 (a):</p> <ul style="list-style-type: none"> <li>• The PAQ indicated that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual</li> </ul>

harassment (including inmate-on-inmate sexual abuse and staff sexual misconduct).

- SOP 6495 - PREA Compliance states on page 17, section 2(a), all allegations of sexual misconduct, regardless of severity or merit, will be immediately reported to the NCIS. The facility's policy is to ensure that reported allegations of sexual misconduct are referred to NCIC for investigation or an appropriate Military Criminal Investigation Organization (MCIO).
- BUPERSINST 1640.23 - Compliance with Department of Justice National Standards, provides that an administrative or criminal investigation, as applicable, shall be completed for all allegations of sexual harassment and sexual abuse. In addition, all allegations of sexual harassment and sexual abuse, regardless of severity or merit, will be immediately referred to the Naval Criminal Investigative Service (NCIS) for investigation.
- The Navy Personnel Command, PREA Website, provides that it is Nave Corrections and Program's policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. Administrative investigations are processed internally using Naval Inspector General formats and guidelines.
- The Naval Criminal Investigative Service (NCIS) website states the following, NCIS Special Agents initiate and lead criminal investigations when the punishment for the offense is confinement of more than one year in prison, routinely investigating the crimes of homicide, rape, sexual assault, child physical and sexual abuse, burglary and robbery, larceny of government and personal property, and aggravated assault.
- DTM 14-002 - The Establishment of Special Victim Capability establishes policy and assigns responsibility, in accordance with reference (b) and DoD Instruction 5505.03 (Reference (c)). for the MCIOs to investigate the following designated SVC covered offenses: allegations of adult sexual assault offenses, domestic violence involving sexual assault and/or aggravated assault with grievous bodily harm, and child abuse involving sexual assault and/or grievous bodily harm.
- Memorandum For Record- PREA Standard 115.15, Referral of Allegations indicates that as soon as reasonable suspicion of sexual misconduct has occurred, the allegations shall be referred to the Naval Criminal Investigation Service (NCIS) for investigation.
- The PAQ indicated that there were three allegations of sexual abuse and sexual harassment that were received. In the past 12 months, three allegations resulted in an administrative investigation, while there were no allegations referred for criminal investigations.
- An interview with the Agency Head indicated that all the facility ensures that allegations are investigated. The Agency Head provided that the once the facility receives an allegation it is immediately processed and forwarded through through the reporting process. If the allegation includes potential criminal activity, it is forwarded to NCIS to review and process.
- The Auditor reviewed three allegations, two prisoner on prisoner allegations

(one sexual harassment allegation, one sexual abuse allegation), and one staff on prisoner allegation (sexual abuse - voyeurism). All three reviewed allegations were reviewed by NCIS within a 48 hours of the report.

115.22 (b):

- The PAQ indicated that the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior.
- SOP 6495 - PREA Compliance states on page 17, section 2(a), all allegations of sexual misconduct, regardless of severity or merit, will be immediately reported to the NCIS. The facility's policy is to ensure that reported allegations of sexual misconduct are referred to NCIC for investigation or an appropriate Military Criminal Investigation Organization (MCIO).
- BUPERSINST 1640.23 - Compliance with Department of Justice National Standards, provides that an administrative or criminal investigation, as applicable, shall be completed for all allegations of sexual harassment and sexual abuse. In addition, all allegations of sexual harassment and sexual abuse, regardless of severity or merit, will be immediately referred to the Naval Criminal Investigative Service (NCIS) for investigation.
- The Navy Personnel Command, PREA Website, provides that it is Nave Corrections and Program's policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. Administrative investigations are processed internally using Naval Inspector General formats and guidelines.
- The Naval Criminal Investigative Service (NCIS) website states the following, NCIS Special Agents initiate and lead criminal investigations when the punishment for the offense is confinement of more than one year in prison, routinely investigating the crimes of homicide, rape, sexual assault, child physical and sexual abuse, burglary and robbery, larceny of government and personal property, and aggravated assault.
- DTM 14-002 - The Establishment of Special Victim Capability establishes policy and assigns responsibility, in accordance with reference (b) and DoD Instruction 5505.03 (Reference (c)). for the MCIOs to investigate the following designated SVC covered offenses: allegations of adult sexual assault offenses, domestic violence involving sexual assault and/or aggravated assault with grievous bodily harm, and child abuse involving sexual assault and/or grievous bodily harm.
- Memorandum For Record- PREA Standard 115.15, Referral of Allegations indicates that as soon as reasonable suspicion of sexual misconduct has occurred, the allegations shall be referred to the Naval Criminal Investigation Service (NCIS) for investigation.
- The PAQ indicated that there were three allegations of sexual abuse and

sexual harassment that were received. In the past 12 months, three allegations resulted in an administrative investigation, while there were no allegations referred for criminal investigations.

- An interview with the Investigative Staff indicated that all 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.
- The Auditor reviewed three allegations, two prisoner on prisoner allegations (one sexual harassment allegation, one sexual abuse allegation), and one staff on prisoner allegation (sexual abuse - voyeurism). All three reviewed allegations were reviewed by NCIS within a 48 hours of the report.

115.22 (c):

- SOP 6495 - PREA Compliance states on page 17, section 2(a), all allegations of sexual misconduct, regardless of severity or merit, will be immediately reported to the NCIS. The facility's policy is to ensure that reported allegations of sexual misconduct are referred to NCIC for investigation or an appropriate Military Criminal Investigation Organization (MCIO).
- BUPERSINST 1640.23 - Compliance with Department of Justice National Standards, provides that an administrative or criminal investigation, as applicable, shall be completed for all allegations of sexual harassment and sexual abuse. In addition, all allegations of sexual harassment and sexual abuse, regardless of severity or merit, will be immediately referred to the Naval Criminal Investigative Service (NCIS) for investigation.
- The Navy Personnel Command, PREA Website, provides that it is Nave Corrections and Program's policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. Administrative investigations are processed internally using Naval Inspector General formats and guidelines.
- The Naval Criminal Investigative Service (NCIS) website states the following, NCIS Special Agents initiate and lead criminal investigations when the punishment for the offense is confinement of more than one year in prison, routinely investigating the crimes of homicide, rape, sexual assault, child physical and sexual abuse, burglary and robbery, larceny of government and personal property, and aggravated assault.
- DTM 14-002 - The Establishment of Special Victim Capability establishes policy and assigns responsibility, in accordance with reference (b) and DoD Instruction 5505.03 (Reference (c)). for the MCIOs to investigate the following designated SVC covered offenses: allegations of adult sexual assault offenses, domestic violence involving sexual assault and/or aggravated assault with grievous bodily harm, and child abuse involving sexual assault and/or grievous bodily harm.
- Memorandum For Record- PREA Standard 115.15, Referral of Allegations indicates that as soon as reasonable suspicion of sexual misconduct has

	<p>occurred, the allegations shall be referred to the Naval Criminal Investigation Service (NCIS) for investigation.</p> <ul style="list-style-type: none"> <li>The PAQ indicated that there were three allegations of sexual abuse and sexual harassment that were received. In the past 12 months, three allegations resulted in an administrative investigation, while there were no allegations referred for criminal investigations.</li> </ul> <p>115.22 (d):</p> <ul style="list-style-type: none"> <li>The PAQ indicated that if the agency is not responsible for conducting administrative or criminal investigations of alleged sexual abuse, and another state entity has that responsibility, this other entity has a policy governing how such investigations are conducted.</li> <li>The agency is responsible for conducting administrative investigations and the Naval Criminal Investigative Service (NCIS) is responsible for investigating criminal investigations. No other state entity has the responsibility to investigate allegations of sexual abuse or sexual harassment.</li> <li>MFR - PREA Standard 115.15 indicates that as a DoD confinement facility, Naval Consolidated Brig Charleston does not fall under the purview of any State or Department of Justice component for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails.</li> </ul> <p>115.22 (e):</p> <ul style="list-style-type: none"> <li>N/A</li> </ul> <p>Based on a review of the PAQ, all related and relevant documentation, interviews with the Agency Head and Investigative Staff, agency and NCIS websites, and other applicable information, this standard appears to be compliant.</p>
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<b>115.31</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Documentation:</p> <ol style="list-style-type: none"> <li>Pre-audit Questionnaire</li> <li>SOP 6495 - PREA Compliance</li> <li>PREA Staff Training Acknowledgement</li> <li>BUPERSINST 1640.18G CH-1 - Designated Place of Confinement - Male Only</li> <li>NAVCON Brig Charleston - Annual Staffing Training Plan</li> </ol>



6. Staff Training PowerPoint
7. Military Pre-Service Orientation Sign-in Sheet
8. Civilian Pre-Service Orientation Sign-in Sheet
9. Contractor Pre-Service Orientation Sign-in Sheet
10. Staff PREA Training Acknowledgement - Military
11. Staff PREA Training Acknowledgement - Civilian
12. Staff PREA Training Acknowledgement - Full-Time Contractor
13. Certificate of Completion - PREA: Preventing Sexual Misconduct Against Prisoners (Military)
14. Certificate of Completion - PREA: Preventing Sexual Misconduct Against Prisoners (Civilian)
15. Certificate of Completion - PREA: Preventing Sexual Misconduct Against Prisoners (Full-Time Contractor)
16. Certificate of Completion - NIC: Your Role in Responding to Sexual Abuse - Military/Civilian/Full-Time Contractor
17. Staff Standards of Conduct Form - Military/Civilian/Full-Time Contractor
18. Staff Training Records
19. Facilitator Certification
20. SOP 6495 update email
21. NAVCON Brig Charleston - Pre-Service Orientation Schedule/Agenda - Signature
22. NAVCON Brig Charleston - PREA Outcome Measures

Interviews:

1. Random Staff

Findings:

The facility has reached compliance with the standard based on analysis of documentation, interviews with staff, and the onsite review.

115.31 (a):

- The PAQ indicated that the agency trains all employees who may have contact with prisoners on the agency's zero-tolerance policy for sexual abuse and sexual harassment.
- SOP 6495 - PREA Compliance indicates that all staff will receive training during pre-service training. The facility will provide each employee with refresher training every year to ensure that all employees know the agency's current sexual misconduct policies and procedures. Staff will also be notified via email of all SOP charges. Additionally, Staff will be provided a Quick Series PREA Standards booklet for quick reference.
- The NAVCON Brig Charleston's Annual Staff Training Plan provides that the PREA Annual Refresher was conducted by the PREA Compliance Manager in March of 2023.

- A review of the PREA Training Power point provides staff with instruction and awareness of the facilities policies and procedures for the prevention of sexual misconduct and the zero-tolerance policy in compliance with the National Standards. The training outlines the definitions of sexual abuse and sexual harassment, discusses the Brig's policy, professionalism, perceptions, impacts of sexual misconduct, staff responsibilities, creating a safe environment, facility culture and zero tolerance, staff duty to report, reporting procedures, common characteristics of victims and perpetrators, communication, and scenarios.
- SOP 6495 provides that the employee training will include individual completion of the NIC course: PREA: Your Role in Responding to Sexual Abuse available at <http://nic.learn.com> and the supplemental facility-specific training. The supplemental training will cover at a minimum: The facility's zero tolerance policy, how to fulfill staff responsibilities, prisoners right to be free from sexual abuse and sexual harassment. the right of prisoners and staff 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 prisoners, how to communicate effectively and professionally with prisoners including the LGBTI or gender non-conforming, how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities, definitions of sexual misconduct, and prevention and warning signs.
- A review of the facility's training records showed that 100% of randomly selected staff files has completed refresher training within the past 12 months.
- Interviews with 14 random staff confirmed that staff received and understood the training regarding the agency's zero tolerance policies and procedures. Although staff were provided the Quick Series PREA guides, no staff member interviewed required the use of the guide and appeared to confidently know the answer to all provided questions. Staff indicated that they were provided training on all topics questioned, and were able to discuss each topic with confidence.

115.31 (b)

- The PAQ indicated that training is tailored to the gender of the prisoners at the facility.
- The Department of the Navy (DON), Bureau of Naval Personnel (BUPERS) Instruction 1640.18G CH-1, U.S. Navy Designated Places of Confinement, designates NAVCON Brig Charleston as a "Male Only" facility
- SOP 6495, page 18, section 3 (c), provides that the facility training will be tailored to the gender of prisoners at the facility. Staff will receive additional training if the employee is reassigned from a facility that houses only female prisoners and vice versa. Gender responsiveness training is included in pre-

service training and to all staff annually.

115.31 (c)

- The PAQ indicated that between trainings the agency provides employees who may have contact with prisoners with refresher information about current policies regarding sexual abuse and sexual harassment.
- SOP 6495 indicates that the facility will provide each employee with refresher training every year to ensure that all employees know the agency's current sexual misconduct policies and procedures.
- A review of randomly selected staff training files indicated that 100% of reviewed files received and acknowledged refresher training in the last 12 months.

115.31 (d)

- The PAQ indicated that the agency documents that employees who may have contact with prisoners understand the training they have received through employee signature or electronic verification.
- A review of randomly selected staff training records provided that 100% of reviewed files have a PREA Staff training Acknowledgement form signed by the employee.
- A review of randomly selected staff training records provided that 100% of reviewed files have a Standard of Conduct form initialed and signed by the employee.

Based on the review of the PAQ and all relevant documentation, review of staff training lesson plans, facility policy and procedures, provided training documentation and certificates of completion, the facility exceeds this standard. Staff interviewed throughout the onsite review revealed that all were knowledgeable of the facility's PREA efforts, zero-tolerance policies, and policies and procedures for reporting. The facility exceeds the standard by providing refresher training on an annual basis and providing staff with additional training throughout the year in staff meetings, emails, games, and providing handbooks as part of the uniform to all staff.

115.32	Volunteer and contractor training
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documentation:  1. Pre-audit Questionnaire

2. SOP 6495 - PREA Compliance
3. SOP 1008 - Volunteer/Contractor/Intern Program
4. SOP 306 - Standards of Conduct
5. PREA Staff Training Acknowledgement - Contractor/Volunteer/Intern
6. PREA Training Certificate of Completion
7. NAVCON Brig Charleston - PREA Outcome Measures

Interviews:

1. Volunteer(s) or Contractor(s) who have Contact with Inmates

Findings:

The facility has reached compliance with this standard based on analysis of documentation, interviews with staff and the onsite review.

115.32 (a):

- The PAQ indicated that all volunteers and contractors who have contact with prisoners have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.
- SOP 6495, page 19, section 4, states that all volunteers, contractors, and interns who have contact with prisoners will be trained on their responsibilities under the facility's sexual misconduct prevention, detection, and response policies and procedures per the Model Manger standardized curriculum. This training will be provided by a qualified instructor and prior to any unescorted contact with prisoners.
- SOP 1008, page 5, section u, provides that all volunteers, contractors, and interns who have contact with prisoners shall be trained on their responsibilities under the facility's sexual misconduct prevention, detection, and response policies and procedures.
- The auditor reviewed a random sample of contractor and volunteer training documentation which included the PREA Staff Training Acknowledgement, the Pre-Service Orientation Form, the Staff Training Roster, and the NIC: Your Role in Responding to Sexual Abuse training completion certificates which provided that training has been provided to all contractors and volunteers who may have contact with prisoners on the the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.
- A review of the facility's Staff Training Roster concluded that 100% of staff, to include volunteers and contractor, completed refresher training within the past 12 months.
- Interviews with volunteers and contractors who have contact with incarcerated person indicated that the staff are trained on an annual basis and during orientation. All staff interviewed were aware and were able to

describe the agency's zero tolerance policy and reporting procedures.

115.32 (b):

- The PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with prisoners. The facility report that all staff and contractors are treated as if they would have contact with incarcerated persons regardless of job. Additionally, the PAQ indicated that all volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.
- SOP 6495, page 19, section 4, states that all volunteers, contractors, and interns who have contact with prisoners will be trained on their responsibilities under the facility's sexual misconduct prevention, detection, and response policies and procedures per the Model Manger standardized curriculum. This training will be provided by a qualified instructor and prior to any unescorted contact with prisoners.
- SOP 1008, page 5, section u, provides that all volunteers, contractors, and interns who have contact with prisoners shall be trained on their responsibilities under the facility's sexual misconduct prevention, detection, and response policies and procedures.
- The auditor reviewed a random sample of contractor and volunteer training documentation which included the PREA Staff Training Acknowledgement, the Pre-Service Orientation Form, the Staff Training Roster, and the NIC: Your Role in Responding to Sexual Abuse training completion certificates which provided that training has been provided to all contractors and volunteers who may have contact with prisoners on the the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.
- Interviews with volunteers and contractors who have contact with incarcerated person indicated that the staff are trained on an annual basis and during orientation. All staff interviewed were aware and were able to describe the agency's zero tolerance policy and reporting procedures.

115.32 (c):

- The PAQ indicated that the agency maintains documentation confirming that volunteers and contractors understand the training they have received.
- SOP 6495 - PREA Compliance, provides on page 19 that the Training Officer will maintain documentation confirming that volunteers, contractors, and interns understand the training they have received and maintain such files for audit utilizing enclosure (2). Should volunteers, contractors and interns attend employee training, enclosure (1) may be used for documentation purposes. An electronic copy of the Visitor/Contractor/Intern training acknowledgement form will be forwarded to the PREA Compliance Manager

	<p>for file archive and audit.</p> <ul style="list-style-type: none"> <li>• SOP 1008 provides that the Training Officer will maintain documentation confirming that volunteers, contractors, and interns understand the training they have received and maintain such files for audit. Should volunteers, contractors and interns attend employee training an electronic copy of the Visitor/Contractor/Intern training acknowledgement form will be forwarded to the PREA Compliance Manager for file archive and audit.</li> <li>• The Auditor reviewed a random sample of Volunteer/Contractor/Intern PREA Training Acknowledgement Forms which indicated that all reviewed signed and dated the form acknowledging understanding of the training they received.</li> <li>• A review of the Staff Training Roster indicated at all staff, including contractors and volunteers, completed annual training within the previous 12 months.</li> </ul> <p>Based on a review of the PAQ, the PREA Staff Training Roster, volunteer and contractor training records, agency policies and relevant documentation, and interviews with volunteers and contractors, the facility appears to be compliant with this standard.</p>
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<b>115.33</b>	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. SOP 6495 - PREA Compliance</li> <li>3. MFR - Disabilities, Limited English Proficient Prisoners</li> <li>4. NAVCON Brig Charleston PREA Prisoner Handbook</li> <li>5. PREA Resource Center: Inmate Education Facilitator's Guide. <i>PREA: What You Need to Know</i></li> <li>6. PREA Resource Center: Inmate Education Video. <i>PREA: What You Need to Know</i></li> <li>7. NAVCON Brig Charleston Prisoner Training Acknowledgement form</li> <li>8. NAVCON Brig Charleston PREA Intake Information Sheet Acknowledgement</li> <li>9. NAVCON Brig Charleston Prisoner Orientation Schedule (February 2024) Sign-In Roster</li> <li>10. NAVCON Brig Charleston PREA Resource Information</li> <li>11. NAVCON Brig Charleston PREA Literature - Photograph</li> <li>12. NAVCON Brig Charleston PREA Poster - Bilingual Confidential Sexual Abuse Support Information</li> <li>13. NAVCON Brig Charleston PREA Poster - Zero Tolerance</li> </ol>

14. NAVCON Brig Charleston PREA Poster - PREA is a Priority
15. NAVCON Brig Charleston PREA Poster - Who Should Report Sexual Abuse
16. NAVCON Brig Charleston Phone System - Photographs of phones with PREA information posted
17. NAVCON Brig Charleston PREA Information Trifold (English/Spanish)
18. Army Regulation 601-270 - Military Entrance Processing Station
19. NAVCON Brig Charleston - Photograph of TDD - Ultratec Superprint 4425
20. NAVCON Brig Charleston - PREA Outcome Measures

Interviews:

1. Intake Staff
2. Random Prisoners

Site Review Observations:

1. The Auditor was not able to observe the actual intake process take place due to no transfers or admission of new prisoners during the time frame of the onsite review. Intake staff and the PREA Compliance Manager walked the Auditor through the intake process for demonstration purposes.
2. The facility provides new admissions and transfers PREA information within the first few steps of the intake process. New admissions are provided information through large and visible posters, fliers located throughout the intake facility, they are provided a PREA Prisoner Handbook, Provided a PREA Resource Information document, provided the PREA: What you need to know video to watch, and given orientation by the PREA Compliance Manager within 72 hours of arrival.
3. The Auditor had multiple informal conversations with both confined persons and staff that indicated that both staff and confined persons had an understanding of the agency's zero tolerance policies and procedures for reporting.
4. The Auditor observed posters in both English and Spanish with information regarding available emotional support services, reporting lines, TDD services, and phones with information on reporting.
5. Informal conversations with intake staff indicated that all military personnel are required to be able read, write, and understand English. Additionally, all confined persons are military personnel and are required to be a high school graduate or have a General Educational Development (GED) Diploma prior to enlistment. Military personnel are given an Armed Services Vocational Aptitude Battery which requires a minimum score of 31 to join any branch of the military.
6. The Auditor was provided a demonstration of the Military OneSource Interpretation Service, but was advised that it is primarily used for translation for family members of confined persons who may not speak English. The facility has various staff who speak multiple languages, to include Spanish.

Findings:

The facility has reached compliance with this standard based on analysis of documentation, interviews with staff, and the onsite review.

115.33 (a):

- The PAQ indicated that confined persons receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The facility reported that 99 confined persons were admitted during the past 12 months who were given information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment.
- SOP 6495 - PREA Compliance, page 19, section (5), provides that during the intake process, prisoners will receive information explained orally and in writing, on the facility's zero-tolerance policy regarding sexual misconduct, prevention/intervention, how to report incidents or suspicions of sexual misconduct, treatment and counseling and information concerning protection from harm. Within 30 days of intake, the Prisoner Management Department Director is responsible to provide comprehensive education to prisoners either in person or through video regarding their rights to be free from sexual misconduct and to be free from retaliation for reporting such incidents, and regarding facility policies and procedures for responding to such incidents
- The NAVCON Brig Charleston Prisoner's Handbook provides on page 13 the Brig has a zero tolerance policy concerning sexual misconduct or abuse of prisoners. Page 16 provides that prisoners have multiple internal ways to privately report sexual misconduct, retaliation by other prisoners or staff for reporting sexual misconduct, and staff neglect or violation of responsibilities that may have contributed to such incidents.
- The Prisoner Training Acknowledgement PREA form, indicates that the confined person acknowledges they received an introduction/summary/brig standards of the Prison Rape Elimination Act, Brig's zero-tolerance policy on sexual assault, sexual abuse, sexual harassment and sexual misconduct, duty to report incidents or suspicions, reporting options and resources, and Brig policies and procedures for responding to allegations of sexual misconduct.
- Confined persons interviewed and during informal conversations confirmed that they received information on the agency's sexual abuse and sexual harassment policy during intake and/or orientation.
- Interviews with intake staff confirmed that prisoners at NAVCON Brig Charleston is provided with information about the facility's zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. Intake staff confirmed that current prisoners, as well as those who are transferred from other facilities, have been educated on the agency's zero-tolerance policy on sexual abuse or sexual harassment. A review of the facility's prisoner training files provided that the facility does provide information and prisoners acknowledge receipt of information through signature.



- The Auditor was not able to observe the actual intake process take place due to know transfers or admission of new prisoners during the time frame of the onsite review. Intake staff and the PREA Compliance Manager walked the Auditor through the intake process for demonstration purposes.
- The facility provides new admissions and transfers PREA information within the first few steps of the intake process. New admissions are provided information through large and visible posters, fliers located throughout the intake facility, they are provided a PREA Prisoner Handbook, Provided a PREA Resource Information document, provided the PREA: What you need to know video to watch, and given orientation by the PREA Compliance Manager within 72 hours of arrival.
- The Auditor had multiple informal conversations with both confined persons and staff that indicated that both staff and confined persons had an understanding of the agency's zero tolerance policies and procedures for reporting.
- The Auditor observed posters in both English and Spanish with information regarding available emotional support services, reporting lines, TDD services, and phones with information on reporting.
- Informal conversations with intake staff indicated that all military personnel are required to be able read, write, and understand English. Additionally, all confined persons are military personnel and are required to be a high school graduate or have a General Educational Development (GED) Diploma prior to enlistment. Military personnel are given an Armed Services Vocational Aptitude Battery which requires a minimum score of 31 to join any branch of the military.
- The Auditor was provided a demonstration of the Military OneSource Interpretation Service, but was advised that it is primarily used for translation for family members of confined persons who may not speak English. The facility has various staff who speak multiple languages, to include Spanish.

115.33(b):

- The PAQ indicated that 100% (89) of those admitted during the past 12 months (whose length of stay in the facility was for 30 days or more) received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake.
- SOP 6495 - PREA Compliance, page 19, section (5), provides that during the intake process, prisoners will receive information explained orally and in writing, on the facility's zero-tolerance policy regarding sexual misconduct, prevention/intervention, how to report incidents or suspicions of sexual misconduct, treatment and counseling and information concerning protection from harm. Within 30 days of intake, the Prisoner Management Department Director is responsible to provide comprehensive education to prisoners either in person or through video regarding their rights to be free from sexual

misconduct and to be free from retaliation for reporting such incidents, and regarding facility policies and procedures for responding to such incidents

- The NAVCON Brig Charleston Prisoner's Handbook provides on page 13 the Brig has a zero tolerance policy concerning sexual misconduct or abuse of prisoners. Page 16 provides that prisoners have multiple internal ways to privately report sexual misconduct, retaliation by other prisoners or staff for reporting sexual misconduct, and staff neglect or violation of responsibilities that may have contributed to such incidents.

The Prisoner Training Acknowledgement PREA form, indicates that the confined person acknowledges they received an introduction/summary/brig standards of the Prison Rape Elimination Act, Brig's zero-tolerance policy on sexual assault, sexual abuse, sexual harassment and sexual misconduct, duty to report incidents or suspicions, reporting options and resources, and Brig policies and procedures for responding to allegations of sexual misconduct.

- Confined persons interviewed and during informal conversations confirmed that they received information on the agency's sexual abuse and sexual harassment policy during intake and/or orientation. Interviews concluded that confined persons are provided information regarding their right to not be sexually abused or sexually harassed, how to report sexual abuse or sexual harassment, and their right not to be punished for reporting sexual abuse or sexual harassment. Confined persons indicated that they received information regarding sexual abuse and sexual harassment within the first few days of arrival.
- Interviews with intake staff confirmed that prisoners at NAVCON Brig Charleston ensures that offenders are educated via the prisoner handbook, videos, and materials/information posted throughout the facility regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents , and regarding agency policies and procedures for responding to such incidents. Interviews and document reviews concluded that information is provided within the first 72 hours of a prisoners arrival.
- The Auditor was not able to observe the actual intake process take place due to know transfers or admission of new prisoners during the time frame of the onsite review. Intake staff and the PREA Compliance Manager walked the Auditor through the intake process for demonstration purposes.
- The facility provides new admissions and transfers PREA information within the first few steps of the intake process. New admissions are provided information through large and visible posters, fliers located throughout the intake facility, they are provided a PREA Prisoner Handbook, Provided a PREA Resource Information document, provided the PREA: What you need to know video to watch, and given orientation by the PREA Compliance Manager within 72 hours of arrival.
- The Auditor had multiple informal conversations with both confined persons and staff that indicated that both staff and confined persons had an understanding of the agency's zero tolerance policies and procedures for reporting.

- The Auditor observed posters in both English and Spanish with information regarding available emotional support services, reporting lines, TDD services, and phones with information on reporting.
- Informal conversations with intake staff indicated that all military personnel are required to be able read, write, and understand English. Additionally, all confined persons are military personnel and are required to be a high school graduate or have a General Educational Development (GED) Diploma prior to enlistment. Military personnel are given an Armed Services Vocational Aptitude Battery which requires a minimum score of 31 to join any branch of the military.
- The Auditor was provided a demonstration of the Military OneSource Interpretation Service, but was advised that it is primarily used for translation for family members of confined persons who may not speak English. The facility has various staff who speak multiple languages, to include Spanish.

115.33 (c):

- The PAQ indicated that, of those confined persons who were not educated within 30 of intake, all confined persons have been educated subsequently. Additionally, the PAQ indicated that agency policy requires that confined persons who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility.
- SOP 6495 - PREA compliance, states on page 19, within 30 days of intake, the Prisoner Management Department Director is responsible to provide comprehensive education to prisoners either in person or through video regarding their rights to be free from sexual misconduct and to be free from retaliation for reporting such incidents, and regarding facility policies and procedures for responding to such incidents. This training will be provided by a qualified instructor. Current prisoners who have not received such education will be educated by August 19, 2014 of the PREA Standards and will receive education upon receipt from another facility to the extent that the policies and procedures differ from those of the previous facility.
- The auditor observed a prisoner orientation session conducted by the facility's PREA Compliance Manager. The session included the definitions of sexual misconduct, sexual abuse, and sexual harassment, the facility's zero-tolerance policy, how to report sexual misconduct and sexual harassment, their right to be free from sexual abuse and sexual misconduct, their duty to report sexual misconduct and sexual harassment, and presented scenarios. The confined person was asked at the end of the presentation if they had any questions and was given a sign in sheet acknowledging their understanding of the material and information presented.
- Interviews with intake staff provided that confined persons are provided

information on the facilities zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment within the first few days of arrival and within 30 days from intake.

- The auditor reviewed confined persons records and training logs which provided that information and training was provided within 72 hours of arrival and within 30 days from intake, based on dates provide on PREA Prisoner Acknowledgement forms and training rosters reviewed.

115.33 (d):

- The PAQ indicated that PREA education is available in formats accessible to all confined persons, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, and those who are limited in their reading skills.
- SOP 6495 - PREA Compliance, page 20, provides that the facility will provide prisoner education in formats accessible to all prisoners, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to prisoners who have limited reading skills.
- The Auditor observed posters in both English and Spanish with information regarding available emotional support services, reporting lines, TDD services, and phones with information on reporting.
- Informal conversations with intake staff indicated that all military personnel are required to be able read, write, and understand English. Additionally, all confined persons are military personnel and are required to be a high school graduate or have a General Educational Development (GED) Diploma prior to enlistment. Military personnel are given an Armed Services Vocational Aptitude Battery which requires a minimum score of 31 to join any branch of the military.
- MFR - PREA Standard 115.33 provides that from June 2021 to present, the Naval Consolidated Brig Charleston, South Carolina has had no prisoners who were deaf, visually impaired, or otherwise disabled. Prior to confinement, all prisoners are medically screened for fitness in confinement by qualified medical staff in accordance with BUPERINST 1640.22. The Naval Consolidated Brig Charleston does not confine personnel who are deaf, visually impaired, or otherwise disabled. Additionally, prisoners with hearing disabilities are provided information in writing or may use the Telecommunications Device for the Deaf (TDD) located in Prisoner Management. The memorandum also confirms that Army Regulation 601-270, requires all military service components to require English proficiency prior to acceptance of enlistment, commission, or appointment into the military.
- The Auditor observed the intake and orientation materials, including videos, handouts, handbooks, and posters which are provided throughout the facility. The Auditor observed the phones and TDD device.
- During the onsite review, the auditor did not observe any confined person who appeared to be disabled, required the assistance of a wheel chair or other service device, or anyone who appeared to be otherwise disabled.

- The facility provided a list of staff members who were fluent in multiple languages to provide accommodations to persons who were not English proficient. Additionally, there are multiple posters, fliers, and information packets available in both English and Spanish located throughout the facility.

115.33 (e)

- The PAQ indicated that the agency maintains documentation of confined persons participation in PREA education sessions.
- SOP 6495, page 20, section (e), states that upon completion of training, the Orientation Unit Manager will ensure prisoners sign the PREA Prisoner Training Acknowledgement form, and place the form in the prisoners record.
- A review of prisoner training records provided that receipt of information and education is being documented, signed, and placed into confined persons files and indicated per policy 6495.

115.33 (f):

- The PAQ indicated that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, prisoner handbooks, or other written formats.
- During the onsite review, the Auditor observed seven different Prison Rape Elimination Act posters, informational pamphlets (trifolds), information regarding the Safe Helpline, information from the local rape crisis center regarding sexual assault, and the prisoners handbook.
- The information observed throughout the facility was easily readable and accessible to the incarcerated population, signage language is clear and easy to understand, information, including numbers and address is provided, signage is available in both English and Spanish, text size, formatting, and physical placement accommodates most readers, and the information provided by the signage was not obscured, unreadable, or missing due to damage.
- The auditor contacted the numbers provided on each of the signs provided on the phones and was able to communicate with the individuals on the other end of the call. Upon contacting the local rape crisis center, the auditor was provided that the name of the rape crisis center has changed from People Against Rape to Tri-County SPEAKS. The auditor confirmed that the number was still the same and that the facility's MOU is still in place.

Based on a systematic review and analysis of the PAQ, PREA SOPs and related policies, PREA training and intake materials and documentation, PREA posters, trifolds, and educational materials, and training files and acknowledgements, the Auditor finds that the facility exceeds standard requirement by providing education in various formats, throughout the facility, in-person, videos, posters, stickers, on phones, and in handbooks. Prisoners were very knowledgeable of the standards based on the excessive amount of training and information provided. The Auditor was able to sit through an orientation given to a prisoner and verified the information

given and acknowledgement of understanding by the prisoner. Informal conversations with the prisoner provided that the facility provided the prisoner with an intake briefing on PREA, went over the handbook which discussed PREA, and they watch a video on PREA prior to the orientation given by the PREA Compliance Manager within the days that the prisoner has been onsite. These actions exceeds the requirements of this standard.

**115.34 Specialized training: Investigations**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documentation:

1. The Pre-Audit Questionnaire
2. SOP 6495 - PREA Compliance
3. National Institute of Corrections - Advanced Investigator Specialized Training: Course Description
4. Brig Investigator Specialized Training
5. Department of Navy - NCIS PREA Investigations MOU
6. Outside Investigator Specialized Training by OSI Agents - Certificates of Completion
7. NAVCON Brig Charleston - PREA Outcome Measures

Interviews:

1. Investigative Staff

Findings:

The facility has reached compliance with this standard based on analysis of documentation, interviews with staff, and the onsite review.

115.34 (a):

- The PAQ indicated that the agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.
- SOP 6495 - PREA Compliance, provides that in addition to the general training provided to all staff pursuant to 115.31, investigators will receive training in conducting sexual abuse investigations in a confinement setting. The NIC, Investigating Sexual Abuse in a Confinement Setting, course, located at <http://nic.learn.com>, meets the minimum requirement for this standard.
- A review of National Institute of Corrections, PREA: Investigating Sexual Abuse in a confinement Setting course description provides that the course purpose

is to assist agencies in meeting the requirements of PREA Standard 115.34, Specialized Training: Investigations by providing case studies that allow investigators to apply and practice their investigative skills to conduct appropriate investigations in accordance with the PREA Standards.

- A review of the identified investigators training files has provided that investigative staff have completed specialized training as prescribed by this standard. The facility provided that two administrative investigators and four criminal investigators are assigned to investigate allegations of sexual abuse and sexual harassment and all have completed the advanced investigative training provided by the National Institute of Corrections.
- Interviews with facility investigators provided that they have completed training and were able to describe the what they were taught. Investigative staff indicated that they complete the NIC investigations course annually.

115.34 (b):

- The PAQ indicated that specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.
- SOP 6495, page 20, provides that specialized training will 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.
- The facility provided that investigators complete both the NIC, PREA: Investigating Sexual Abuse in a Confinement Setting, and PREA: Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations. A review of the training curriculum indicated that both training provide techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warning, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative or criminal prosecution.
- A review of the identified investigators training files has provided that investigative staff have completed specialized training as prescribed by this standard. The facility provided that two administrative investigators and four criminal investigators are assigned to investigate allegations of sexual abuse and sexual harassment and all have completed the advanced investigative training provided by the National Institute of Corrections.
- Interviews with facility investigators confirmed that the training topics included 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 or prosecution referral.

	<p>115.34 (c):</p> <ul style="list-style-type: none"> <li>• The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training.</li> <li>• SOP 6495, page 20, provides that completion certificates will be forwarded electronically to the Training Officer and PREA Compliance Manager for file, archive and audit.</li> <li>• The facility provided multiple certificates of completion from both facility and outside investigative agencies, providing proof of completion of the NICs PREA: Investigating Sexual Abuse in a Confinement Setting training course.</li> <li>• The auditor reviewed training files for the institutional investigator which provided they have completed the required specialized training</li> </ul> <p>115.34 (d):</p> <ul style="list-style-type: none"> <li>• Auditor is not required to audit this provision</li> </ul> <p>Based on a systematic analysis and review of the PAQ, SOPs and provided documentation, training curriculums and investigative training files, and the MOU with NCIS, the Auditor finds that the facility appears to be compliant with this standard.</p>
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<b>115.35</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation:</p> <ol style="list-style-type: none"> <li>1. The Pre-Audit Questionnaire</li> <li>2. SOP 6495 - PREA Compliance</li> <li>3. Department of the Navy, Bureau of Medicine and Surgery (BUMED) Instructions 6310.11a</li> <li>4. SOP 1002 - Psychological Services</li> <li>5. NAVCON Brig Charleston - PREA Staff Training Acknowledgement</li> <li>6. Memorandum for Record (MFR) - PREA Standard 115.35; Forensic Medical Examinations</li> <li>7. Certificate of Completion - NIC - PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting (7)</li> <li>8. Certificate of Completion - NIC - PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting (8)</li> <li>9. NAVCON Brig Charleston - PREA Outcome Measures</li> </ol> <p>Interviews:</p>



## 1. Medical and Mental Health Staff

### Findings:

The facility has reached compliance with this standard based on analysis of documentation, interviews with staff, and the onsite review.

### 115.35 (a):

- The PAQ indicated that the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.
- SOP 6495, provides that all medical and mental health care practitioners who work regularly in the facility will receive the training mandated for staff under 115.31 and complete the Medical Health Care for sexual Assault Victims in a Confinement Setting and Behavior Health Care for Sexual Assault Victims located at <http://nic.learn.com>, which includes at a minimum 1. How to detect and assess signs of sexual abuse and sexual harassment; 2. How to preserve physical evidence of sexual abuse; 3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment, and 4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.
- The PAQ indicated that the number of all medical and mental health care practitioners who work regularly at this facility who received training required by the agency policy is 14, which is 100% of all medical and mental health care practitioners required to receive the training.
- Interviews with Medical and Mental Health staff confirmed that medical and mental health care practitioners received specialized training regarding sexual abuse and sexual harassment via the National Institute of Corrections website. Interviews concluded that the training included topics such as 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.
- A review of medical and mental health training records provided that those sampled had completed the NIC specialized training as required by agency policy.

### 115.35 (b):

- The PAQ indicated that the facility does not conduct forensic medical examinations.
- SOP 6495 instructs that Brig medical staff will not conduct sexual assault forensic examination, page 21.
- MFR- PREA Standard 115.35, states that Brig medical staff do not conduct sexual assault forensic examinations; However, the Brig Medical Officer shall

offer all victims of sexual abuse access to forensic medical examinations at an outside qualified medical facility, without financial cost, where evidentiary or medically appropriate.

- Interviews with Medical and Mental Health staff indicated that staff at the NAVCON Brig Charleston does not conduct forensic examinations.

115.35 (c):

- The PAQ indicated that the agency maintains documentation showing that medical and mental health practitioners have completed the required training.
- SOP 6495 provides that the Clinical Services Director and Medical Branch Head will ensure documentation of completed training in reference to this standard is scanned and forwarded to the Training Officer and PREA Compliance Manager for file, archive, and audit.
- The Auditor reviewed multiple randomly selected training files of medical and mental health care practitioners which provided that specialized training was received and documented. The facility provided copies of certificates of completion of multiple medical and mental health practitioners.

115.35 (d):

- The PAQ indicated that medical and mental health care practitioners shall also receive the training mandated for employees under § 115.31.
- SOP 6495 provides that all medical and mental health care practitioners who work regularly in the facility will receive the training mandated for staff under 115.31
- A review of randomly selected files indicated that 100% of staff files reviewed received annual training as required by standard 115.31 and 115.35.

Based on the systematic analysis of the PAQ, curriculum and training files, and policies and procedures, the Auditor finds that facility appears to be compliant with this standard.

115.41	Screening for risk of victimization and abusiveness
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	Documentation: <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. SOP 6495 - PREA Compliance</li> <li>3. NAVCOM Brig Charleston - Screening for Risk of Victimization and Abusiveness</li> </ol>

tool

4. Department of the Navy, Navy Personnel Command - PREA Guidance Letter #1
5. SOP 1002 - Mental Health Services
6. NAVCOM Brig Charleston - Prisoner Background Request Form
7. Department of the Navy, Naval Consolidated Brig Charleston, PREA Annual Review
8. Memorandum for Record (MFR) - PREA Standard 115.41(g), Post Incident
9. Memorandum for Record (MFR) - PREA Standard 115.41(h), No Discipline for refusal of screening
10. Memorandum for Record (MFR) - PREA Standard 115.41(i), Dissemination of Information
11. Memorandum for Record (MFR) - PREA Standard 115.83 (a)-(h), Clinical PREA Tracker
12. NAVCON Brig Charleston - Alpha Report (Prisoner Roster)
13. NAVCON Brig Charleston - PREA Outcome Measures
14. Email - LGBTI Clinical Tracker

Interviews:

1. PREA Coordinator (PC)
2. PREA Compliance Manager (PCM)
3. Staff Responsible for Risk Screening
4. Random Prisoners

Site Review Observations:

- The Auditor observed and confirmed that the risk screening is completed by risk screening staff in the intake area of the facility. Additionally, within 14 days of arrival, the prisoner is again screened for risk of victimization and abusiveness by clinical. The prisoner is then screen a third time within 6 months of arrival by a clinical practitioner.
- The screening process occurs in a the intake area of the facility which has offices that are utilized to conduct the screening in as much privacy as possible.
- Due to the timing of the onsite review, there were no prisoners brought into the facility for intake. The Auditor was given an overview and walk through of the intake area by the Intake Officer and the PREA Compliance Manager. During informal conversations, the intake officer described the process of intake and confirmed that interviews are conducted with as much privacy as possible and the screening questions are asked in a manner that provides comfort and elicits responses.
- The Auditor reviewed random samples of risk screenings of prisoners and confirmed that 100% of randomly selected files contained completed initial, and 14-day screenings, while few still awaited a 6-month review.
- The Auditor had informal conversations with persons confined in the facility

regarding the risk screening process which confirmed that each recalled having the screening performed in a confidential manner.

Findings:

The facility has demonstrated that they have reached and excelled in compliance with this standard based on the Auditors analysis of documentation, interviews with persons confined and staff, and the onsite review.

115.41 (a):

- The PAQ indicates that the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates.
- SOP 6495 - PREA Compliance provides that within 24 hours of arrival at the facility, all prisoners will be assessed utilizing the objective screening instrument (Screening for Risk of Victimization and Abusiveness Form) provided by the Model Manager, enclosure (5). This screening form attempts to identify any potential vulnerabilities or tendencies of acting out with sexually aggressive behavior.
- SOP 1002 - Mental Health Services provides that any prisoner with a positive initial screening are seen the next business day after arrival and for a follow up 14 days later. Following the 14 day assessment, a prisoner's risk level shall be reassessed by the Unit Team or Clinical Services Department when warranted due to a referral, request, incident of sexual misconduct, or receipt of additional information, or conviction that bears on the prisoner's risk of sexual victimization or abusiveness. Clinical will provide a 6 month follow up screening for those identified at risk. Subsequent follow up screening will adhere to above standard.
- Department of the Navy, Navy Personnel Command - PREA Guidance Letter #1, page 9, Screening for Risk of Victimization and Abusiveness, states, upon transfer to another facility is interpreted as "received from another facility" based on 115.41(b). All confinement facilities shall use the common objective screening instrument provided by the Model Manager.
- Interviews with Staff Responsible for Risk Screening indicated that the facility screens prisoners upon admission to your facility or transfer from another facility for risk or sexual abuse victimization or sexual abusiveness toward other inmates.
- Interviews with random confined persons confirmed that the facility questioned whether confined persons have been in jail or prison, whether confined persons ever been sexually abused, whether the confined person identifies as being gay, lesbian, or bisexual, and whether confined persons think they might be in danger of sexual abuse in the facility.
- During the onsite review, the Auditor reviewed the risk screening process with the Intake Officer. Based on the onsite review, the risk screening process occurs in the intake area where there are confidential areas for interviews

with prisoners that is a secure. Informal conversations with staff indicated that screening questions are presented in a manner that fosters comfort and elicits responses. The facility utilizes an obstructive screening instrument to collect information; asks confined persons in the facility about their sexual orientation and gender identity; utilizes additional sources of information, and provides a subsequent score to determine a risk of being sexually abused or being sexually abusive.

115.41 (b):

- The PAQ indicated that the policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake.
- SOP 6495 - PREA Compliance provides that within 24 hours of arrival at the facility, all prisoners will be assessed utilizing the objective screening instrument (Screening for Risk of Victimization and Abusiveness Form) provided by the Model Manager, enclosure (5). This screening form attempts to identify any potential vulnerabilities or tendencies of acting out with sexually aggressive behavior.
- SOP 1002 - Mental Health Services, provides that following the 14 day assessment, a prisoner's risk level shall be reassessed by the Unit Team or Clinical Services Department when warranted due to a referral, request, incident of sexual misconduct, or receipt of additional information, or conviction that bears on the prisoner's follow up screening for those identified at risk. Subsequent follow up screening will adhere to the above standard.
- The PAQ indicated the number of prisoners entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility was 98.
- Interviews with staff responsible for risk screening confirmed that prisoners are screened for risk of sexual victimization or risk of sexually abusing other prisoners within 72 hours of their intake.
- Interviews with random incarcerated persons indicated that prisoners were asked questions regarding whether they had been in jail or prison before, whether they have been sexually abused, whether they identify with being gay, lesbian, or bisexual, and whether they think they might be in danger of sexual abuse in the facility.
- A review of a sample of prisoner records confirmed that all were screened within 72 hours of arrival at the facility.

115.41 (c):

- The PAQ indicated the risk assessment is conducted using an objective screening instrument.
- SOP 6495 - PREA Compliance, provides that within 24 hours of arrival at the

facility, all prisoners will be assessed utilizing the objective screening instrument (Screening for Risk of Victimization and Abusiveness).

- SOP 1002 - Mental Health Services indicates that within 24 hours of arrival at the facility, all prisoners will be assessed utilizing the objective screening instrument (Screening for Risk of Victimization and Abusiveness Form)

115.41 (d):

- The PAQ indicated that the intake screening shall 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; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate's criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; (9) The inmate's own perception of vulnerability; and (10) Whether the inmate is detained solely for civil immigration purposes.
- SOP 6495 - PREA Compliance, indicated that the intake screening , at a minimum, considers the following criteria to assess prisoners for risk of sexual victimization; (1) Whether the prisoner has a mental, physical, or developmental disability; (2) the age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate's criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; (9) The inmate's own perception of vulnerability; and (10) Whether the inmate is detained solely for civil immigration purposes.
- Interviews with staff responsible for risk screening indicated that the screening tool considers prisoners disabilities, prisoners age, prisoners build, prisoners previous incarceration, prisoners criminal history, prisoners perceived sexual orientation, previous sexual victimization, perception of vulnerability, and whether detention is related to civil immigration. Interviews indicated that the process of conducting the initial screening includes meeting with prisoners in a confidential area, asking the prisoner screening questions in a respectful manner, and utilizing the screening tool and score to make housing and programming decisions.
- A review of the risk screening instrument indicated that the screening tool includes each item prescribed by the PREA standard. Items 1 - 13 of the screening tool provides the items prescribed by the standards to assess risk.
- Due to the timing of the onsite review, there were no prisoners brought into the facility for intake. The Auditor was given an overview and walk through of the intake area by the Intake Officer and the PREA Compliance Manager.

During informal conversations, the intake officer described the process of intake and confirmed that interviews are conducted with as much privacy as possible and the screening questions are asked in a manner that provides comfort and elicits responses.

- The Auditor reviewed random samples of risk screenings of prisoners and confirmed that 100% of randomly selected files contained completed initial, and 14-day screenings, while few still awaited a 6-month review.
- The Auditor had informal conversations with persons confined in the facility regarding the risk screening process which confirmed that each recalled having the screening performed in a confidential manner.

115.41 (e):

- The PAQ indicated that the initial 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 agency, in assessing inmates for risk of being sexually abusive.
- SOP 6495 provides that the intake screening, at a minimum, considers the following criteria to assess prisoners for risk of sexual victimization; (1) Prior acts of sexual abuse; (2) Prior convictions for violent offenses, and (3) History of prior institutional violence or sexual abuse, as known to the facility. For prisoner transfers, Receiving and Release staff will review the prisoner's transfer record for the aforementioned. Security staff will conduct a NCIC check and notify the Clinical Services Director if a prisoner has been arrested for or convicted of the aforementioned offenses.
- A review of prisoner files concluded that 100% of randomly reviewed files had a screening for risk of victimization and abusiveness form completed.
- A review of the Screening for Risk of Victimization and Abusiveness provided that the tool assesses the risk of abusiveness (questions 15 - 21).
- A review of randomly selected files indicated that the facility does conduct NCIC checks to identify if an inmate has a criminal history of sexual abuse.
- Interviews with staff responsible for risk screening indicated that the risk screen tool considers previous incarceration, criminal history, and previous sexual victimization of an inmate.
- The Auditor confirmed that the Intake Officer is responsible for conducting the intake process and the initial risk screening. After the initial, Clinical Services is responsible for conducting the 14 day review, and the 6 month review of prisoners.
- Due to the timing of the onsite review, there were no prisoners brought into the facility for intake. The Auditor was given an overview and walk through of the intake area by the Intake Officer and the PREA Compliance Manager.  
During informal conversations, the intake officer described the process of intake and confirmed that interviews are conducted with as much privacy as possible and the screening questions are asked in a manner that provides comfort and elicits responses.

- The Auditor reviewed random samples of risk screenings of prisoners and confirmed that 100% of randomly selected files contained completed initial, and 14-day screenings, while few still awaited a 6-month review.
- The Auditor had informal conversations with persons confined in the facility regarding the risk screening process which confirmed that each recalled having the screening performed in a confidential manner.

115.41 (f):

- The PAQ indicated that the policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The number of prisoners entering the facility within the past 12 months was 86. The facility indicated that 100% of prisoners were reassessed for their risk of being sexually victimized or of being sexually abusive within 30 days after their arrival at the facility.
- SOP 6495 - PREA Compliance provides that within 14 days of the arrival at the facility, the Clinical Services Department will reassess the prisoner's risk of victimization or abusiveness.
- SOP 1002 - Mental Health Services provides that any prisoner with a positive initial screening are seen the next business day after arrival and for a follow up 14 days later. Following the 14 day assessment, a prisoner's risk level shall be reassessed by the Unit Team or Clinical Services Department when warranted due to a referral, request, incident of sexual misconduct, or receipt of additional information, or conviction that bears on the prisoner's risk of sexual victimization or abusiveness. Clinical will provide a 6 month follow up screening for those identified at risk. Subsequent follow up screening will adhere to the above standard.
- A review of the Screening for Risk of Victimization and Abusiveness tool indicates that prisoners will be screened at intake and reassessed by Clinical within 14 days of arrival at the facility. The facilities Alpha Report provides when prisoner have had a Initial, 14 day, and 6 month reassessment.
- Interviews with staff responsible for risk screening indicated that prisoners are reassessed 14 days after arrival and 6 months after arrival. Prisoners may also be reassessed in new information is found, by request, referral, or if there is an incident of sexual misconduct.
- Interviews with randomly selected prisoners concluded that all prisoners interviewed recalled being questioned regarding their criminal history, their gender identity, whether they were sexually abused, or their fear for safety in the facility, by the intake officer.
- A review of randomly selected prisoner files provided that 100% of files reviewed contained a completed initial assessment, a 14-day reassessment, and a 6 month assessment, (if applicable).

115.41 (g):



- The PAQ indicated that the requires that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.
- SOP 6495 - PREA Compliance provides that within 14 days of the arrival at the facility, the Clinical Services Department will reassess the prisoner's risk of victimization or abusiveness. A prisoner's risk level will be reassessed by the Unit Team or Clinical Services Department when warranted due to a referral, request, incident of sexual misconduct, or receipt of additional information, or conviction that bears on the prisoner's risk of sexual victimization or abusiveness.
- SOP 1002 - Mental Health Services provides that any prisoner with a positive initial screening are seen the next business day after arrival and for a follow up 14 days later. Following the 14 day assessment, a prisoner's risk level shall be reassessed by the Unit Team or Clinical Services Department when warranted due to a referral, request, incident of sexual misconduct, or receipt of additional information, or conviction that bears on the prisoner's risk of sexual victimization or abusiveness. Clinical will provide a 6 month follow up screening for those identified at risk. Subsequent follow up screening will adhere to the above standard.
- A review of the Screening for Risk of Victimization and Abusiveness tool indicates that prisoners will be screened at intake and reassessed by Clinical within 14 days of arrival at the facility. The facilities Alpha Report provides when prisoner have had a Initial, 14 day, and 6 month reassessment.
- Interviews with staff responsible for risk screening indicated that prisoners are reassessed as needed due to a referral, request, incident of sexual abuse, or receipt of additional information.
- Interviews with randomly selected prisoners concluded that all prisoners interviewed recalled being questioned being reassessed. Multiple prisoners provided time frames between 1-2 weeks and several months later, but all confirmed they were reassessed.
- A review of randomly selected prisoner files provided that 100% of files reviewed contained a completed initial assessment, a 14-day reassessment, and a 6 month assessment, (if applicable).

115.41 (h):

- The PAQ indicated that the policy prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related to) questions regarding: (a) whether or not the inmate has a mental, physical, or developmental disability; (b) whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) whether or not the inmate has previously experienced sexual victimization; and (d) the inmate's own perception of vulnerability.
- SOP 6495 - PREA Compliance states prisoners may not be disciplined for refusing to answer, or for not disclosing complete information in response to

questions asked.

- SOP 1002 - Mental Health Services, page 12, states prisoners may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions.
- MFR - PREA Standard 115.41(h) states, in accordance with the reference, prisoners may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked by staff when determining the risk of victimization or abusiveness.
- Interviews with staff responsible for risk screening indicated that prisoners are not disciplined in any way for refusing to respond to or for not disclosing complete information asked during to the risk screening.

115.41 (i):

- The PAQ indicated that the agency implements 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.
- SOP 6495 - PREA Compliance provides that the Risk of Victimization and Abusiveness Form will be maintained within the prisoner's clinical record. Dissemination of the information contained within the form will be on a need-to-know basis to ensure that sensitive information is not exploited to the prisoner's detriment by staff or other prisoners.
- SOP 1002 - Mental Health Services states that the original Risk of Victimization and Abusiveness Form shall be maintained within the prisoner's clinical record. Dissemination of the information contained within the form shall be on a need to know basis to ensure that sensitive information is not exploited to the prisoner's detriment by staff or other prisoners.
- MFR - PREA Standard 115.41(h) states, in accordance with the reference, prisoners may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked by staff when determining the risk of victimization or abusiveness.
- Interviews with the PREA Coordinator indicated that the agency policy outlines that only individuals with a need to know has access to prisoners risk assessment within the facility. Individuals who have access are listed in the policy and are the Commanding Officer, Executive Officer, Technical Director, Technical Advisor, Clinical Services Director, Prisoner Management Director, Unit Manager, PREA Compliance Manager, and members of the Classification and Assignment Board.
- Interviews with the PREA Compliance Manager indicated that the agency does not provide access to prisoners risk assessment who do not have a need to know.
- Interviews with staff responsible for risk screening provided that only staff with a need to know can have access to an inmate's risk assessment within the facility in order to protect sensitive information.
- During the onsite review, the Auditor observed the physical storage area for

	<p>prisoner files. The area was located in a secure area of the facility. Files are secured by lock and key and the computer is secured by password.</p> <ul style="list-style-type: none"> <li>• Informal conversations with intake staff confirmed that files and information is secured and person who have access is restricted.</li> </ul> <p>Based on a systematic review and analysis of the PAQ, facility SOPs and applicable documentation, interviews, and a review of prisoner files indicated the facility exceeds the standard. The standard requires an initial risk assessment and reassessment within 30 days of arrival at the facility. The facility provides prisoners with an initial assessment, a reassessment within 14-days of arrival, and a reassessment within 6 months of arrival. Additionally, the facility provides a reassessment upon notice of new information, requests, referral, or incidents of sexual misconduct.</p>
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<b>115.42</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. SOP 6495 - PREA Compliance</li> <li>3. Screening for Risk of Victimization and Abusiveness Form</li> <li>4. Department of the Navy, Bureau of Naval Personnel (BUPERS) Instructions 1640.22</li> <li>5. SOP 1002 - Mental Health Services</li> <li>6. SOP 605 - Adult Internal Management System (AIMS) Classification</li> <li>7. AIMS Instructions &amp; Worksheets</li> <li>8. AIMS Classification - Victimization (screenshot)</li> <li>9. Department of the Navy, Naval Consolidated Brig Charleston, Daily Change Sheet (Classification and Assignment Board)</li> <li>10. Memorandum for Record (MFR) - Standard 115.42</li> <li>11. NAVCON Brig Charleston - Clinical PREA Tracker</li> <li>12. NAVCON Brig Charleston - Alpha Report</li> <li>13. Pictures of Facility Showers</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. PREA Coordinator (PC)</li> <li>2. PREA Compliance Manager (PCM)</li> <li>3. Staff Responsible for Risk Screening</li> <li>4. Transgender/Intersex prisoners</li> </ol>

## Site Review Observations

- The Auditor observed housing assignments for transgender and intersex prisoners to shower separately from other prisoners.

## Findings

The facility has demonstrated that they have reached compliance with this standard based on the Auditors analysis of documentation, interviews with persons confined and staff, and the onsite review.

### 115.42 (a):

- The PAQ indicated the agency/facility uses information from the risk screening required by §115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those prisoners at high risk of being sexually victimized from those at high risk of being sexually abusive.
- SOP 6495 - PREA Compliance states (a) the Clinical Services department will inform the Classification and Assignment Board (CAB) if a prisoner is identified as PREA positive for risk of victimization or abusiveness. The CAB will use this information to inform housing, cell/bed assignment, work, education, and program assignments with the goal of keeping separate those prisoners at high risk of being sexually victimized from those at high risk of being sexually abusive. The prisoner Adult Internal Management System (AIMS) classification is specifically used with male prisoners to separate potential victims from victimizers, but AIMS will not be the sole factor in determining housing assignment. (b) The Prisoner Management Department Director will make recommendations to the CO regarding individualized determinations about how to ensure the safety of each prisoner.
- BUPERSINST 1640.22, Naval Corrections Manual, states Adult Internal Management System (AIMS). Under AIMS, also known as the "Quay" classification system, prisoners with like personalities (Alfa, Beta, Gamma) background, and behavior patterns are separated by quarters assignment and sometimes in programmatic (e.g., recreation/ work) areas. AIMS is not used for custody or incentive determination. Use of AIMS in Navy post-trial brig is required. Each classification and assignment board or unit board shall consider a prisoner's AIMS classification in assignment of quarters, program, and work.
- SOP 1002 - Mental Health Services provides that (a) Clinical staff shall provide pertinent information of the prisoner's screening results to the Classification and Assignment Board regarding positive or negative status and any additional follow up deemed necessary. The Prisoner Management Director shall use this information for housing, cell/bed assignment, work, education, and program assignments with the goal of keeping separate those prisoners at high risk of being sexually victimized from those at high risk of being sexual abuse.
- SOP 605 - AIMS Classification provides that (a) all prisoners will be AIMS

classified as part of the written prisoner classification plan during orientation. The objectives of this plan are to place prisoners in the proper groups indicated for berthing, working party assignment, and program placement.

- Secretary of the Navy Instructions 1640.9a, AIMS Classification, states on page one, The AIMS group assignment is determined in an objective manner by compiling information from prisoner's life histories during the orientation phase and by observing their behaviors in the orientation housing unit. Prisoners are assigned specific living quarters following orientation based on their AIMS group designation, except those prisoners assigned to Special Quarters. The intent of the system is to separate prisoners into homogenous living groups, thereby inducing a more harmonious environment. AIMS also allows staff to plan and offer more appropriate programs and work assignments for each of the groups, linking the compatibility with unit management.
- Interviews with the PREA Compliance Manager indicated that the facility uses information from the risk screening to make housing and programming decisions and to keep prisoners from being sexually victimized or being sexually abusive.

115.42 (b):

- The PAQ indicated that agency/facility makes individualized determinations about how to ensure the safety of each prisoner.
- SOP 6495 - PREA Compliance states (a) the Clinical Services department will inform the Classification and Assignment Board (CAB) if a prisoner is identified as PREA positive for risk of victimization or abusiveness. The CAB will use this information to inform housing, cell/bed assignment, work, education, and program assignments with the goal of keeping separate those prisoners at high risk of being sexually victimized from those at high risk of being sexually abusive. The prisoner Adult Internal Management System (AIMS) classification is specifically used with male prisoners to separate potential victims from victimizers, but AIMS will not be the sole factor in determining housing assignment. (b) The Prisoner Management Department Director will make recommendations to the CO regarding individualized determinations about how to ensure the safety of each prisoner.
- BUPERSINST 1640.22, Naval Corrections Manual, states Adult Internal Management System (AIMS). Under AIMS, also known as the "Quay" classification system, prisoners with like personalities (Alfa, Beta, Gamma) background, and behavior patterns are separated by quarters assignment and sometimes in programmatic (e.g., recreation/ work) areas. AIMS is not used for custody or incentive determination. Use of AIMS in Navy post-trial brigs is required. Each classification and assignment board or unit board shall consider a prisoner's AIMS classification in assignment of quarters, program, and work.
- SOP 1002 - Mental Health Services provides that (a) Clinical staff shall provide pertinent information of the prisoner's screening results to the Classification

and Assignment Board regarding positive or negative status and any additional follow up deemed necessary. The Prisoner Management Director shall use this information for housing, cell/bed assignment, work, education, and program assignments with the goal of keeping separate those prisoners at high risk of being sexually victimized from those at high risk of being sexual abuse.

- SOP 605 - AIMS Classification provides that (a) all prisoners will be AIMS classified as part of the written prisoner classification plan during orientation. The objectives of this plan are to place prisoners in the proper groups indicated for berthing, working party assignment, and program placement.
- Secretary of the Navy Instructions 1640.9a, AIMS Classification, states on page one, The AIMS group assignment is determined in an objective manner by compiling information from prisoner's life histories during the orientation phase and by observing their behaviors in the orientation housing unit. Prisoners are assigned specific living quarters following orientation based on their AIMS group designation, except those prisoners assigned to Special Quarters. The intent of the system is to separate prisoners into homogenous living groups, thereby inducing a more harmonious environment. AIMS also allows staff to plan and offer more appropriate programs and work assignments for each of the groups, linking the compatibility with unit management.
- Interviews with staff responsible for completion of the risk screen confirmed that the risk assessment is utilized to determine what housing assignment each prisoner has dependent on their category (Alfa, Beta, or Gamma). The risk assessment also helps in determining what type of education needs, programming needs, clinical needs, and medical needs a prisoner needs. During the initial assessment, prisoners are asked questions about there gender identity and feelings of safety that is taken into consideration in determining their housing assignment. The CAB ensures that potential victims and potential predators are not housed together or placed in a position where someone can be harmed.

115.42 (c):

- The PAQ indicated that, in deciding whether to assign a transgender or intersex prisoner to a facility for male or female prisoners, the agency shall consider on a case-by-case basis whether a placement would ensure the prisoner's health and safety.
- SOP 6495 - PREA Compliance provides on page 23, [Navy Personnel Command] NAVPERSCOM (PERS-00D) designates the place for confinement for transgender or intersex prisoners. Upon assignment, the CAB will consider, on a case-by-case basis, housing and programming assignments to ensure the transgender or intersex prisoner's health and safety, and whether the placement would present management or security problems.
- BUPERSINST 1640.22 provides Naval Corrections Manual, states Adult Internal Management System (AIMS). Under AIMS, also known as the "Quay"

classification system, prisoners with like personalities (Alfa, Beta, Gamma) background, and behavior patterns are separated by quarters assignment and sometimes in programmatic (e.g., recreation/ work) areas. AIMS is not used for custody or incentive determination. Use of AIMS in Navy post-trial brig is required. Each classification and assignment board or unit board shall consider a prisoner's AIMS classification in assignment of quarters, program, and work.

- SOP 605 - AIMS Classification states prisoners are assigned to a specific housing unit based on their AIMS classification. The AIMS group assignment is determined in an objective manner by compiling information from prisoners life histories during the orientation phase and by observing their behaviors in the orientation housing unit. Prisoners are assigned specific living quarters following orientation based on their AIMS group designation, except those prisoners assigned to Special Quarters. The intent of the system is to separate prisoners into homogenous living groups, thereby inducing a more harmonious environment.
- A review of the facility's Screening for Risk of Victimization and Abusiveness form identifies prisoners who self-identify as transgender or intersex.
- The facility documents its housing and programming decisions for transgender and intersex prisoners on the Classification and Assignment Board (CAB) memo. A review of this form provided that the CAB has reviewed prisoners who identify as transgender and/or intersex and those identified as vulnerable.
- Interviews with the PREA Compliance Manager provided that the facility determines housing and program assignments for transgender or intersex prisoners by utilization of the AIMS and discussions with the CAB. The CAB discusses all new prisoners housing assignments, work assignments, special moves, custody levels, and disciplinary actions. The objective is to keep the prisoner safe but allow them to access to all available programs and work assignments.
- An interviews with transgender/intersex prisoners indicated that staff asked questions about the prisoners safety. Additionally, transgender/intersex prisoners provided that they were not placed in a housing area only for transgender or intersex prisoners. Interviews provided that prisoners did not feel that they were strip-searched for the sole purpose of determining their gender status.

115.42 (d):

- The PAQ indicated that placement and programming assignments for each transgender or intersex prisoner shall be reassessed at least twice each year to review any threats to safety experienced by the prisoners.
- SOP 6495 - PREA Compliance, provides that placement and programming assignments for each transgender or intersex prisoner will be reassessed, using the Risk of Victimization and Abusiveness Form, enclosure (5), at least twice each year to review any threats to safety experienced by the prisoner.

The results of these assessments will be briefed at the CAB

- A review of Risk of Victimization and Abusiveness forms for transgender/intersex prisoners confirmed that reassessments were conducted at intake, 14-days after intake, and 6 months after intake.
- Interviews with the PREA Compliance Manager provided that the facility provides reassessments for health and safety, placement, and programming for transgender and intersex prisoner at least annually. The facility has one self-identified transgender prisoner who has not yet had a reassessment due to the 6 month reassessment occurring recently. Additionally, those prisoners that are considered vulnerable are discussed for housing and programming more often by the CAB.
- Interviews with staff responsible for conducting the risk screen provided that Mental Health Services and the CAB conduct reassessments of prisoners after the initial assessment is conducted. Mental Health Services and the CAB reassess 14 days of arrival, 6 months after arrival, and every 6 months for those who identify as transgender or intersex. The facility has one prisoner who identifies as transgender who has not been at the facility long enough to do a second 6 month reassessment.

115.42 (e):

- The PAQ indicated that a transgender or intersex prisoner's own views with respect to his or her own safety shall be given serious consideration.
- SOP 6495 - PREA Compliance provides that a transgender or intersex prisoner's own views with respect to his or her own safety will be given serious consideration.
- Interviews with the PREA Compliance Manager indicated that an intersex or transgender prisoner's views of their own safety would be given serious consideration in placement and programming assignments.
- Interviews with staff responsible for conducting the risk assessments provided that transgender and/or intersex prisoners are asked about their views of their safety and their answers and concerns are given serious consideration. The risk assessment is provided to clinical staff who meet with the prisoner to discuss the concerns typically the next business day. Additionally the prisoners concerns are discussed at the CAB when making housing decisions.
- Interviews with transgender/intersex prisoners indicated that they were asked questions regarding their thoughts about safety. Interviews indicated that due to the concerns discussed during the initial assessment, the prisoner was placed in their current dorm where they feel safer with less aggressive prisoners.
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115.42 (f):

- The PAQ indicated that transgender and intersex prisoners shall be given the opportunity to shower separately from other prisoners



- SOP 6495 provides on page 23 that all prisoners will shower separately in private shower stalls. As such, transgender and intersex prisoners shower separately from other prisoners.
- Interviews with the PREA Compliance Manager indicated that the facility only has individual showers and all prisoner shower separately. If a transgender or intersex prisoner wishes to shower at a different time than other prisoners, this would be accommodated, but no such request has ever been made.
- Interviews with staff responsible for conducting the risk screening provided that all prisoners are given the opportunity to shower separately, including transgender and intersex prisoners.
- Interviews with transgender/intersex prisoners indicated that all prisoners shower alone.
- During the onsite review, the Auditor observed the shower areas in each housing area are individual showers with steel doors. The facility provided that transgender prisoners would be provided accommodations if requested, but there has not been a request.

115.42 (g):

- The PAQ indicated that the agency shall not place lesbian, gay, bisexual, transgender, or intersex prisoners in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such prisoners.
- SOP 6495 states that gay, bisexual, transgender, intersex (GBTI), and gender nonconforming prisoners will not be housed in dedicated housing units solely on the basis of such identification or status, unless otherwise directed by higher authority.
- Interviews with the PREA Coordinator indicated that the agency utilizes the AIMS and CAB to house prisoners and does not place lesbian, gay, bisexual, transgender, or intersex prisoners in facilities, units or wings solely on the basis of their sexual orientation or gender identity.
- Interviews with the PREA Compliance Manager provided that the facility is not under a consent decree, legal settlement, or legal judgement requiring that it establish a dedicated facility unit, or wing for lesbian, gay, bisexual, transgender, or intersex prisoners.
- Interviews with transgender/intersex/gay prisoners indicated that transgender/intersex/gay prisoners do not believe that they have been placed in dedicated housing for transgender, intersex, gay, or bisexual prisoners.

Based on a systematic analysis and review of the PAQ, interviews with prisoners and staff, documentation and prisoner records, the Auditor finds that the facility is compliant with this standard.

**115.43 Protective Custody**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

## Documentation:

1. Pre-Audit Questionnaire
2. SOP 6495 - PREA Compliance
3. SOP 509 - Special Quarters
4. Memorandum for Record (MFR) - PREA Standard 115.43 (b)-1 (Voluntary PC)
5. Memorandum for Record (MFR) - PREA Standard 115.43(c)-1,(d)-1 (Involuntary PC)
6. NAVCON Brig Charleston - PREA Outcome Measures

## Interviews:

1. Warden or Designee
2. Staff who Supervise Prisoners in Segregated Housing
3. Prisoners in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse)

## Findings:

The facility has demonstrated that they have reached compliance with this standard based on the Auditors analysis of documentation, interviews with persons confined and staff, and the onsite review.

## 115.43 (a):

- The PAQ indicates that the agency has a policy prohibiting the placement of prisoners 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.
- SOP 6495, PREA Compliance, states prisoners at high risk for sexual victimization will not be placed in involuntary administrative segregation unless the prisoner requests protective custody or an assessment by the CAB of all available alternatives has been made and a determination has been made that there is no available means of separation form likely abusers.
- SOP 509, Special Quarters [SQ], states on page 21, a prisoner is admitted to SQ [for protective custody] PC only when there is documentation that is warranted and no reasonable alternatives are available.
- MFR - PREA Standard 115.43(a)-1, provides that Naval Consolidated Brig Charleston's policy prohibits placing of prisoners at high risk of 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 means of separation from likely abusers

- The PAQ provides that there were zero prisoners at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment
- Interviews with the Commanding Officer (Warden) indicated that the agency has multiple policies prohibiting placing prisoners at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas. The facility has not housed any prisoners in involuntary housing in segregated housing in lieu of other housing areas who were at high risk for sexual victimization or who have alleged sexual abuse.
- A review of prisoners records did not provide any indication that prisoners were placed in involuntary segregated housing.

115.43 (b):

- The PAQ indicated that prisoners placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: (1) The opportunities that have been limited; (2) The duration of the limitation; and (3) The reasons for such limitations.
- SOP 6495, PREA Compliance, provides that prisoners placed in administrative segregation for this purpose will have access to programs, privileges, education, commissary, library, social services, counseling services, religious guidance, recreational , and work opportunities to the extent possible. If access to programs, privileges, education, or work opportunities are restricted, the Director of Prisoner Management will document such restrictions as listed below on the DD Form 509 and Special Handling Letter/ Supplemental Form: (1) The opportunities that have been limited; (2) The duration of the limitation; and (3) The reasons for such limitations.
- SOP 509 - Special Quarters, states (b) [Administrative Segregation] ASEG is not punitive. Prisoners in ASEG shall be provided equal living conditions as general population contingent upon the SHI authorized by the CO or designee. (5) Protective Custody (PC) a prisoner is admitted to SQ for PC only when there is documentation that it is warranted and no reasonable alternatives are available. They should be allowed to participate in as many programs that are afforded to the general population as possible, providing such participation does not threaten brig security or the prisoners well-being.
- The auditor did not interview any prisoners who were in segregated housing for risk of sexual victimization or who allege to have suffered sexual abuse. The facility provided that there were no prisoners who were placed in segregated housing. A review of investigative files and housing records provided no indication of prisoners being involuntarily placed in segregated housing who were at high risk for sexual victimization or who have alleged to

have been sexually abused.

115.43 (c):

- The PAQ indicated that there were no prisoners in the past 12 months at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement.
- Interviews with the Commanding Officer (Warden) indicated that no prisoners have been assigned to involuntary segregated housing while awaiting alternative placement
- Interviews with staff who supervise prisoners in segregated housing provided that prisoners are not placed involuntary segregated housing while awaiting alternative placement.
- The auditor did not interview any prisoners who were in segregated housing for risk of sexual victimization or who allege to have suffered sexual abuse. The facility provided that there were no prisoners who were placed in segregated housing. A review of investigative files and housing records provided no indication of prisoners being involuntarily placed in segregated housing who were at high risk for sexual victimization or who have alleged to have been sexually abused.

115.43 (d):

- The PAQ indicated there were no prisoners placed in segregated housing in the past 12 months for risk of victimization.
- SOP 6495, PREA Compliance provides that if an involuntary segregated housing assignment is made that the facility will document in the prisoner record the need for administrative segregation, the basis of concern for the prisoner's safety, and the reason why no alternative means of separation can be arranged.
- MFR - PREA Standard 115.43 (c)1-(d)1 provides that from April 2023 to present, the NAVCON Brig Charleston has had zero incidents of prisoners at risk of sexual victimization who were assigned to involuntary segregated housing.

115.43 (e):

- The PAQ indicated that if an involuntary segregated housing assignment is made, the facility affords each such prisoner a review every 30 days to determine whether there is a continuing need for separation from the general population.
- SOP 6495, PREA Compliance states the Classification and Assignment Board (CAB) will review the status of each prisoner assigned to Protective Custody every seven calendar days, to determine whether there is a continuing need for separation from the general population.

	<ul style="list-style-type: none"> <li>• MFR - PREA Standard 115.43 (c)1-(d)1 provides that from April 2023 to present, the NAVCON Brig Charleston has had zero incidents of prisoners at risk of sexual victimization who were assigned to involuntary segregated housing.</li> <li>• Interviews with staff who supervise prisoners in segregated housing indicated no prisoners have been assigned to involuntary segregated housing, if there had been, the CAB would review the prisoners case every seven days.</li> </ul> <p>Based on a systematic analysis and review of the PAQ, interviews with prisoners and staff, documentation and prisoner records, the Auditor finds that the facility is compliant with this standard.</p>
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<b>115.51</b>	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. SOP 6495 - PREA Compliance</li> <li>3. HQ Email - Anonymous Reporting Procedures</li> <li>4. Office of the Under Secretary of Defense (OUSD) Memo - Reporting Options for Prisoners in Military Confinement Facilities Under the Prison Rape Elimination Act</li> <li>5. SOP 306 - Standards of Conduct</li> <li>6. NAVCON Brig Charleston - Prisoner Handbook</li> <li>7. National PREA Resource Center - Inmate Education Facilitator's Guide</li> <li>8. National PREA Resource Center - Inmate Education Video</li> <li>9. NAVCON Brig Charleston - Prison Training Acknowledgement</li> <li>10. NAVCON Brig Charleston - Prison Rape Elimination Act Training PowerPoint</li> <li>11. NAVCON Brig Charleston - PREA Staff Training Lesson Plan</li> <li>12. NAVCON Brig Charleston - PREA Staff Training Acknowledgement and Receipt of "Preventing Sexual Misconduct Against Prisoners" Training</li> <li>13. Department of Defense (DoD) Safe Helpline [RAINN] web page</li> <li>14. PREA Poster(s) zero tolerance / PREA is a priority / Who should report sexual abuse?</li> <li>15. NAVCON Brig Charleston - PREA Intake Information Sheet</li> <li>16. NAVCON Brig Charleston - PREA Trifold: English/Spanish</li> <li>17. NAVCON Brig Charleston - PREA Resource Information [Phones]</li> <li>18. Memorandum for Record (MFR) - PREA Standard 115.51 (b)-1 [Reporting Methods]</li> <li>19. Memorandum for Record (MFR) - PREA Standard 115.51 (b)-2 [Civil</li> </ol>

Immigration]

Interviews:

1. PREA Compliance Manager (PCM)
2. Random Staff
3. Random Prisoners

Site Review Observations:

- During the site review the Auditor observed posted and printed signage throughout the facility including posters, pamphlets, brochures, and audit notices.
- Signage included audit notices, how to report sexual abuse and sexual harassment, access to outside victim emotional support services, and other relevant PREA information.
- Posted information could be easily read and assessable to all persons in the facility
- Posted information included information regarding access to emotional support services and external reporting methods.
- Informational language what services are available and for what purposes.
- Signage is provided in English and Spanish
- The signage text sis, formatting, and physical placement accommodates most readers, including those of average height or low vision/visually impaired.
- The information provided by the signage is not obscured, damaged, unreadable, or missing information.
- The Auditor contacted the numbers provided on the posters, stickers, and documents and verified that information was correct.
- During the site review, the Auditor observed writing instruments, grievance forms, reporting form, and paper available for prisoners on the staff desk in each unit.
- The Auditor observed the mail process. The mail process includes the prisoners placing mail into a secure mail drop box that is picked up on a daily basis by one of two staff members who have access. Receptacles are located in the units and halls, clearly marked, and locked with padlocks.
- Informal conversations with staff responsible for sending and receiving mail and persons confined in the facility regarding the process of sending and receiving mail. Mail room staff confirmed that mail correspondence is kept private, confidential, and/or privileged.
- The Auditor observed the physical storage areas of the facility. The facilities file storage area is a secure area of the facility that is locked with file cabinets accessible by key. Electronic devices are locked and only accessible by password.
- Informal conversations with staff regarding access to secure files confirmed that only staff with a need to know and specified access are allowed access to prisoner medical, mental health, sexual abuse, and sexual harassment report

files.

Findings:

The facility has reached compliance with this standard based on analysis of documentation, interviews with staff, and the onsite review.

115.51 (a):

- The PAQ indicated the agency has established procedures allowing for multiple internal ways for prisoners to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other prisoners or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents.
- SOP 6495, PREA Compliance, provides that the agency has provided multiple internal ways for prisoners to privately report sexual misconduct, retaliation by other prisoners or staff for reporting sexual misconduct, and staff neglect or violation of responsibilities that may have contributed to such incidents.
- SOP 306, Standards of Conduct, states staff may privately report sexual misconduct of prisoners via the DoD Safe helpline, Sexual Assault Response Coordinators (SARC), Sexual Assault Prevention and Response point of contact (SAPR POC), Inspector General (IG). Prisoners who are victims of sexual abuse have the options to report the incident to a designated staff member as well as others.
- MFR 115.51(b)-1 - States from June 2021 to present, there have been procedures for allowing multiple methods and access to advocates from prisoners privately. Prisoners may contact Joint Base Charleston Sexual Assault Response Coordinator (SARC), Department of Defense Safe Help Line and People Against Rape (PAR), Medical University of South Carolina (MUSC) as outlined in the PREA Intake Information Sheet, Prisoner Handbook, and posters throughout the facility
- A review of the NAVCON Prisoner Handbook (page 13), PREA Intake Information Sheet, PREA Trifolds, and 7 posters posters includes multiple ways to report.
- Interviews with 14 random staff indicated that prisoners can privately report sexual abuse and sexual harassment, and retaliation to any staff member, by calling the DoD helpline, by contacting the SARC, by speaking with medical personnel. Interviews with staff provided that staff are very knowledgeable of the methods for which a prisoner could report.
- Interviews with 14 random prisoners indicated that prisoners are able to privately report by utilizing the phone system and calling the DoD helpline, calling the SARC, writing a Chit, or speaking with any staff member.

115.51 (b):

- The PAQ indicated the agency provides at least one way for prisoners to report abuse or harassment to a public or private entity or office that is not part of the agency. Agency policy requires prisoners detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.
- SOP 6495, PREA Compliance, states such reports can be made to a staff member other than the prisoner's immediate supervisor to include the CMEO, SAPR, Chaplain, medical and mental health personnel, anonymously, through a third party or by submitting a DD Form 510, Prisoner Request, via the CO's mail box.
- SOP 306, Standards of Conduct, provides that Prisoners who are victims of sexually abuse have the option to report the incident to a designated staff member as well as others: CDO, Leading Chief Petty Officer (LCPO), counselor, SAPR POC, Chaplain, or any staff member he might trust; through a third party reporting; or the DoD Safe Helpline per NAVCONBRIGCHASNSOP 6495. MFR 115.51(b)-1, Reporting Methods, states Prisoners may contact Joint Base Charleston Sexual Assault Response Coordinator (SARC), Department of Defense Safe Help Line and People Against Rape (PAR), Medical University of South Carolina (MUSC) as outlined in the PREA Intake Information Sheet, Prisoner Handbook, and posters throughout the facility
- The PAQ indicated that the agency has a policy requiring prisoners detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.
- The agency does not detain prisoners solely for civil immigration purposes.
- A review of the NAVCON Prisoner Handbook (page 13), PREA Intake Information Sheet, PREA Trifolds, and 7 posters posters includes multiple ways to report. The Auditor tested and observed that signage was posted throughout the facility and provided information on ways to report confidentially.
- Interviews with the PREA Compliance Manager confirmed that the facility provide multiple ways for prisoners to report sexual abuse or sexual harassment. Prisoners may contact the DoD helpline, and outside entity not apart of the agency, to report abuse. To contact the DoD helpline, prisoners are not required to enter their PIN. The instructions provides that the caller must dial 1111 and may remain anonymous.
- Interviews with random prisoners provided that they are able to use the phones to call the DoD helpline, can put in a Chit to the Commanding Officer, speak to mental health or medical, or tell any staff member.

115.51 (c):

- The PAQ indicated the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties.



	<ul style="list-style-type: none"> <li>• SOP 6495, PREA Compliance, provides that staff must accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Page 25, section D, provides that staff must document reports immediately.</li> <li>• SOP 306, Standards of Conduct provides that prisoners can report and staff must accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties.</li> </ul> <p>115.51 (d):</p> <ul style="list-style-type: none"> <li>• The PAQ indicated the agency has established procedures for staff to privately report sexual abuse and sexual harassment of prisoners.</li> <li>• SOP 6495, PREA Compliance, provides that staff can contact the DoD safe helpline, SARC, SAPR, Inspector General (IG), etc.</li> <li>• SOP 306, Standards of Conduct, page 4, provides that staff can contact the DoD safe helpline, SARC, SAPR, Inspector General (IG), etc.</li> <li>• The NAVCON Brig Charleston's Staff PREA Lesson Plan provides instructions that staff must accept reports from prisoners concerning sexual abuse and sexual harassment, and ways prisoners and staff can contact the DoD safe helpline, SARC, SAPR, Inspector General (IG), and others.</li> <li>• Interviews of 14 random staff indicated that prisoners can report the DoD safe helpline, SARC, SAPR, Inspector General (IG), medical and mental health staff, or any staff member.</li> </ul> <p>Based on a strategic analysis of documentation and files, interviews with prisoners and staff, reviews of training documentation, educational materials for staff and prisoners, and the PAQ, the facility appears to be compliant with this standard.</p>
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<b>115.52</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. SOP 6495 - PREA Compliance</li> <li>3. Federal Register - Exemption</li> <li>4. Prisoner Handbook</li> <li>5. Memorandum For Record (MFR) 115.52 - Exhaustion of Administrative Remedies</li> </ol>

## 6. Intake Information Sheet

### Interviews:

- Prisoners Who Reported a Sexual Abuse

### Findings:

The facility has reached compliance with this standard based on analysis of documentation, interviews with prisoners, and the onsite review.

### 115.52 (a):

- the PAQ indicated that agency has an administrative procedure for dealing with prisoner's grievances regarding sexual abuse.
- Per MFR 115.52, Exhaustion of Administrative Procedures, the Naval Consolidated Brig Charleston is exempt from this standard. Administrative remedy procedures are not appropriate for complaints or allegations of sexual misconduct. Navy Corrections currently lacks such procedures for responding to allegations of sexual misconduct and DOJ interpretations, is not required to create them.
- SOP 6495, PREA Compliance, the Naval Consolidated Brig Charleston is exempt from this standard. Administrative remedy procedures are not appropriate for complaints or allegations of sexual misconduct. Navy corrections currently lacks such procedures for responding to allegations of sexual misconduct and DOJ interpretations, is not required to create them. Although exempt, the following grievance procedures are provided for clarification of grievance processing.

### 115.52 (b):

- The PAQ provides that the agency policy or procedure allows a prisoner to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred.
- Per MFR 115.52, Exhaustion of Administrative Procedures, the Naval Consolidated Brig Charleston is exempt from this standard. Administrative remedy procedures are not appropriate for complaints or allegations of sexual misconduct. Navy Corrections currently lacks such procedures for responding to allegations of sexual misconduct and DOJ interpretations, is not required to create them.
- The NAVCON prisoner handbook provides the procedures for reporting sexual abuse and sexual harassment which does not include a grievance process. NAVCON Brig Charleston does not have a grievance process or procedure per the Technical Director's Memorandum for Record 115.52.
- NAVCON Brig Charleston does not impose a timeframe for reporting due to the facility not having a grievance process.

- The facility is exempt from this standard.

115.52 (c):

- The PAQ indicates the agency's policy and procedure does not allow a prisoner to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.
- Per MFR 115.52, Exhaustion of Administrative Procedures, the Naval Consolidated Brig Charleston is exempt from this standard. Administrative remedy procedures are not appropriate for complaints or allegations of sexual misconduct. Navy Corrections currently lacks such procedures for responding to allegations of sexual misconduct and DOJ interpretations, is not required to create them.
- The NAVCON prisoner handbook provides the procedures for reporting sexual abuse and sexual harassment which does not include a grievance process. NAVCON Brig Charleston does not have a grievance process or procedure per the Technical Director's Memorandum for Record 115.52.
- NAVCON Brig Charleston does not impose a timeframe for reporting due to the facility not having a grievance process.
- The facility is exempt from this standard.

115.52 (d):

- The PAQ indicates that the agency's policy and procedure does not require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.
- Per MFR 115.52, Exhaustion of Administrative Procedures, the Naval Consolidated Brig Charleston is exempt from this standard. Administrative remedy procedures are not appropriate for complaints or allegations of sexual misconduct. Navy Corrections currently lacks such procedures for responding to allegations of sexual misconduct and DOJ interpretations, is not required to create them.
- The NAVCON prisoner handbook provides the procedures for reporting sexual abuse and sexual harassment which does not include a grievance process. NAVCON Brig Charleston does not have a grievance process or procedure per the Technical Director's Memorandum for Record 115.52.
- NAVCON Brig Charleston does not impose a timeframe for reporting due to the facility not having a grievance process.
- Interviews with prisoners who have reported sexual abuse provided that prisoners who reported sexual abuse were told the results of their reports.
- The facility is exempt from this standard.

115.52 (e):

- The PAQ indicates the agency policy and procedure permits third parties,

including fellow prisoners, staff members, family members, attorneys, and outside advocates, to assist prisoners in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of prisoners.

- Per MFR 115.52, Exhaustion of Administrative Procedures, the Naval Consolidated Brig Charleston is exempt from this standard. Administrative remedy procedures are not appropriate for complaints or allegations of sexual misconduct. Navy Corrections currently lacks such procedures for responding to allegations of sexual misconduct and DOJ interpretations, is not required to create them.
- SOP 6495, PREA Compliance, the Naval Consolidated Brig Charleston is exempt from this standard. Administrative remedy procedures are not appropriate for complaints or allegations of sexual misconduct. Navy corrections currently lacks such procedures for responding to allegations of sexual misconduct and DOJ interpretations, is not required to create them. Although exempt, the following grievance procedures are provided for clarification of grievance processing.
- The NAVCON prisoner handbook provides the procedures for reporting sexual abuse and sexual harassment which does not include a grievance process. NAVCON Brig Charleston does not have a grievance process or procedure per the Technical Director's Memorandum for Record 115.52.
- NAVCON Brig Charleston does not impose a timeframe for reporting due to the facility not having a grievance process.
- The facility is exempt from this standard.

115.52 (f):

- The PAQ indicated the agency has a policy and established procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse.
- Per MFR 115.52, Exhaustion of Administrative Procedures, the Naval Consolidated Brig Charleston is exempt from this standard. Administrative remedy procedures are not appropriate for complaints or allegations of sexual misconduct. Navy Corrections currently lacks such procedures for responding to allegations of sexual misconduct and DOJ interpretations, is not required to create them.
- SOP 6495, PREA Compliance, the Naval Consolidated Brig Charleston is exempt from this standard. Administrative remedy procedures are not appropriate for complaints or allegations of sexual misconduct. Navy corrections currently lacks such procedures for responding to allegations of sexual misconduct and DOJ interpretations, is not required to create them. Although exempt, the following grievance procedures are provided for clarification of grievance processing.
- The NAVCON prisoner handbook provides the procedures for reporting sexual abuse and sexual harassment which does not include a grievance process. NAVCON Brig Charleston does not have a grievance process or procedure per

the Technical Director's Memorandum for Record 115.52.

- NAVCON Brig Charleston does not impose a timeframe for reporting due to the facility not having a grievance process.
- The facility is exempt from this standard.

115.52 (g):

- The PAQ indicated the agency does not have a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. The PAQ indicated that there have been no prisoners disciplined for filing in the previous twelve months.
- Per MFR 115.52, Exhaustion of Administrative Procedures, the Naval Consolidated Brig Charleston is exempt from this standard. Administrative remedy procedures are not appropriate for complaints or allegations of sexual misconduct. Navy Corrections currently lacks such procedures for responding to allegations of sexual misconduct and DOJ interpretations, is not required to create them.
- SOP 6495, PREA Compliance, the Naval Consolidated Brig Charleston is exempt from this standard. Administrative remedy procedures are not appropriate for complaints or allegations of sexual misconduct. Navy corrections currently lacks such procedures for responding to allegations of sexual misconduct and DOJ interpretations, is not required to create them. Although exempt, the following grievance procedures are provided for clarification of grievance processing.
- The NAVCON prisoner handbook provides the procedures for reporting sexual abuse and sexual harassment which does not include a grievance process. NAVCON Brig Charleston does not have a grievance process or procedure per the Technical Director's Memorandum for Record 115.52.
- NAVCON Brig Charleston does not impose a timeframe for reporting due to the facility not having a grievance process.
- The facility is exempt from this standard.

Based on a systematic review and analysis of the documentation and files, interviews with staff, and a review of the PAQ, the Auditor finds that the facility is compliant with this standard.

115.53	Inmate access to outside confidential support services
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documentation:

1. Pre-Audit Questionnaire
2. SOP 6495 - PREA Compliance
3. PREA Resource Information
4. Reporting Methods MFR
5. Prisoner Handbook
6. PREA Intake Information Sheet
7. PREA trifold - English
8. PREA trifold - Spanish
9. Brig Website
10. PREA Poster 1
11. PREA Poster 2
12. PREA Poster 3
13. Prisoner Phone Booth
14. DoD Safe Helpline Poster
15. DoD Safe Helpline Web Page
16. Victim Advocacy Training Participant Guide
17. SAPR Checklist for Navy
18. SAFE Helpline Contract
19. MOU MUSC Trauma Center
20. MOU People Against Rape
21. Civil Immigration MFR

Interviews:

1. Random Prisoners
2. Prisoners who Reported a Sexual Abuse

Site Review Observations:

- During the site review the Auditor observed posted and printed signage throughout the facility including posters, pamphlets, brochures, and audit notices.
- Signage included audit notices, how to report sexual abuse and sexual harassment, access to outside victim emotional support services, and other relevant PREA information.
- Posted information could be easily read and assessable to all persons in the facility
- Posted information included information regarding access to emotional support services and external reporting methods.
- Informational language what services are available and for what purposes.
- Signage is provided in English and Spanish
- The signage text size, formatting, and physical placement accommodates most readers, including those of average height or low vision/visually impaired.
- The information provided by the signage is not obscured, damaged, unreadable, or missing information.

- The Auditor contacted the numbers provided on the posters, stickers, and documents and verified that information was correct.
- During the site review, the Auditor observed writing instruments, grievance forms, reporting form, and paper available for prisoners on the staff desk in each unit.
- The Auditor observed the mail process. The mail process includes the prisoners placing mail into a secure mail drop box that is picked up on a daily basis by one of two staff members who have access. Receptacles are located in the units and halls, clearly marked, and locked with padlocks.
- Informal conversations with staff responsible for sending and receiving mail and persons confined in the facility regarding the process of sending and receiving mail. Mail room staff confirmed that mail correspondence is kept private, confidential, and/or privileged.
- The Auditor observed the physical storage areas of the facility. The facilities file storage area is a secure area of the facility that is locked with file cabinets accessible by key. Electronic devices are locked and only accessible by password.

Informal conversations with staff regarding access to secure files confirmed that only staff with a need to know and specified access are allowed access to prisoner medical, mental health, sexual abuse, and sexual harassment report files.

Findings:

The facility has reached compliance with this standard based on analysis of documentation, interviews with prisoners, and the onsite review.

115.53 (a):

- The PAQ indicated that the facility provides prisoners with access to outside victim advocates for emotional support services related to sexual abuse.
- SOP 6495, PREA Compliance, provides that the agency provides access to outside victim advocates for emotional support related to sexual abuse by giving prisoners mailing address and telephone numbers to victim advocates or rape crisis organizations and enable reasonable communication in as confidential a manner as possible, to include other local, state, or national victim advocacy or rape crisis organizations.
- DON, NAVCOM Brig Charleston MOU between the facility and People Against Rape [Tri-County S.P.E.A.K.S], provides that a written memorandum of understanding is provided for the implementation and execution of a sexual assault prevention and response program intended to provide emotional support and guidance to victims of sexual assault during administrative, medical, investigative, and legal procedures. The MOU provides that PAR will respond to the needs of sexual assault victims, support victims and family members, explain reporting options and procedures to victims, assist victims in understanding of administrative, medical investigative and legal processes

and resources, encouraged victims to see professional counseling and advise how to access follow-up care, among other things.

- The Medical University of South Carolina (MUSC) Women and Infant Services MOU with the facility provides that the facility maintains a partnership with People Against Rape (PAR) [Tri-County S.P.E.A.K.S] in providing advocates to respond to hospital examinations. In addition, the MOU provides that MUSC will continue to provide training which includes introduction to providing advocacy at MUSC.
- The facility's "PREA Intake Information Sheet" provided to prisoners provides that a sexual assault prevention and response advocate is assigned to the brig and is on call 24 hours per day. Additionally, the document explains to prisoners that many victim advocacy options are available from community-based organizations not affiliated with the brig or military to include the DoD Safe Helpline [RAINN] and People Against Rape (PAR) [Tri-County S.P.E.A.K.S]. The document provides the phone numbers to the facility's Sexual Assault Response Coordinator (SARC), Sexual Assault Prevention and Response (SAPR) Civilian Victim Advocate, an additional SARC, and the DoD Safe Help Line (RAINN). The intake document provides that the phone numbers may be called from the prisoners phone system using PIN 111111 without cost and will not be recorded.
- During the onsite review, the Auditor observed and tested the phone system and hotline numbers provided to prisoners. The numbers provided for reporting and outside advocacy are listed on stickers on the phones and were accessible without the use of a PIN.
- During the onsite review, the Auditor observed several posters, fliers, and information posted throughout the facility, to include the living units and common areas of both prisoners and staff that included ways to make reports and information on outside advocacy. Information provided was in both English and Spanish.
- The facility does not hold prisoners solely for civil immigration purposes.
- Interviews with 14 randomly selected prisoners indicated that prisoners were allowed to make reports without giving their name, can make reports of sexual abuse or sexual harassment either in person or in writing to friends or family, to any employee, write a form 510 request, or allow someone to make a report for them. None of the 14 randomly selected prisoners acknowledged making a report of being sexually harassed while in this facility.
- Interviews with prisoners who reported sexual abuse confirmed that the phone numbers and address were provided to outside services including the Inspector General's Office. The prisoner reported that they were able to talk with outside reporting services while with the victims advocacy services.

115.53 (b)

- The PAQ indicated that the facility informs prisoners prior to giving them access to outside support services, the extent to which such communications will be monitored; and, of the mandatory reporting rules governing privacy,



confidentiality, and/or privileges that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

- SOP 6495 - PREA Compliance, provides that the facility will inform prisoners, via the PREA Intake Information Sheet, prisoner rules and regulations, posters and other printed materials that calls made to advocacy organizations may be made from any prisoner phone, are not monitored or recorded, and the extent to which reports of abuse will be forwarded to authorities per mandatory reporting laws. The SOP also provides on page 26 that reports of sexual abuse/harassment directed to outside agencies are subject to their governing policy regarding privacy, confidentiality and/or privileges that apply to such disclosures.
- A review of the facility's "PREA Intake Information Sheet" indicates that such information is provided to prisoners in writing during intake and signed by the prisoner.
- A review of 20 prisoner files indicated that 100% of all randomly selected files included signed PREA Information Sheets.
- Interviews with 14 randomly selected prisoners concluded that none have filed a report of sexual abuse or sexual harassment either in person or in writing.
- An interview with a prisoner who reported sexual abuse provide that they were able to communicate confidentially and that information would only be shared with the prisoners consent.

115.53 (c)

- The PAQ indicated that the facility maintains a memorandum of understanding (MOU) with community service providers that are able to provide inmate with emotional support services related to sexual abuse.
- SOP 6495, PREA Compliance provides that the PREA Compliance Manager, in coordination with Clinical, will maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide prisoners with confidential emotional support services related to sexual abuse. The PREA Compliance Manger will maintain copies of agreements or documentation.
- The facility provided an MOU between the NAVCOM Brig Charleston and People Against Rape (PAR) [Tri-County S.P.E.A.K.S] for confidential emotional support services, and an MOU between the facility and the Medical University of South Carolina (MUSC) which provides that MUSC has an MOU with PAR that provides victims of sexual abuse with emotional support services, to include prisoners.

Based on a systematic review and analysis of the documentation and files, interviews with staff, and a review of the PAQ, the Auditor finds that the facility is compliant with this standard.

<b>115.54</b>	<b>Third-party reporting</b>
	<p data-bbox="256 188 959 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="256 264 544 297"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="256 340 488 374">Documentation:</p> <ol data-bbox="312 412 1070 1016" style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Brig Website</li> <li>3. PREA Intake Information Sheet</li> <li>4. PREA Posters</li> <li>5. SOP 6495</li> <li>6. Resource Information posted at all Prisoner phones</li> <li>7. PREA trifolds English and Spanish</li> <li>8. Safe Helpline poster</li> <li>9. PREA Poster Visitation</li> </ol> <p data-bbox="256 1059 416 1093">Interviews:</p> <ol data-bbox="312 1131 608 1164" style="list-style-type: none"> <li>1. Random Prisoners</li> </ol> <p data-bbox="256 1202 628 1236">Site Review Observations:</p> <ul data-bbox="328 1305 1465 2047" style="list-style-type: none"> <li>• During the site review, the Auditor observed posted and printed signage throughout the facility including posters, pamphlets, brochures, and audit notices.</li> <li>• Signage included audit notices, how to report sexual abuse and sexual harassment, access to outside victim emotional support services, and other relevant PREA information.</li> <li>• Posted information could be easily read and assessable to all persons in the facility</li> <li>• Posted information included information regarding access to emotional support services and external reporting methods.</li> <li>• Informational language what services are available and for what purposes.</li> <li>• Signage is provided in English and Spanish</li> <li>• The signage text size, formatting, and physical placement accommodates most readers, including those of average height or low vision/visually impaired.</li> <li>• The information provided by the signage is not obscured, damaged, unreadable, or missing information.</li> <li>• The Auditor contacted the numbers provided on the posters, stickers, and</li> </ul>

documents and verified that information was correct.

- During the site review, the Auditor observed writing instruments, grievance forms, reporting form, and paper available for prisoners on the staff desk in each unit.

Findings:

The facility has reached compliance with this standard based on analysis of documentation, interviews with prisoners, and the onsite review.

115.54 (a)-1:

- The PAQ indicated the facility provides a method to receive third-party reports of prisoner sexual abuse or sexual harassment.
- Brig website indicates the facility encourages any and all forms of reporting, to include prisoner family members and representatives, in confidence or anonymous, to community-based, or outside organizational resources provided.
- PREA Intake Information Sheet states, family members and others have access to the 24-hour hotlines
- SOP 6495, PREA Compliance, provides that the agency provides access to outside victim advocates for emotional support related to sexual abuse by giving prisoners mailing address and telephone numbers to victim advocates or rape crisis organizations and enable reasonable communication in as confidential a manner as possible, to include other local, state, or national victim advocacy or rape crisis organizations
- PREA Resource Information posted at all Prisoner Phones DoD Safe Helpline is the primary means for prisoners to report, such reports are forwarded through the Sexual Assault Response Coordinator (SARC).
- The facility's PREA Trifold in English and Spanish explains that the facility encourages any and all forms of reporting, to include family members of confined individuals, attorneys or representatives, in confidence or anonymous, to resources within the facility or outside independent community-based organizations.
- Safe Helpline Posters posted throughout the facility provides toll free numbers for the advocacy hotline, SAPR CIV VA, and INSTALLATION SARC.
- The Auditor tested all phones and numbers provided to ensure that the provided numbers gave access to reporting and emotional support services.

Based on a systematic review and analysis of the documentation and files, interviews with staff, and a review of the PAQ, the Auditor finds that the facility is compliant with this standard.

**Auditor Overall Determination: Meets Standard**

**Auditor Discussion**

Documentation:

1. Pre-Audit Questionnaire
2. SOP 6495
3. PREA Incident Response Checklist
4. SOP 306 Standards of Conduct
5. PREA Guidance Letter
6. Limits of Confidentiality CHS
7. Department of the Navy (DON) - NCIS PREA Investigations (email)
8. Memorandum for Record (MFR) - 115.61 (c) - Limits of Confidentiality CHS
9. MFR - 115.61 (c) - Rights for Prisoner's Clients
10. MFR - 115.61 (d) - Youthful Offenders
11. MFR - 115.61 (d) - Population Age at Confinement
12. MFR - 115.61 (a) - Incidents of Staff on Prisoners

Interviews:

1. Random Staff
2. Medical and Mental Health Staff
3. Warden (Commanding Officer) or Designee
4. PREA Coordinator

Site Review Observations:

- During the site review, the Auditor conducted random informal conversations with posted staff and prisoners. Informal conversations during the walk through provided that staff understood and were able to articulate the reporting methods that are available for both prisoners and staff and how/who they could report to privately, anonymously, and confidently without fear of retaliation.

Findings:

The facility has reached compliance with the standard based on analysis of documentation, interviews with staff, and the onsite review.

115.61 (a):

- The PAQ indicated that the agency requires all staff to report immediately and according to policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. This includes requiring all staff to report immediately and according to agency policy any retaliation against

prisoners or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

- SOP 6495, PREA Compliance, provides on page 26 that staff will immediately report to the CDO for immediate action any knowledge, suspicion or information of sexual misconduct or any retaliation against staff or prisoners who reported an incident of sexual abuse or staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.
- SOP 306, Standards of Conduct provides the same guidance as SOP 6495 specific to the requirements of the standard.
- Interviews with 14 randomly selected samples of staff indicated that facility requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment of prisoners or retaliation against staff or prisoners

115.61 (b):

- The PAQ indicated that apart from reporting to designated supervisors or officials, staff shall not reveal 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.
- SOP 6495, PREA Compliance, page 27, section (b), instructs that staff will not reveal any information related to a sexual misconduct report to anyone other than on a need-to know basis in order to make treatment, investigation, and other security and management decisions (e.g., designated supervisors or officials, clinical services, SAPR, CO, XO, TD, etc.)
- A review of the PREA Incident Response Checklist provides a list of individual positions that are to be notified of a sexual abuse allegation which includes Base Security, SARC, OPS Officer, Investigations, PREA Compliance Manager, Clinical Services Director, Legal Officer, Technical Director, XO, and CO.
- Interviews with 14 randomly selected samples of staff provided that the facility requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment of prisoners or retaliation against staff or prisoners. Staff were very knowledgeable of the procedures of reporting the methods that could be used to report.

115.61 (c):

- The PAQ indicated that unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform prisoners of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.
- SOP 6495, PREA Compliance, directs on page 27, section (c), unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph

(a) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

- Interviews with medical and mental health staff provided that prisoners are provided the limitations of confidentiality and their duties to report. Staff are knowledgeable of their requirement to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a supervisor or official. Interviews with medical and mental health staff indicated that none interviewed have become aware of incidents of sexual abuse or sexual harassment to report them.

115.61 (d):

- The PAQ indicated that if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.
- SOP 6495, PREA Compliance, provides that if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.
- Interviews with the Commanding Officer [Warden] provided that the facility does not house youthful prisoners.
- Interviews with the PREA Coordinator concluded that the facility does not house youthful prisoners. In the very remote occasion of a youthful prisoner confined in a Navy Brig, the intent of standard 115.14/115.61 shall apply.

115.61 (e):

- The PAQ indicated that the facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.
- SOP 6495, PREA Compliance, provides that the facility will report all allegations of sexual misconduct, including third-party and anonymous reports, to NCIS per reference (g).
- Interviews with the Commanding Officer [Warden] which provided that the facility will report all allegations of sexual misconduct, including third-party and anonymous reports, to NCIS or OSI.
- The facility provided three reports of sexual abuse/harassment which were sent to investigators for review and investigation.

Based on a systematic review of the PAQ, documentation and files, SOPs and Memorandums for Record, Interviews with staff, and the onsite review, the Auditor finds this facility is compliant with this standard.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documentation:

1. Pre-audit questionnaire
2. SOP 6495, PREA Compliance
3. PREA Incident Response Procedures form (enclosure 7)
4. NAVCON Brig Charleston Notification of Investigation Status IRT PREA Allegations form (enclosure 8)
5. Memorandum for Record (MFR) - PREA Standard 115.62 (a) - Protective Custody
6. MFR - PREA Standard 115.62 (a) - Imminent Risk
7. NAVCON Brig Charleston PREA National Standards Annual Review for Calendar Year 2023
8. NAVCON Brig Charleston PREA Outcome Measures

Interviews:

1. Agency Head
2. Warden (Commanding Officer)

Findings:

The facility has reached compliance with the standard based on analysis of documentation, interviews with staff, and the onsite review.

115.62 (a):

- The PAQ indicated that when the facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). The PAQ also indicated that in the past 12 months, the facility has determined that there were no inmates that were subject to a substantial risk of imminent sexual abuse and no time was spent taking action.
- SOP 6495, PREA Compliance, provides that any prisoner who feels at substantial risk of imminent sexual abuse may submit an emergency request, whether or not in the form of a DD Form 510 grievance to any member orally or in writing per paragraph 5.d.(1)(a). All emergency requests will be forwarded to the CDO who will take immediate action (e.g., separate victim from alleged abuser, placement on protective custody, etc.) to protect the prisoner per reference (k) and notify the CO. If the CO is the subject of the emergency request, the emergency request will be forwarded to NAVPERSCOM (PERS-00D) for action.
- Interviews with the Director (Agency Head) indicated that the facility will

	<p>report all allegations of sexual abuse and sexual harassment including third-party and anonymous reports, to NCIS or OSI.</p> <ul style="list-style-type: none"> <li>• Interviews with the Command Officer provided that any prisoner who feels at substantial risk of imminent sexual abuse may submit an emergency request, whether or not in the form of a DD Form 510 grievance to any staff member orally or in writing per paragraph 5.d.(1)(a). All emergency requests will be forwarded to the CDO who will take immediate action (e.g., separate victim from alleged abuser, placement on protective custody, etc.) to protect the prisoner per reference (k) and notify the CO. If the CO is the subject of the emergency request, the emergency request will be forwarded to NAVPERSCOM (PERS-00D) for action. The prisoner will be given an initial response on his emergency requests within forty-eight (48) hours, and a final decision within five (5) calendar days.</li> <li>• Interviews with 14 randomly selected staff members indicated that the facility takes action immediately when they learn an inmate is at risk of imminent sexual abuse.</li> </ul> <p>Based on a review of the PAQ, documentation and files, and Interviews with staff, the Auditor finds the facility is compliant with this standard.</p>
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<b>115.63</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. SOP 6495, PREA Compliance</li> <li>3. Memorandum for Record (MFR) - 115.63 (a) - Transfer Notification</li> <li>4. NAVCOM Brig Charleston PREA Outcome Measures</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Agency Head</li> <li>2. Warden (Commanding Officer)</li> </ol> <p>Findings:</p> <p>The facility has reached compliance with the standard based on analysis of documentation, interviews with staff, and the onsite review.</p> <p>115.63 (a):</p>



- The PAQ indicated that the facility has a policy requiring that, upon receiving an allegation that a prisoner was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The PAQ also indicated that there has not been any allegations the facility received that an inmate was abused while confined at another facility.
- SOP 6495, PREA Compliance, provides that upon receiving an allegation that a prisoner was the victim of sexual misconduct while confined at another facility, the CO will notify the head of the facility/agency where the alleged abuse occurred (e.g., email, correspondence, Situation Report, etc.).

115.63 (b):

- The PAQ indicated that the facility's policy requires that the facility head provide such notification as soon as possible, but no later than 72 hours after receiving the allegation.
- SOP 6495, PREA Compliance, page 28, provides that the requirements of provision (a) will be provided as soon as possible, but no later than 72 hours after receiving the allegation.

115.63 (c):

- The PAQ indicated that the agency shall document that it has provided such notification.
- SOP 6495, PREA Compliance, provides that the PREA Compliance Manager will maintain documentation that the CO has provided such notification. This documentation will also be recorded within the prisoner record or CORMIS utilizing the DD Form 2713, Prisoner Observation Report.
- MFR - PREA Standard 115.63 - Transfer Notification, provides that in accordance with PREA Standard 115.63 - Reporting to other confinement facilities, during this audit cycle, there were zero prisoners received that made allegations of alleged sexual abuse by a staff member at another facility. If allegations were made, this facility would notify the losing facility of the allegation and would notify the Naval Criminal Investigative Service who would assume investigative jurisdiction.
- The facility provided that there were no allegations the facility received that an inmate was abused while confined at another facility.

115.63 (d):

- The PAQ indicated that the facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. The facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA

standards. The PAQ indicated that there were no allegations of sexual abuse the facility received from other facilities.

- SOP 6495, PREA Compliance, provides that if the facility receives such notification, allegations will be investigated per these standards.
- Interviews with the Director (Agency Head) provided that the agency policy adopts the PREA Standards in their entirety, as implemented at the facility level, requires that upon receiving an allegation that a prisoner was the victim of sexual abuse and sexual harassment while confined at another facility, the facility shall notify the head of the facility/agency where the alleged abuse occurred (e.g., email, correspondence, situation report, etc.) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The PREA Compliance Manager shall maintain documentation that the facility has provided such notification. This documentation shall also be recorded within the prisoner record allegations shall be investigated in accordance with these standards. If an allegation were received requiring a report to another confinement facility, it would be done so in accordance with PREA standard 115.63.
- Interviews with the Commanding Officer (Warden) provided that the facility would initiate our PREA Checklist and Investigations would be conducted. The Commanding Officer provided that there are no examples of another facility or agency reporting such allegations.

Based on a systematic analysis and review of the PAQ, documentation and files, interviews with staff, and reviews of investigations, the Auditor finds that this standard is compliant.

<b>115.64 Staff first responder duties</b>
<b>Auditor Overall Determination:</b> Meets Standard
<b>Auditor Discussion</b>
<p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. SOP 6495, PREA Compliance</li> <li>3. NAVCOM Brig Charleston PREA Outcome Measures</li> <li>4. NAVCOM Brig Charleston PREA Incident Response Checklist</li> <li>5. NAVCOM Brig Charleston PREA PowerPoint Staff Training</li> <li>6. NAVCOM Brig Charleston PREA Staff Training - Acknowledgement and Receipt of Preventing Sexual Misconduct Against Prisoners Training form (Enclosure 6)</li> <li>7. NAVCOM Brig Charleston Volunteer/Contractor/Intern/Interim Staff - PREA Training Acknowledgement Form (Enclosure 5)</li> <li>8. NAVCOM Brig Charleston PREA Incident First Responder Duties</li> </ol>

9. NAVCOM Brig Charleston PREA Incident Response Procedures (Enclosure 7)
10. National Institute of Corrections (NIC) Certificate of Completion - PREA: *Your Role in Responding to Sexual Abuse*
11. NAVCOM Brig Charleston PREA Staff Training - Completed Acknowledgement and Receipt of Training forms (Enclosure 1)
12. Memorandum for Record (MFR) - PREA Standard 115.64 - First Responder

Interviews:

1. Security Staff and Non Security 1st Responders
2. Prisoners who Reported Sexual Abuse
3. Random Staff

Findings:

The facility has reached compliance with the standard based on analysis of documentation, interviews with staff, and the onsite review.

115.64 (a):

- The PAQ indicated that the agency has a first responder policy that requires that upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) 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 (4) 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.
- The PAQ indicated that there was 1 allegation that an inmate was sexually abused and the prisoners were not separated due to the prisoners being already separated; no staff were notified within a time period that still allowed for the collection of physical evidence; no staff were notified within a time period that still allowed for the collection of physical evidence, no security staff members responded to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence; there were no allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence; and there were no allegations in the past 12 months where the first security staff member responded to reports requesting 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.

- SOP 6495, PREA Compliance, states that all facility staff are designated as first responders. Upon learning of an allegation that a prisoner was the victim of sexual misconduct, the first security staff member to respond to the report will be required to: (1) separate the alleged victim and abuser; (2) preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) if the abuse occurred within seven days of the report, there is still time for the collection of physical evidence. Ensure that the alleged victim and abuser do not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, and; (4) Immediately call medical and notify the CDO, who will inform the chain of command. If the first staff responder is not a security staff member, the responder will request that the alleged victim and abuser not take any actions that could destroy physical evidence, and then notify security staff or the CDO. All staff will complete the training identified in paragraph 5.b.(3)(b) above.
- A review of the NAVCOM Brig Charleston's PREA Incident Response Checklist provides that section 7(a) - (e) provides the victim and perpetrator was separated, the scene was preserved and protected, ensures patrols protect evidence and turn it over to NCIS when they arrived, an ECR was completed, description of evidence seized, if abuse occurred within 7 calendar days, ensure victim and abuser do not wash, brush teeth, change clothes, urinate, defecate, drink or eat.
- Interviews with security staff and non-security staff first responders indicated the actions taken as a first responder, immediate action will be taken, the victim and the perpetrator will be separated, the crime scene will be secured to protect any evidence. The victim will be asked not to shower, eat, use the restroom to preserve any evidence. The perpetrator will not be allowed to shower, use the restroom, or eat, to preserve evidence, the victim will be seen by both medical and mental health.
- Interviews with prisoners who reported a sexual abuse provided that staff responded to the prisoner the next day, the prisoners felt the staff responded quickly, the prisoners met with the counselor, and they decided to speak with the PREA representative.

115.64 (b):

- The PAQ indicated that the facility policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence; facility policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff; the number of times a non-security staff member was the first responder in the past 12 months was zero; and, of those allegations

responded to first by a non-security staff member, the number of times that staff member notified security staff was one.

- Interviews with security staff and none-security staff first responders indicated the actions taken as a first responder, immediate action will be taken, the victim and the perpetrator will be separated, the crime scene will be secured to protect any evidence. The victim will be asked not to shower, eat, use the restroom to preserve any evidence. The perpetrator will not be allowed to shower, use the restroom, or eat, to preserve evidence, the victim will be seen by both medical and mental health.
- Interviews with 14 randomly selected staff provided that if they were the first person to be alerted that a prisoner has allegedly been the victim of sexual abuse the victim and perpetrator would be separated, preserve and protect any crime scene until appropriate steps can be taken to collect any 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.

Based on a systematic analysis and review of the PAQ, documentation and files, and interviews with prisoners and staff, the Auditor finds that this standard is compliant.

115.65	Coordinated response
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. SOP 6495, PREA Compliance</li> <li>3. PREA Incident Response Checklist</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Warden (Commanding Officer)</li> </ol> <p>Findings:</p> <p>The facility has reached compliance with the standard based on analysis of</p>

	<p>documentation, interviews with staff, and the onsite review.</p> <p>115.65 (a):</p> <ul style="list-style-type: none"> <li>• The PAQ indicated the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</li> <li>• SOP 6495, PREA Compliance, provided that SOP 6495 serves as the written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</li> <li>• A review of the PREA Incident Response Checklist concluded that all requirements of the standard are included on the document.</li> <li>• Interviews with the Commanding Officer concluded that the facility's coordinated response plan is SOP 6495, dated March 26, 2024, which is the written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</li> </ul> <p>Based on a systematic analysis and review of the PAQ, documentation and files, and interviews with staff, the Auditor finds that this standard is compliant.</p>
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<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. SOP 6495, PREA Compliance</li> <li>3. Memorandum for Record (MFR) - PREA Standard 115.66 - Bargaining Unit</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Agency Head</li> </ol> <p>Findings:</p> <p>The facility has reached compliance with the standard based on analysis of documentation, interviews with staff, and the onsite review.</p>

	<p>115.66 (a):</p> <ul style="list-style-type: none"> <li>• The PAQ indicated that the facility, has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later.</li> <li>• SOP 6495, PREA Compliance, provides that the facility will 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 prisoners pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</li> <li>• MFR PREA Standard 115.66 provides that the subject standard has been reviewed and found not applicable in the operations of Naval Consolidated Brig Charleston. Naval Consolidated Brig Charleston does have a collective bargaining unit, however, has had no contract negotiations or agreements since April 2015.</li> <li>• Interviews with the Agency Head provided that the Navy Corrections System has no collective bargaining unit and follows federal regulations issued by the Office of Personnel Management in the management of civilian employees. Military staff members are not eligible for membership in a collective bargaining unit. Agency policy that adopts the PREA Standards in their entirety, as implemented at the facility level, requires that alleged staff sexual abusers shall be removed from contact with prisoner(s) pending the outcome of an investigation and disposition of the investigation.</li> </ul> <p>115.66 (b):</p> <ul style="list-style-type: none"> <li>• Auditor is not required to audit this provision</li> </ul> <p>Based on a systematic analysis and review of the PAQ, documentation and files, and interviews with staff, the Auditor finds that this standard is compliant.</p>
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<b>115.67</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. SOP 6495, PREA Compliance</li> <li>3. Department of the Navy (DON), Naval Consolidated Brig Charleston, Designation as the Primary PREA Compliance Manager/Alternate PREA Compliance Managers</li> </ol>

4. DON NAVCON Brig Charleston, PREA National Standards Annual Review for Calendar Year 2023
5. NAVCON Brig Charleston PREA Tracker form
6. Memorandum for Record (MFR) PREA Standard 115.67 (b) - Retaliation
7. MFR PREA Standard 115.67(c) - Monitoring

Interviews:

1. Agency Head
2. Warden (Commanding Officer)
3. Designated Staff Member Charged with Monitoring Retaliation
4. Prisoner Who Reported Sexual Abuse

Findings:

The facility has reached compliance with the standard based on analysis of documentation, interviews with staff, and the onsite review.

115.67 (a):

- The PAQ indicated that the agency has a policy to protect all prisoners and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. The facility has designated a staff member with monitoring for possible retaliation (PREA Compliance Manager and Assistant PREA Compliance Managers).
- SOP 6495, PREA Standards, provides that all prisoners and staff who report sexual misconduct or cooperate with sexual misconduct investigations are protected from retaliation by other prisoners or staff. The PREA Compliance Manager will be designated in writing as the Retaliation Monitor.
- A review of the DON NAVCON Brig Charleston's Designation as the primary PREA Compliance Manager and Alternate PREA Compliance Managers provides that the Commanding Officer of the Naval Consolidated Brig Charleston has designated personnel in writing as the primary and alternate PREA Compliance Managers
- A review of the DON NAVCON Brig Charleston's PREA National Standards Annual Review for Calendar Year 2023 provides that there were zero investigations determined to be substantiated in 2023 and one unsubstantiated.
- A review of MFR PREA Standard 115.67 indicated that from April 2021 to present, there have been no cases of retaliation against alleged victims or other individuals who cooperated with an investigation; all prisoners and staff who report sexual misconduct or cooperate with sexual misconduct investigations are protected from retaliation for a least ninety (90) days following a report of sexual misconduct. The PREA Compliance Manager shall monitor the conduct and treatment of prisoners or staff who reported the



sexual misconduct and of prisoners who were reported to have suffered sexual misconduct to see if there are changes that may suggest possible retaliation by prisoners or staff.

- A review of MFR - Monitoring, provides that the facility has monitored the conduct and treatment of a prisoner who allegedly reported to have suffered sexual abuse to see if there were changes that suggest possible retaliation by prisoners and staff and acted promptly to remedy any such retaliation. The memo also provides that monitoring of the prisoner for retaliation included disciplinary reports housing or program changes, or negative performance reviews. The monitoring extended beyond 90 days based on a positive risk assessment indicator.

115.67 (b):

- The PAQ indicated that the agency shall employ multiple protection measures, such as housing changes or transfers for prisoner victims or abusers, removal of alleged staff or prisoner abusers from contact with victims, and emotional support services for prisoners or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.
- SOP 6495, PREA Compliance, indicated that the facility will employ multiple protection measures, per reference (k), such as housing changes or transfers for prisoner victims or abusers, removal of alleged staff or prisoner abusers from contact with victims, and emotional support services for prisoners or staff that fear retaliation for reporting sexual misconduct or for cooperating with investigations. Cautionary administrative measures in response to sexual misconduct allegations, like temporary duty reassignments, in no way indicate a belief by the facility or agency as to guilt, responsibility, truthfulness or otherwise. Allegations will be treated as such until properly investigated and disposed of in accordance with agency policy.
- Interviews with the Agency Head indicated that Agency policy indicates all prisoners and staff who report sexual abuse and sexual harassment or cooperate with sexual abuse and sexual harassment investigations are protected from retaliation by other prisoners or staff. The PREA Compliance Manager is charged with monitoring retaliation. The facility shall act immediately (within 12-hours) to document allegations of retaliation, inquiries, disposition, and remedies shall be carried out promptly.
- Interviews with the Commanding Officer (Warden) provided that the PREA Compliance Manager monitors retaliation. The PREA Compliance Manager would inform inmates if they feel they are being retaliated against by other prisoners or staff to notify him using a DD 510 or speak with him when he visit the unit. The PREA Compliance Manager would also talk to a prisoner who reported an allegation at the 30-60-90 day marker. If the prisoner has any positive responses to retaliation, it would be documented and investigated accordingly.
- Interviews with the designated staff member charged with monitoring retaliation provided that the PREA Compliance Manager is designated as the

retaliation monitor and the facility employs protection measures such as housing changes or transfers for prisoner victims or abusers, removal of alleged staff or prisoner abusers from contact with victims, and emotional support services for prisoners or staff that fear retaliation for reporting sexual misconduct or for cooperating with investigations. Cautionary administrative measures in response to sexual misconduct allegations, like temporary duty reassignments, in no way indicate a belief by the facility or agency as to guilt, responsibility, truthfulness or otherwise. Allegations will be treated as such until properly investigated and disposed of in accordance with agency policy. The PREA Compliance Manager for at least ninety (90) days following a report of sexual misconduct, unless the investigation was unfounded. I monitor the conduct and treatment of prisoners or staff who reported the sexual misconduct and of prisoners who were reported to have suffered sexual misconduct to see if there are changes that may suggest possible retaliation by prisoners or staff. I would notify the CO of such retaliation for resolution.

- Interviews with prisoners in who reported a sexual abuse provided that prisoners answers were inconclusive about whether they felt protected enough against possible revenge from staff or other prisoners because you reported what happened.
- Reviews of investigative files provided that there were three investigations; two prisoner on prisoner sexual abuse allegation that was found to be unfounded - the PREA Incident Review Board documentation provides that protective measures were taken following the sexual abuse allegation; One prisoner on prisoner sexual abuse allegation that was found to be unsubstantiated - The PREA Incident Review Board documentation provides that protective measures were taken following the sexual abuse allegation.

115.67 (c):

- The PAQ indicated that the facility monitors the conduct or treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. The facility provided that it monitors the conduct or treatment of prisoners or staff who reported sexual abuse of prisoners for 30/60/90 days or beyond 90 days if directed or policy directs; acts promptly to remedy any such retaliation; and, there have been zero incidents of retaliation that occurred in the past 12 months.
- SOP 6495, PREA Compliance, provides that the facility will monitor the prisoner for at least 90 days following a report of sexual abuse and will monitor the conduct and treatment of the prisoner or staff who reported the sexual misconduct and of prisoners who were reported to have suffered sexual misconduct to see if there are changes that may suggest possible retaliation by prisoners or staff. The PREA Compliance Manager will notify the CO of such retaliation for resolution. Items the PREA Compliance Manager should monitor prisoner disciplinary reports, housing or programing changes, negative performance reviews, or reassignments of staff. The PREA

Compliance Manager will continue such monitoring beyond ninety (90) days if the initial monitoring indicates a continuing need. The PREA Compliance Manager will monitor prisoners to include periodic status checks (e.g., disciplinary actions, housing assignments, work, education, and program assignments, etc.) to ensure retaliation does not occur.

- An interview with the Commanding Officer (Warden) indicated that the facility has received no reports of retaliation and will monitor the prisoner for at least 90 days following a report of sexual abuse and will monitor the conduct and treatment of the prisoner or staff who reported the sexual misconduct and of prisoners who were reported to have suffered sexual misconduct to see if there are changes that may suggest possible retaliation by prisoners or staff. The PREA Compliance Manager will notify the CO of such retaliation for resolution.

115.67 (d):

- The PAQ indicated that in the case of prisoners, such monitoring shall also include periodic status checks
- Interviews with the warden indicated that the facility has received no reports of retaliation and will monitor the prisoner for at least 90 days following a report of sexual abuse and will monitor the conduct and treatment of the prisoner or staff who reported the sexual misconduct and of prisoners who were reported to have suffered sexual misconduct to see if there are changes that may suggest possible retaliation by prisoners or staff. The PREA Compliance Manager will notify the CO of such retaliation for resolution.

115.67 (e):

- The PAQ indicated that if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.
- An interview with the Agency Head provided that the facility policy adopts the PREA standards in their entirety, as implemented at the facility level, is enforced at the facility and employ multiple protection measures, such as housing changes or transfers for prisoner victims or abusers, removal of alleged staff or prisoner abusers from contact with victims, and emotional support services for prisoners or staff that fear retaliation for reporting sexual abuse and sexual harassment or for cooperating with investigations. Cautionary administrative measures in response to sexual abuse and sexual harassment allegations, like temporary duty reassignments, in no way indicate a belief by the facility or agency as to guilt, responsibility, truthfulness, or otherwise. Allegations will be treated as such until properly investigated and disposed of in accordance with agency policy.
- An interview with the Commanding Officer (Warden) indicated that if any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate actions will be taken to protect that individual against

	<p>retaliation. These measures will be documented and maintained by the PREA Compliance Manager.</p> <p>115.67 (f):</p> <ul style="list-style-type: none"> <li>• The PAQ indicated that the agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.</li> <li>• The Auditor is not required to audit this provision.</li> </ul> <p>Based on a systematic analysis and review of the PAQ, documentation and files, and interviews with prisoners and staff, the Auditor finds that this standard is compliant.</p>
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<b>115.68</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. SOP 6495, PREA Compliance</li> <li>3. SOP 509, Special Quarters</li> <li>4. Memorandum for Record (MFR) - PREA Standard 115.68 - Segregated Housing</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Warden (Commanding Officer)</li> <li>2. Staff who supervise Inmates in Segregated Housing</li> </ol> <p>Findings:</p> <p>The facility has reached compliance with the standard based on analysis of documentation, interviews with staff, and the onsite review.</p> <p>115.68 (a):</p> <ul style="list-style-type: none"> <li>• The PAQ provided that the facility has a policy prohibiting the placement of prisoners who allege to have suffered sexual abuse 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; The number of prisoners who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment was</li> </ul>

zero; for longer than 30 days while awaiting alternative placement was zero; the number of case files that include BOTH (a) a statement of the basis for facility's concern for the inmate's safety, and (b) the reason or reasons why alternative means of separation could not be arranged was zero; and, If an involuntary segregated housing assignment is made, the facility affords each such prisoner a review every 30 days to determine whether there is a continuing need for separation from the general population.

- SOP 6495, PREA Compliance, states, any use of administrative segregation to protect a prisoner who is alleged to have suffered sexual misconduct will be subject to the requirements of paragraph 5.c.(3). All post-allegation protective measures will be recorded within the prisoner record or CORMIS/applicable Management Information System (MIS).
- SOP 509, Special Quarters, provides that (5) a prisoner is admitted to SQ for PC only when there is documentation that it is warranted and no reasonable alternatives are available. PC should only be used for short periods of time, except when a prisoner needs long-term protection and the facts are well documented. They should be allowed to participate in as many programs that are afforded to the general population as possible, providing such participation does not threaten brig security or the prisoner's well-being; (f) a hearing shall be conducted to review the status of prisoners in ASEG [Administrative Segregation] (Indoctrination, Pending Investigation, Medical Segregation, Prevention of Injury, Suicide Risk, Potentially Violent or Dangerous, Escape Risk) and PC by the C&A Board within 72 hours of placing a prisoner in ASEG and every seven days thereafter, for their entire stay. The 72 hour review and 7 day review shall be documented on the SQ Review Form, enclosure (7).
- MRF 115.68 - Segregated Housing, provides that from April of 2021 to present, there have been zero instances where segregated housing was used to protect a prisoner alleged to have suffered sexual abuse.
- Interviews with the Commanding Officer (Warden) confirmed that the facility prohibits placing prisoners at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas; no prisoners have been placed in involuntary segregation; if prisoners were to be placed in involuntary segregation housing, it would be for the least amount of time necessary not ordinarily exceeding 30 days.
- Interviews with staff who supervise prisoners in segregated housing indicated that the facility has not placed any prisoners in involuntary segregated housing for being at high risk for sexual victimization or segregation.
- A review of records and documentation of housing assignments of prisoners who alleged to have suffered sexual abuse indicated that no prisoners were placed in involuntary segregated housing.

Based on a systematic analysis and review of the PAQ, documentation and files, and interviews with staff, the Auditor finds that this standard is compliant.

**115.71 Criminal and administrative agency investigations**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documentation:

1. Pre-Audit Questionnaire
2. SOP 6495, PREA Compliance
3. PREA Incident Response Procedures form (Enclosure (4))
4. Navy Tactics, Techniques, and Procedures - Law Enforcement and Physical Security NTTP 3-07.2.3
5. SOP 306, Standards of Conduct
6. Under Secretary of Defense, Directive-type Memorandum (DTM) 13-002, "Department of Defense Implementation of PREA"
7. Outside Investigator Specialized Training by NCIS Agents - NCIS Email
8. National Institute of Corrections (NIC) Certificate of Completion - PREA: Investigating Sexual Abuse in Confinement Setting
9. The Secretary of the Navy, Department of the Navy - Records Management Program / Records Management Manual
10. NAVCON Brig Charleston Prisoner Training Acknowledgement / PREA (Enclosure (3))
11. Memorandum for Record (MFR) PREA Standard 115.71 - Investigations
12. National Institute of Corrections (NIC) Certificate of Completion - PREA: Your Role in Responding to Sexual Abuse (OSI Agents)

Interviews:

1. Investigative Staff
2. Prisoners Who Reported a Sexual Abuse
3. Warden (Commanding Officer)
4. PREA Coordinator (PC)
5. PREA Compliance Manager (PCM)

Findings:

The facility has reached compliance with the standard based on analysis of documentation, interviews with staff, and the onsite review.

115.71 (a):

- The PAQ indicated that the facility has a policy related to criminal and administrative agency investigations.
- SOP 6495, PREA Compliance serves as the facility's policy related to criminal and administrative agency investigations. The SOP indicates that as soon as reasonable suspicion of sexual misconduct has occurred, the allegations will

be referred to NCIS for investigation. Should NCIS decline investigative jurisdiction, NCIS will refer the case to command criminal investigators who will conduct their own investigations into the allegations, and will do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

- A review of PREA Incident Response Procedures form (enclosure (4)) provides and documents when notifications were made to NCIS, Name of the Agent, whether the Investigation was assumed or declined, and other notifications, times and dates.
- A review of the Navy Tactics, Techniques, and Procedures (NTTP) indicates and provides guidance and instructions for the Investigative Division, Crime Scenes, Inspections and Searches, Evidence Handling and Custody Procedures, and Investigations.
- A review of DTM 13-002, provides that the Secretaries of the Military Departments are responsible and accountable for the operations of confinement facilities within their respective areas of responsibility and will develop and distribute policies, procedures, and regulations for the detection, prevention, and reduction of prison rape. At a minimum, these policies, procedures, and standards will include provisions regarding protocols for investigations, evidence collection and handling, training, education, screening, data collection, storage, and auditing consistent with the provision that all allegations of sexual assault, regardless of severity, will be immediately reported to the appropriate MCIO for investigation.
- Interviews with Investigative Staff indicated investigations are opened immediately if there is a known victim and suspect. Additionally, investigators look for viability and third-party investigations are opened, investigators look at evidence to uncover whether it is criminal or administrative.
- A review of investigative files provided that the facility had three allegations of sexual abuse in the previous 12 months. Of the three investigations, one investigation of prisoner-on-prisoner - sexual abuse, one investigation of staff-on-prisoner- voyeurism, and one investigation with an unknown suspect for sexual abuse. Of the three investigations, one investigation was unsubstantiated, and two were unfounded.

115.71 (b):

- The PAQ indicated that where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to §115.34.
- SOP 6495, PREA Compliance provides that when sexual abuse is alleged, the agency shall use investigators who have received special training pursuant to 115.34.
- A review of the NIC training certificates provided that criminal and administrative investigators completed specialized training as required by the standards.
- Interviews with Investigative Staff provided that investigators have received

training on 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 or prosecution referral.

115.71 (c):

- The PAQ indicated that Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.
- SOP 6495, PREA Compliance, indicates that NCIS investigators will gather and preserve direct and circumstantial evidence, including any available physical and Deoxyribonucleic Acid evidence and any available electronic monitoring data, will interview alleged victims, suspected perpetrators, and witnesses, and will review prior complaints and reports of sexual abuse involving the suspected perpetrator according to their protocols. should NCIS decline investigate jurisdiction, the command criminal investigators will complete the above tasks.
- A review of investigative files provided that the facility had three allegations of sexual abuse in the previous 12 months. Of the three investigations, one investigation of prisoner-on-prisoner - sexual abuse, one investigation of staff-on-prisoner- voyeurism, and one investigation with an unknown suspect for sexual abuse. Of the three investigations, one investigation was unsubstantiated, and two were unfounded. The documentation review provides that investigators reviewed electronic monitoring data, interviewed alleged victims, suspected perpetrators, and witnesses, and reviewed prior complaints and reports of sexual abuse involving the suspected perpetrator.
- Interviews with Investigative Staff indicated that investigators would start by reviewing the initial complaint, interviewing victims and potential witness, collecting testimonial, circumstantial, forensic, security camera and documentary evidence.

115.71 (d):

- The PAQ indicated that when the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.
- SOP 6495, PREA Compliance states that when the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.
- An interview with an Investigative Staff indicated that investigators would only conduct compelled interviews after consulting with NCIS.



115.71 (e):

- The PAQ indicated 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 prisoner or staff. The facility does not require a prisoner who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.
- SOP 6495, PREA Compliance, states that investigating agencies will assess the credibility of an alleged victim, suspect, or witness on an individual basis and not by the person's status as a prisoner or staff. Prisoners who allege sexual misconduct will not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation.
- Interviews with investigators concluded that the facility does not use polygraph tests or truth telling devices to compel prisoners regarding allegations of sexual abuse, they would collect the facts and follow the evidence.
- An interview with a prisoner who alleged sexual abuse provided that they were not forced to take a polygraph or other truth-telling device.

115.71 (f):

- The PAQ indicated that administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.
- SOP 6495, PREA Compliance, provided that administrative investigations (1) will include an effort to determine whether staff actions or failures to act contributed to the abuse, and (2) will be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. (3) The format for administrative investigations will be consistent with an officially approved format designated by the model manager.
- Interviews with Investigative Staff concluded that a review of whether staff actions or failures to act contributed to the sexual abuse allegation is conducted and is documented in in written reports. Reports include evidence, witness statements, a summary of the allegation and the conclusion.
- A review of administrative investigation reports concluded that the facility had three allegations of sexual abuse in the previous 12 months. Of the three investigations, one investigation of prisoner-on-prisoner - sexual abuse, one investigation of staff-on-prisoner- voyeurism, and one investigation with an unspecified suspect for sexual abuse. Of the three investigations, one investigation was unsubstantiated, and two were unfounded. The documentation review provides that investigators reviewed electronic monitoring data, interviewed alleged victims, suspected perpetrators, and

witnesses, and reviewed prior complaints and reports of sexual abuse involving the suspected perpetrator.

- During the site review, the Auditor observed the physical storage area of the facility and verified that information/documentation collected and maintained in hard copy pursuant to the PREA Standards. The records storage area is behind a locked door. Entry is controlled and file cabinets and computers were locked.

115.71 (g):

- The PAQ indicated that criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.
- SOP 6495, PREA Compliance states that criminal investigations will be 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.
- A review of administrative investigation reports concluded that the facility had three allegations of sexual abuse in the previous 12 months. Of the three investigations, one investigation of prisoner-on-prisoner - sexual abuse, one investigation of staff-on-prisoner- voyeurism, and one investigation with an unspecified suspect for sexual abuse. Of the three investigations, one investigation was unsubstantiated, and two were unfounded. The documentation review provides that investigators reviewed electronic monitoring data, interviewed alleged victims, suspected perpetrators, and witnesses, and reviewed prior complaints and reports of sexual abuse involving the suspected perpetrator. All investigations were in written format and included investigative findings.
- Interviews with Investigative Staff indicated that all criminal investigations are documented with details, witness statements, descriptions of evidence, and criminal history checks on both the victim and perpetrator.

115.71 (h):

- The PAQ indicated that substantiated allegations of conduct that appears to be criminal shall be referred for prosecution
- SOP 6495, PREA Compliance provides that substantiated allegations of conduct that appear to be criminal will be referred for prosecution.
- The PAQ indicated the number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit was zero.
- Interviews with Investigative Staff provided that the facility sends all allegations to NCIS who determines if a criminal case should proceed. Investigators provided that after all evidence is collected, investigators work with with all logical investigative steps to ensure applicable cases are referred

for prosecution.

- A review of investigative files provided that the facility had three allegations of sexual abuse in the previous 12 months. Of the three investigations, one investigation of prisoner-on-prisoner - sexual abuse, one investigation of staff-on-prisoner- voyeurism, and one investigation with an unknown suspect for sexual abuse. Of the three investigations, one investigation was unsubstantiated, and two were unfounded. The documentation review provides that investigators reviewed electronic monitoring data, interviewed alleged victims, suspected perpetrators, and witnesses, and reviewed prior complaints and reports of sexual abuse involving the suspected perpetrator. All three cases were reviewed and declined by NCIS investigators.

115.71 (i):

- The PAQ indicated that the facility retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.
- SOP 6495, PREA Compliance, states that the PREA Compliance Manager will retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the facility, plus five years. All staff and departments are required to provide the PREA Compliance Manager all documentation for file, archive, and audit. A copy of the investigation will be placed in the prisoner record and maintained per SECNAV M-5210.1

115.71 (j):

- The PAQ provided that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.
- SOP 6495, PREA Compliance provides that the departure of the alleged abuser or victim from the employment or control of the facility will not provide a basis for terminating an investigation.
- A review of investigative files provided that the facility had three allegations of sexual abuse in the previous 12 months. Of the three investigations, one investigation of prisoner-on-prisoner - sexual abuse, one investigation of staff-on-prisoner- voyeurism, and one investigation with an unknown suspect for sexual abuse. Of the three investigations, one investigation was unsubstantiated, and two were unfounded. The documentation review provides that investigators reviewed electronic monitoring data, interviewed alleged victims, suspected perpetrators, and witnesses, and reviewed prior complaints and reports of sexual abuse involving the suspected perpetrator.
- Interviews with Investigative Staff provided that the departure of the alleged abuser or victim from the employment or control of the facility will not provide a basis for terminating an investigation.

115.71 (k):

- The auditor is not required to audit this provision.

115.71 (l):

- The PAQ indicated that when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.
- SOP 6495, PREA Compliance, states that when outside agencies (e.g., NCIS, Office of Special Investigation (OSI), Criminal Investigation Command (CID), Inspector General (IG), etc.) investigates sexual misconduct, the facility will cooperate with outside investigators and will endeavor to remain informed about the progress of the investigation.
- An interview with the Commanding Officer (Warden) indicated that all allegations of sexual misconduct will be referred to NCIS for investigation. NCIS agents have been trained in conducting sexual abuse investigations. Should NCIS decline investigative jurisdiction, NCIS will refer the case to command criminal investigators who will conduct their own investigations into the allegations, and will do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Command criminal investigators will complete specialized training in sexual abuse investigations pursuant to paragraph 5.b.(6) prior to being assigned these investigations.
- An interview with the PREA Coordinator provided that the facility remains informed of the progress of a sexual abuse investigation by memorandum of agreement (MOA), the Director, Naval Criminal Investigative Service (NCIS) is designated as the "outside agency" tasked with investigation of allegations of sexual abuse. The facility leadership (Commanding Officer / Brig Officer / OIC) communicates routinely with the Special Agent-in-Charge (SAC), Assistant Special Agent-in-Charge (ASAC) or assigned Sexual Violence Unit Investigator (Special Agent) to keep informed of the progress of all sexual abuse investigation(s).
- An interview with the PREA Compliance Manager confirmed that if an outside agency investigates allegations of sexual abuse, the facility would cooperate with that outside agency and will endeavor to remain informed with the facility's investigations department on the progress of the case. The Legal Officer would also be privileged to the outcome.
- Interviews with Investigative Staff provided that a joint investigation is done, competing interviews and gathering information for agency reports.

Based on a systematic review of the PAQ, documentation and files, SOPs and Memorandums for Record, Interviews with staff, and the onsite review, the Auditor finds this facility is compliant with this standard.

	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. SOP 6495, PREA Compliance</li> <li>3. Department of the Navy (DON), NAVCON Brig Charleston, PREA National Standards Annual Review for Calendar Year 2023</li> <li>4. Memorandum For Record (MFR) 115.72 (a) - Substantiated Investigations</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Investigative Staff</li> </ol> <p>Findings:</p> <p>The facility has reached compliance with the standard based on analysis of documentation, interviews with staff, and the onsite review.</p> <p>115.72 (a):</p> <ul style="list-style-type: none"> <li>• The PAQ indicated that the facility imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</li> <li>• SOP 6495, PREA Compliance indicated that the facility will not impose an evidentiary standard higher than a preponderance of evidence in determining whether allegations of sexual misconduct are substantiated.</li> <li>• Interviews with Investigative Staff provided that the facility will not impose an evidentiary standard higher than a preponderance of evidence in determining whether allegations of sexual misconduct are substantiated.</li> <li>• A review of MRF 115.72 provides that Naval Consolidated Brig Charleston did not have any Substantiated PREA allegation in the past 12 months.</li> </ul> <p>Based on a systematic review of the PAQ, documentation and files, SOPs and Memorandums for Record, Interviews with staff, and the onsite review, the Auditor finds this facility is compliant with this standard.</p>
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<b>115.73</b>	<b>Reporting to inmates</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documentation:</p>

1. Pre-Audit Questionnaire
2. SOP 6495, PREA Compliance
3. Department of the Navy (DON), NAVCON Brig Charleston - Notification of Investigation Status of PREA Allegation
4. NAVCON Brig Charleston PREA Outcome Measures

Interviews:

1. Warden (Commanding Officer)
2. Investigative Staff
3. Prisoners Who Reported a Sexual Abuse

Findings:

The facility has reached compliance with the standard based on analysis of documentation, interviews with staff, and the onsite review.

115.73 (a):

- The PAQ indicated that the facility has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The facility reported three criminal and/or administrative investigations of alleged inmate sexual abuse completed in the past 12 months with all three providing notification to the prisoner of the results of the investigation.
- SOP 6495, PREA Compliance, provides guidance that notifications will be given to prisoners in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.
- The facility provided that there were three investigations of sexual abuse and/or sexual harassment in the previous 12 months. Of the three investigations, one investigation of prisoner-on-prisoner - sexual abuse, one investigation of staff-on-prisoner- voyeurism, and one investigation of an unknown suspect for sexual abuse. Of the three investigations, one investigation was unsubstantiated, and two were unfounded.
- A review of PREA Incident Response Procedures form (enclosure (4)) provides and documents when notifications were made to NCIS, Name of the Agent, whether the Investigation was assumed or declined, and other notifications, times and dates.
- An interview with the Commanding Officer (Warden) provided that the facility notifies prisoners who makes allegations of sexual abuse when the investigation is concluded.
- Interviews with Investigative Staff indicated that SOP 6495 requires that prisoners must be informed of the outcome of an investigation.
- An interview with a prisoner who reported sexual abuse provided that the

prisoner did not know if the facility is required to notify them of the results of the investigation.

115.73 (b):

- The PAQ indicated that if the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the prisoner.
- SOP 6495, PREA Compliance, indicates that it will ensure that if the facility did not conduct the investigation, it will request the information from the investigative agency.
- The Naval Criminal Investigative Service (NCIS) is responsible for criminal investigations. The facility is responsible for administrative investigations. The NCIS and the facility has an MOU which provides that NCIS will remain in contact with the facility and will provide relevant information regarding the investigation.
- A review of the investigative files indicated that there were no investigations completed with the previous 12 months by NCIS.

115.73 (c):

- The PAQ indicated that following an inmate's allegation that a staff member has committed sexual abuse against the prisoner, the facility subsequently informs the prisoner (unless the agency has determined that the allegation is unfounded) whenever: The staff member is no longer posted within the prisoner's unit; The staff member is no longer employed at the facility; The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.
- The facility reported that there have been no substantiated or unsubstantiated complaints of sexual abuse committed by a staff member against a prisoner in a facility in the past 12 months.
- SOP 6495, PREA Compliance provides the facility will notify the prisoner whether the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted, or the agency learns that the staff member has been convicted on a charge related to sexual abuse in the facility per the requirements of the standard.
- There were no allegations of staff on prisoner sexual abuse that were found to be substantiated or unsubstantiated.

115.73 (d):

- The PAQ indicated that following an prisoner's allegation that he or she has been sexually abused by another prisoner in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the

alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

- SOP 6495, PREA Compliance, provides that following a prisoner's allegation, the facility informs the alleged victim of the required notifications specified in the standards.
- The facility provided a Notification of Investigation Status for a prisoner-on-prisoner administrative investigation.
- A review of the facility's investigative files provided that there were Notifications of Investigation Status of PREA Allegation for each of the three allegations. Of the three allegations, two were unfounded, and one was determined to be unsubstantiated.
- An interview with a prisoner who reported sexual abuse provided that they were not provided notification. A review of investigative files concluded that notification was provided with investigative files.

115.73 (e):

- The PAQ indicated that the facility has a policy that all notifications to inmates described under this standard are documented. The facility provided that the number of notifications in the past 12 months pursuant to this standard is three.
- SOP 6495, PREA Compliance, provides that all notifications or attempted notifications will be documented on the Prisoner Notification of Investigative Status Form, enclosure (8).
- A review of investigative files provided that there were Prisoner Notification of Investigative Status Form, enclosure (8) for each of the three cases.

115.73 (f):

- The Auditor is not required to audit this provision

Based on a systematic review of the PAQ, documentation and files, SOPs and Memorandums for Record, Interviews with prisoners and staff, and the onsite review, the Auditor finds this facility is compliant with this standard.

<b>115.76</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documentation:



1. Pre-Audit Questionnaire
2. SOP 6495, PREA Compliance
3. SOP 306, Standards of Conduct
4. Memorandum for Record (MFR) 115.76 - Reported Incidents, Disciplinary Actions, Resignations, Terminations
5. 2023 PREA Annual Report
6. PREA Incident Response Procedures - Enclosure (7)
7. Department of the Navy, NAVCON Brig Charleston - Notification of Investigation Status of PREA Allegation
8. NAVCON Brig Charleston - Standards of Conduct
9. NAVCON Brig Charleston - PREA Outcome Measures

Findings:

The facility has reached compliance with the standard based on analysis of documentation, interviews with staff, and the onsite review.

115.76 (a):

- The PAQ indicated that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.
- SOP 6495, PREA Compliance provides that staff will be subject to disciplinary action up to and including termination for violating sexual abuse or sexual harassment policies. The term, termination, for civilians means removal from federal employment, after due process. For military, termination means processing for separation from military service, after due process. For contractors and volunteers, termination means cessation of any further relationship with the facility. In any case where an allegation of sexual abuse or sexual harassment is substantiated, but does not result in termination, discipline will include removal of the staff member from working in any naval confinement facility.
- SOP 306, Standards of Conduct, indicates that staff are subject to disciplinary action up to and including termination for violating the facility's sexual abuse or sexual harassment policies.
- MFR PREA Standard 115.76 - Reported Incidents, Disciplinary Actions, Resignations, and Terminations, provides that from April 2021 to present, there were no resignations resulting from reported PREA allegations
- A review of the facility's investigative files provided that there were no substantiated or unsubstantiated cases of sexual abuse or sexual harassment within the previous 12 months.
- A review of randomly selected staff files provided that all reviewed all staff files reviewed included a signed standards of conduct form which includes language that staff are subject to disciplinary action up to and including termination for violating the sexual abuse or sexual harassment policies.

115.76 (b)

- The PAQ indicated that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse
- SOP 6495, PREA Compliance provides that termination will be the presumptive disciplinary action for staff who have engaged in sexual abuse
- The facility reported that there were no staff members who violated agency sexual abuse or sexual harassment policies.
- A review of investigative files confirmed that the facility did not receive an allegation of sexual abuse or sexual harassment that led to a termination of a staff member.

115.76 (c):

- The PAQ indicated that the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.
- SOP 6495, PREA Compliance provides that the disciplinary sanctions for violations of agency policy is consistent with the standard.
- A review of investigative files indicated that there were no staff from the facility that have been disciplined, short of termination for violation of agency sexual abuse or sexual harassment policies.

115.76 (d):

- The PAQ indicated that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies.
- A review of SOP 6495, PREA Compliance, provides that the policy is consistent with language and requirement of the standard.
- The facility provided that in the past 12 months, there were no staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.
- A review of investigative files provided that there were no staff from the facility that was disciplined for violating agency sexual abuse or sexual harassment policies.

Based on a systematic analysis and review of the PAQ, policies and forms, and documentation and files, the Auditor finds this standard compliant.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documentation:

1. Pre-Audit Questionnaire
2. SOP 6495, PREA Compliance
3. Volunteer/Contractor/ Intern Staff PREA Training Acknowledgement Form
4. SOP 306, Standards of Conduct
5. NAVCON Brig Charleston - Standards of Conduct
6. NAVCON Brig Charleston - Volunteer/Contractor/Intern Request for Entry form (completed)
7. NAVCON Brig Charleston - PREA Staff Training Acknowledgement form (enclosure 1)
8. Memorandum for Record (MFR) PREA Standard 115.77 - Corrective Action for Contractors/Volunteers
9. NAVCON Brig Charleston - PREA Outcome Measures

Interviews:

1. Warden (Commanding Officer)

Findings:

The facility has reached compliance with the standard based on analysis of documentation, interviews with staff, and the onsite review.

115.77 (a):

- The PAQ indicated that agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies.
- A review of SOP 6495, PREA Compliance provides on page 33, section (a) that any volunteer, contractor, or intern who engages in sexual abuse will be prohibited from contact with prisoners and will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing or endorsement bodies.
- SOP 306, Standards of Conduct, provides language and requirements consistent with the standard.
- A review of the NAVCON Brig Charleston's Standards of Conduct form provides language and requirements are consistent with the standard and includes a statement of understanding and signature.
- A review of investigative files provided that there were no allegations or investigations of contractors or volunteers for violations of sexual abuse or sexual harassment.
- A review of randomly selected contractor and volunteer files provided that all

- selected files contained a signed Standards of Conduct form
- A review of MFR 115.71 - Corrective Action for Contractors and Volunteers provides that from April 2021 to present, there have been no instances in which a contractor, volunteer or intern engaged in sexual abuse during this reporting period.

115.77 (b):

- The PAQ indicated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with prisoners in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.
- SOP 6495, PREA Compliance, provides that for cases involving violations of sexual abuse or sexual harassment policies by a volunteer, contractor or intern, appropriate remedial measures will be taken including prohibition of further contact with prisoners and reporting, as appropriate, the violation to the volunteer or intern's host organization.
- A review of SOP 306, Standards of Conduct, indicates that the language and requirements are consistent with the standard.
- A review of the NAVCON Brig Charleston's Standards of Conduct form provides language and requirements are consistent with the standard and includes a statement of understanding and signature.
- A review of investigative files provided that there were no allegations or investigations of contractors or volunteers for violations of sexual abuse or sexual harassment.
- A review of randomly selected contractor and volunteer files provided that all selected files contained a signed Standards of Conduct form
- A review of MFR 115.71 - Corrective Action for Contractors and Volunteers provides that from April 2021 to present, there have been no instances in which a contractor, volunteer or intern engaged in sexual abuse during this reporting period.
- An interview with the Commanding Officer (Warden) provided that in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the violator would no longer have contact with prisoners.

Based on a systematic review and analysis of the PAQ, policies and procedures, documentation and forms, and interviews with staff, the Auditor finds the facility compliant with this standard.

<b>115.78</b>	<b>Disciplinary sanctions for inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Documentation:

1. Pre-Audit Questionnaire
2. SOP 6495.pdf
3. SECNAV M-1640-1 Navy Corrections Manual
4. SOP 6000.39 Special Need
5. NAVCON Brig Charleston Prisoner Handbook
6. SOP 502, Rules Violation,
7. Disability Mental Illness MFR
8. Consensual Sexual Contact with Staff MFR
9. No Instances of Disciplinary Action for Good Faith Reporting MFR
10. Investigation Results
11. PREA Review Board Findings
12. PREA Observation Report (Prisoner M)
13. Abusiveness MFR
14. Retaliation Monitoring
15. Charleston PREA Outcome Measures

Interviews:

1. Warden (Commanding Officer)
2. Medical and Mental Health Staff

Findings:

The facility has reached compliance with the standard based on analysis of documentation, interviews with staff, and the onsite review.

115.78 (a):

- The PAQ indicated that prisoners are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that a prisoner engaged in prisoner-on-prisoner sexual abuse and disciplinary sanctions are only pursuant to a formal disciplinary process. The facility reported that there were no administrative findings of inmate-on-inmate sexual abuse.
- The facility provided that there were no administrative or criminal substantiated findings of prisoner-on-prisoner sexual abuse in the past 12 months.
- SOP 6495, PREA Compliance, provides that prisoners will be subject to disciplinary actions pursuant to the facility's process SOP. Following an administrative finding that the prisoner engaged in sexual misconduct specifically including prisoner-on-prisoner sexual abuse or following a criminal finding of guilt for prisoner-on-prisoner sexual abuse.
- A review of the SECNAV M-1640-1, Navy Corrections Manual, provides that the manual outlines the administrative disciplinary process, procedures, and

authorized disciplinary and management actions for prisoners. The review finds that the manual is consistent with the requirements of the standard.

- A review of SOP 502, Rules Violations, provides that the prisoner handbook will contain written rules of prisoner conduct which specifies acts prohibited within the institution. The prisoner handbook contains all chargeable offenses, ranges of penalties, and disciplinary procedures.
- The prisoner handbook provides that sexual misconduct and violations of the Uniform Code of Military Justice are category IV violations punishable by reprimand, loss of privileges NTE 60 days, 14 days extra duty (NTE 2 hours per day), Disciplinary Segregation, forfeiture of all GCT and/or abatements. Additionally, there are there are 8 management actions available to staff.

115.78 (b):

- The PAQ indicated that disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the prisoner's disciplinary history, and the sanctions imposed for comparable offenses by other prisoners with similar histories.
- SOP 6495, PREA Compliance, page 34, section (b) provides that actions will be commensurate with the nature and circumstances of the abuse committed, the prisoner's disciplinary history, and the actions imposed for comparable offenses by other prisoners with similar histories.
- An interview with the Commanding Officer provided that prisoners are subject to discipline for administrative violations of rules and regulations, and subject to prosecution for violations of the law.
- A review of investigative files provided indicated that there were no substantiated investigations of prisoner-on-prisoner sexual abuse or sexual harassment.

115.78 (c):

- The PAQ indicated that the disciplinary process shall consider whether a prisoner's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.
- SOP 6495 describes the disciplinary process for prisoners. The SOP indicates that the disciplinary process will consider whether the prisoners' mental illness or mental disability contributed to the behavior when determining what sanctions, if any, should be imposed.
- An interview with the Commanding Officer provided that prisoners are subject to discipline for administrative violations of rules and regulations, and subject to prosecution for violations of the law.
- A review of investigative files provided indicated that there were no substantiated investigations of prisoner-on-prisoner sexual abuse or sexual harassment.

115.78 (d):

- The PAQ indicated the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The PAQ provided that there were no administrative or criminal findings for prisoner-on-prisoner sexual abuse within the previous 12 months.
- A review of SOP 6495, PREA Compliance, indicates that the facility will offer therapy, counseling and other interventions to correct underlying reasons or motivations for the abuse and will consider whether to require the abuser to participate in these interventions as a condition of access to programming and other benefits.
- Interviews with Medical and Mental Health Staff provided that the facility would offer therapy, counseling, or other intervention services designated to address and correct the underlying reasons or motivations for sexual abuse and would consider whether to require an abuser to participate in interventions.
- A review of investigative files provided indicated that there were no substantiated investigations of prisoner-on-prisoner sexual abuse or sexual harassment.

Based on a systematic analysis and review of the PAQ, documents and files, information for interviews with staff, the Auditor finds the facility compliant with this standard.

115.78 (e):

- The PAQ indicated that the agency disciplines prisoners for sexual conduct with staff only upon finding that the staff member did not consent to such contact.
- SOP 6495, PREA Compliance provides that disciplinary action may be imposed on a prisoner for sexual contact with staff only upon a finding that the staff member did not consent to such contact.
- MFR PREA Standard 115.78 - Consensual Sexual Contact with Staff provides that from April 2021 to present, there have been no cases of prisoners having sexual contact with a staff member who did not consent to such contact.

115.78 (f):

- The PAQ indicated that the facility prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.
- A review of SOP 6495, PREA Compliance, provides that prisoners will not be disciplined for reporting sexual abuse in good faith based upon reasonable belief that the alleged conduct occurred, even if an investigation does not establish sufficient evidence to substantiate the allegation.
- A review of MFR PREA Standard 115.78 - No Instances of Disciplinary Action

for Good Faith Reporting, provides that from April 2021 to present, there have been on cases of disciplinary action for a report of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred, even if an investigation did not establish evidence sufficient to substantiate the allegation.

115.78 (g):

- The PAQ indicated that the facility prohibits all sexual activity between prisoners.
- SOP 6495, PREA Compliance provides that all sexual activity between prisoners is prohibited and prisoners will face disciplinary action for such misconduct. Such activity does not constitute sexual abuse if determined that the activity is not coerced.
- A review of investigative files provided indicated that there were no substantiated investigations of prisoner-on-prisoner sexual abuse or sexual harassment.

**115.81 Medical and mental health screenings; history of sexual abuse**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documentation:

1. Pre-Audit Questionnaire
2. SOP 6495, PREA Compliance
3. SOP 1002, Clinical Mental Health Services
4. Memorandum for Record (MFR); PREA Standard 115.86 - Classification and Assignment Board (CAB)
5. MFR; PREA Standard 115.86 - Informed Consent
6. MFR; PREA Standard 115.86 - Sexual Assault Prevention and Response Coordinator
7. MFR; PREA Standard 115.86 - Youthful Offender
8. NAVCON Brig Charleston - Intake Screening Form
9. MFR; PREA Standard 115.86 - Risk for Abusiveness
10. NAVCON Brig Charleston - PREA Outcome Measures
11. Chronological Record of Medical Care, Medical Record, Standard Form (SF) 600
12. Medical Record, SF 600 - Prison Record (initial)
13. Medical Record, SF 600 - Prison Record (follow-up)

Interviews:



1. Prisoners Who Disclosed Sexual Victimization at Risk Screening
2. Staff Responsible for Risk Screening
3. Medical and Mental Health Staff

Site Review Observations:

- During the onsite review, the Auditor observed the physical storage area for prisoner records and investigative files. The auditor observed that the area was secured; the door to the area was secured, the file cabinets inside of the area was secured, and the computer was password protected.
- The Auditor had informal conversations with staff regarding access to secure information. Informal conversations indicated that only authorized staff members have access to areas that house medical, mental health, and sexual abuse and sexual harassment reports.

Findings:

The facility has reached compliance with the standard based on analysis of documentation, interviews with staff, and the onsite review.

115.81 (a):

- The PAQ indicated that all prisoners at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner.
- SOP 6495, PREA Compliance, provides that if the screening pursuant to compliance of standard 115.41 indicates that a prisoner has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, medical and mental health staff will ensure that the prisoner is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.
- SOP 1002, Mental Health Services, provides that all prisoners will receive an initial medical and mental health screening at the time of admission using the Risk of Victimization and Abusiveness form; all prisoners will undergo a mental health appraisal (intake) within 14 days of admission by a qualified medical or mental health practitioner.
- A review of 20 prisoner files indicated that a risk screening for risk of victimization and abusiveness was conducted and those prisoners who disclosed prior sexual abuse was seen within 14 days of the intake screening. Each file contained an SF 600.
- Interviews with prisoners who disclosed sexual victimization at intake provided that they were offered follow-up service with a medical or mental health practitioner
- An interview with staff responsible for risk screening indicated that if a screening indicates that a prisoner has experienced prior sexual victimization, the facility will offer a follow-up meeting with a medical or mental health

practitioner.

115.81 (b):

- The PAQ indicated that there were no prisoners who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.41. If a prisoner were to have previously perpetrated sexual abuse, they are offered a follow-up meeting with a mental health practitioner was conducted within 14 days of the intake screening and is documented on an SF 600.
- SOP 6495. PREA Compliance, provides that if a prisoner who indicates that have previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff will ensure that the prisoner is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.
- MFR PREA Standard 115.81 - Risk of Abusiveness, provides that there were no prisoners identified by the facility at risk for abusiveness during the intake screening process.
- Interviews with staff responsible for risk screening provided that if a screening indicates that a prisoner was identified for previously perpetrating sexual abuse, they would be offered a follow-up meeting with a mental health practitioner.
- A review of 20 randomly selected prisoner files provided that all files included a risk assessment. The review indicated that there were no prisoners who previously perpetrated sexual abuse.

115.81 (c):

- This provision does not apply to this facility.

115.81 (d):

- The PAQ indicated that information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners.
- SOP 6495, PREA Compliance provides that any information related to sexual victimization or abusiveness that occurred in an institutional setting will be strictly limited to medical and mental health practitioners.
- SOP 1002, Clinical Mental Health Services provides on page 13 that any information related to sexual victimization or abusiveness that occurred in an institutional setting will be strictly limited to medical and mental health practitioners and other staff, as necessary, to assign treatment plans, security and management decisions.

115.81 (e):

	<ul style="list-style-type: none"> <li>• The PAQ indicated that medical and mental health practitioners obtain informed consent from prisoners before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.</li> <li>• SOP 6495, PREA Compliance, provides that medical and mental health practitioners obtain informed consent from prisoners before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.</li> <li>• SOP 1002, Clinical Mental Health Services provides the same language as SOP 6495.</li> <li>• A review of MFR - Informed Consent, provides that from April 2021 to present, there have been no instances of staff releasing information regarding a history of sexual victimization.</li> <li>• Interviews with medical and mental health staff indicated that the facility obtains informed prior to reporting any sexual abuse that did not occur in an institutional setting, that they disclosed their duty to report and that they have not had any instances of this in the previous twelve months. The facility provided that due to military requirements, there are no 18 year old prisoners, but victims under the age of eighteen fall under the mandatory reporting laws.</li> </ul> <p>Based on a systematic analysis and review of the PAQ, policies and forms, documentation, and interviews with prisoners and staff, the Auditor finds the facility compliant with this standard.</p>
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<b>115.82</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. SOP 6495, PREA Compliance</li> <li>3. SOP 1002, Clinical Mental Health Services</li> <li>4. Memorandum for Record (MFR) PREA Standard 115.82 - Medical and Mental Health Records</li> <li>5. PREA Incident Response Procedures (enclosure (4))</li> <li>6. SOP 6000.11, Communicable Disease and Infection Control Program</li> <li>7. 32 CFR 199.16 - Supplemental Health Care</li> <li>8. MFR, PREA Standard 115.82 - Emergency Medical Treatment and Crisis Intervention Services</li> <li>9. MFR, PREA Standard 115.82 - Immediate Protection of Prisoner Victims of</li> </ol>

Sexual Abuse

10. NAVCON Brig Charleston - PREA Trifold (English/Spanish)
11. National Institute of Corrections (NIC) PREA - Your Role: Responding to Sexual Abuse - Certificate of Completion
12. NAVCON Brig Charleston - PREA Incident Response Checklist

Interviews:

1. Medical and Mental Health Staff
2. Prisoners Who Reported a Sexual Abuse
3. Security Staff and Non-Security Staff 1st Responders

Findings:

The facility has reached compliance with the standard based on analysis of documentation, interviews with staff, and the onsite review.

115.82 (a):

- The PAQ indicated that prisoner victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.
- A review of SOP 6495, PREA Compliance, provides that prisoner victims of sexual abuse will be offered information about and access to emergency contraception and sexually transmitted infections prophylaxis, per professionally accepted standards of care, where medically appropriate.
- SOP 1002, Clinical Mental Health Services, provides language specific to the requirements of the standard.
- SOP 6000.11 Communicable Disease and Infection Control Program provides guidance on exposure management protocols for communicable diseases and infection control.
- A review of PREA Incident Response Procedures form, enclosure (4), documents whether medical intervention took place, to include the date, time, and where the prisoner was transported to if an injury or penetrated occurred.
- A review of MFR PREA Standard 115.82, Medical and Mental Health Records, provides that from April 2021 to present, there have been no prisoner victims of sexual abuse that have required emergency medical treatment and crisis intervention services.

- A review of MFR PREA Standard 115.82, Immediate Protection, provides that from April 2021 to present, there have been no instances that have required Command Duty Officers to immediately protect prisoner victims of sexual abuse or to immediately notify the appropriate medical and mental health practitioners.
- An interview with Medical and Mental Health Staff indicated that prisoner victims of sexual abuse would receive timely services, immediately, based on medical professional judgement.
- A review of investigative files indicated that there were no reported behavior that required a prisoner to need emergency medical treatment or crisis intervention services.

115.82 (b):

- The PAQ indicated that if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners.
- SOP 6495, PREA Compliance, provides that if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the CDO who will immediately notify emergency medical services for evaluation and transport. The CDO will then notify the SAPR, NCIS, CO, Clinical Services Director, or on-call medical or mental health representative.
- A review of PREA Incident Response Procedures form, enclosure (4), documents whether medical intervention took place, to include the date, time, and where the prisoner was transported to if an injury or penetrated occurred.
- A review of MFR PREA Standard 115.82, Medical and Mental Health Records, provides that from April 2021 to present, there have been no prisoner victims of sexual abuse that have required emergency medical treatment and crisis intervention services.
- A review of MFR PREA Standard 115.82, Immediate Protection, provides that from April 2021 to present, there have been no instances that have required Command Duty Officers to immediately protect prisoner victims of sexual abuse or to immediately notify the appropriate medical and mental health practitioners.
- Interviews with security staff and non-security staff first responders provided that prisoners would be immediately separated, the crime seen and evidence would be protected and preserved, the victim would be requested to not take any actions that could destroy physical evidence, ensure the alleged abuser does not take any actions that could destroy potential evidence, and immediately notify medical and mental services, and ensure the CDO and command staff is notified.

- A review of investigative files indicated that there were no reported behavior that required a prisoner to need emergency medical treatment or crisis intervention services.

115.82 (c):

- The PAQ indicated that prisoner victims of sexual abuse while incarcerated are 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.
- SOP 6495, PREA Compliance, provides that that prisoner victims of sexual abuse while incarcerated are 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.
- A review of PREA Incident Response Procedures form, enclosure (4), documents whether medical intervention took place, to include the date, time, and where the prisoner was transported to if an injury or penetrated occurred.
- A review of MFR PREA Standard 115.82, Medical and Mental Health Records, provides that from April 2021 to present, there have been no prisoner victims of sexual abuse that have required emergency medical treatment and crisis intervention services.
- A review of MFR PREA Standard 115.82, Immediate Protection, provides that from April 2021 to present, there have been no instances that have required Command Duty Officers to immediately protect prisoner victims of sexual abuse or to immediately notify the appropriate medical and mental health practitioners.
- Interviews with medical and mental health staff provided that victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis.
- A review of investigative files indicated that there were no reported behavior that required a prisoner to need emergency medical treatment or crisis intervention services.

115.82 (d):

- The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.
- SOP 6495, PREA Compliance, provides that treatment services will be provided to the victim without financial cost, regardless of whether the victim names the abuser(s) or cooperates with any investigation arising out of the incident.
- SOP 1002, Clinical Mental Health Services, provides language consistent with SOP 6495 and the requirements provided in the standard.

	<ul style="list-style-type: none"> <li>• 32 CFR 199.16 - Supplemental Health Care Program provides that there is no patient cost sharing under the supplemental care program. All amounts due to be paid to the provider shall be paid by the program.</li> </ul> <p>Based on a systematic analysis and review of the PAQ, documentation and files, policies and forms, and interviews with staff, the Auditor finds the facility compliant with this standard.</p>
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<b>115.83</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. SOP 6495, PREA Compliance</li> <li>3. SOP 1002, Clinical Mental Health Services</li> <li>4. SOP 6000.11 Communicable Disease and Infection Control</li> <li>5. SOP 6000.58 Counseling for Pregnant Prisoners</li> <li>6. 32 CFR 199.16 Supplemental Health Care Program</li> <li>7. NAVCON Brig Charleston Prisoner Handbook</li> <li>8. Screening for Risk of Victimization and Abusiveness - Intake Screening Form</li> <li>9. Standard Form (SF) 600 - Health Record - Chronological Record of Medical Care</li> <li>10. Memorandum for Record (MFR) PREA Standard 115.83 - Intake Screening Abusiveness</li> <li>11. MFR PREA Standard 115.83 - Screening Post Incident</li> <li>12. MUSC - Quality Report; Community Level of Care</li> <li>13. Trident Medical Center - Quality Report; Community Level of Care</li> <li>14. NAVCON Brig Charleston - PREA Trifold (English/Spanish)</li> <li>15. MFR PREA Standard 115.83 - STD Testing</li> <li>16. MFR PREA Standard 115.83 - Risk for victimization / Risk for abusiveness</li> <li>17. MFR PREA Standard 115.83 - Pregnancy Services</li> <li>18. MFR PREA Standard 115.83 - Community Level of Care</li> <li>19. MFR PREA Standard 115.83 - Medical Treatment</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Medical and Mental Health Staff</li> <li>2. Prisoners who Reported Sexual Abuse</li> </ol>

Findings:

The facility has reached compliance with the standard based on analysis of documentation, interviews with staff, and the onsite review.

115.83 (a):

- The PAQ indicated that the facility offers medical and mental health evaluation and, as appropriate, treatment to all prisoners who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.
- SOP 6495, PREA Compliance, provides that the health authority will offer medical and mental health evaluation and, as appropriate, treatment to all prisoners who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.
- SOP 1002, Clinical Mental Health Services provides language consistent with SOP 6495 and the requirements of the standard.
- The Auditor observed the facilities medical area of the facility which provided an area for emergency care, additional examination rooms, and offices. The mental health area of the facility consisted of offices for confidential discussions with prisoners. Informal conversations with prisoners and staff confirmed that if necessary, prisoners would be treated by medical and/or mental health practitioners if they were victims of sexual abuse.

115.83 (b):

- The PAQ indicated that if the facility is a prison, all prison inmates who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.41, are offered a follow-up meeting with a mental health practitioner.
- SOP 6495, PREA Compliance, provides that ongoing medical and mental health care for sexual abuse victims and abusers. The facility will provide evaluations and treatments for victims that will include follow-up services, treatment plans, and when necessary, referrals for continued care following transfer or release from custody.
- SOP 1002, Clinical Mental Health Services provides language consistent with SOP 6495 and the requirements of the standard.
- A review of the Prisoner Handbook provides on page 17 that if a prisoner is assaulted, treatment and counseling will be made available to you through clinical services if requested. Treatment will be provided by medical staff. You will also be referred to a victim advocate. In the event the prisoner desires/ requires more assistance coping with the event, the Chaplain or a Clinical Services Mental Health provider can assist.
- An interview with medical and mental health staff provided that follow-up services, treatment plans and referrals are provided after leaving the facility.
- A review of investigative files provided that there were no allegations that rose to the level of needing medical care. An interview with a prisoner who reported sexual abuse provided that they were provided care from mental



health practitioners.

115.83 (c):

- The PAQ indicated that the facility shall provide such victims with medical and mental health services consistent with the community level of care.
- SOP 6495, PREA Compliance, provides that victims will be provided medical and mental health services consistent with the community level of care.
- SOP 1002, Clinical Mental Health Services provides language consistent with SOP 6495 and the requirements of the standard.
- MFR 115.83 (c) - Community Level of Care, provides that the Naval Consolidated Brig Charleston refers patients to Medical University of South Carolina (MUSC), Charleston for healthcare services it does not provide in-house. In instances of sexual abuse or assault, prisoners can also utilize Joint Base Charleston's Sexual Assault Response resources which provide access to certified healthcare professionals.
- MFR 115.83, provides that Naval Consolidate Brig Charleston has had no instances in which treatment was offered to a prisoner-on-prisoner abuser as deemed appropriate by mental health practitioners.

115.83 (d):

- The Naval Consolidated Brig Charleston is a male correctional facility and does not house females.

115.83 (e):

- The Naval Consolidated Brig Charleston is a male correctional facility and does not house females.

115.83 (f):

- The PAQ indicated that victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.
- SOP 6495, PREA Compliance, provides that prisoner victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate
- SOP 1002, Clinical Mental Health Services provides language consistent with SOP 6495 and the requirements of the standard.
- SOP 6000.11 Communicable Disease and Infection Control Program indicates that treatment and follow up care is provided through consultation and referral to specialty providers capable of providing treatment for the disease. All reporting requirements will be made via the local Preventive Medicine Department.
- A review of investigative files provided that there were no investigations of

allegations that included penetration.

115.83 (g):

- The PAQ indicated that treatment services are 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.
- SOP 6495, PREA Compliance provides that treatment services are 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.
- SOP 1002, Clinical Mental Health Services provides language consistent with SOP 6495 and the requirements of the standard.
- 32 CFR 199.16, Supplemental Health Care Program provides that there is no patient cost sharing under the supplemental care program. All amounts due to be paid to the provider shall be paid by the program.
- An interview with a prisoner who reported sexual abuse indicated that they were not charged for any treatment services provided.

115.83 (h):

- The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.
- SOP 6495, PREA Compliance, provides that Clinical Services will conduct a mental health evaluation of all known prisoner-on-prisoner abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.
- SOP 1002, Clinical Mental Health Services provides language consistent with SOP 6495 and the requirements of the standard.
- MFR PREA Standard 115.83, PREA Tracker, indicates that from June 2018 to June 2021, Naval Consolidated Brig Charleston has screened all prisoners and found 28 were/are at risk for victimization and zero prisoners were/are at risk for abusiveness.
- Interviews with medical and mental health staff provided that the facility conducts a mental health evaluation of all known prisoner-on-prisoner abusers within 60 days.
- A review documentation provided that there were no prisoners who was identified as a known prisoner-on-prisoner abuser.

Based on a systematic analysis and review of the PAQ, documentation and files, policies and forms, and interviews with prisoners and staff, the Auditor finds the facility compliant with this standard.

**115.86 Sexual abuse incident reviews**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documentation:

1. Pre-Audit Questionnaire
2. SOP 6495, PREA Compliance
3. PREA Incident Review Board documentation
4. 2024 Annual Review of Physical Plant, Manning and Security Procedures
5. MFR PREA Standard 115.86, Annual Review Recommendations
6. NAVCON Brig Charleston PREA Outcome Measures
7. PREA Incident Response Checklist

Interviews:

1. Warden (Commanding Officer)
2. PREA Compliance Manager (PCM)
3. Incident Review Team

Findings:

The facility has reached compliance with the standard based on analysis of documentation, interviews with staff, and the onsite review.

115.86 (a):

- The PAQ indicated that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.
- A review of SOP 6495 provided that a PREA Incident Review Board will convene within 30 days of the conclusion of every sexual abuse investigation, unless the allegations has been determined to be unfounded.
- A review of documentation of incident reviews conducted concluded that one incident review was conducted in the previous 12 months for an unsubstantiated allegation of prisoner-on-prisoner sexual abuse. The review took place 19 days after the conclusion of the investigations.
- A review of investigative files concluded that of the three allegations of sexual abuse, there was only one allegation of sexual abuse that was found to be unsubstantiated in the previous 12 months which required an incident review to be conducted.

115.86 (b)

- The PAQ indicated that the facility ordinarily conducts a sexual abuse incident

review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

- A review of SOP 6495 provided that a PREA Incident Review Board will convene within 30 days of the conclusion of every sexual abuse investigation, unless the allegations has been determined to be unfounded.
- A review of documentation of incident reviews conducted concluded that one incident review was conducted in the previous 12 months for an unsubstantiated allegation of prisoner-on-prisoner sexual abuse. The review took place 19 days after the conclusion of the investigations.
- A review of investigative files concluded that of the three allegations of sexual abuse, there was only one allegation of sexual abuse that was found to be unsubstantiated in the previous 12 months which required an incident review to be conducted.

115.86 (c):

- The PAQ indicated that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.
- A review of SOP 6495 provided that the facility's PREA Incident Review Board includes the Commanding Officer (CO), Executive Officer (XO), Technical Director (TD), Department Heads, and the PREA Compliance Manager with input from relevant personnel, line supervisors, investigators, and medical or mental health practitioners.
- A review of the Incident Review Board documentation provides that the XO, Command Master Chief, TD, Administration, Clinical, Facilities Maintenance, Finance, Operations, Parole and Release, Programs and Industries, PMD, and Supply department heads were all present for the incident review.
- A review of investigative files concluded that of the three allegations of sexual abuse, there was only one allegation of sexual abuse that was found to be unsubstantiated in the previous 12 months which required an incident review to be conducted.
- An interview with the Commanding Officer (Warden) provided that the facility does have an incident review team made up of facility department heads and special assistance. The Executive Officer chairs the board.

115.86 (d):

- The PAQ indicated that the facility incident review board: (1) Considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Considers 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; (3) Examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in

the area may enable abuse; (4) Assesses the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and prepares a report of its findings from sexual abuse incident reviews including any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager.

- A review of SOP 6495 provides that the language and requirements set forth in the policy is consistent with the language and requirements of the standard.
- A review of the Incident Review Board documentation of findings provides that the facility considered and documented whether the incident or allegation investigation (1) indicated a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) 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; (3) Examined the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assessed the adequacy of staffing levels in that area during different shifts; (5) Assessed whether monitoring technology should be deployed or augmented to supplement supervision by staff. The form was signed by the PREA Compliance Manager acknowledging that the information was true and accurate.
- An interview with the Commanding Officer (Warden) provided that the board follows the requirements of the standard when conducting a review of an incident or allegation investigation.
- An interview with the PREA compliance Manager (PCM) provided that they are apart of every Incident Review Board and is provided the documentation at the conclusion of the findings. The PCM signs the IRB form acknowledging that the data/information is true and accurate. The PCM provide that there have been no trends noticed or actions needed after the IRB conducted its review.
- An interview with a member of the Incident review team confirmed that the IRB follows the requirements of the standard when reviewing the findings of an investigation.

115.86 (e):

- The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so.
- SOP 6495, PREA Compliance provides that the facility will implement the recommendations for improvement, or will document its reasons for not doing so in the PREA Annual Report. All staff will provide any and all documents to the PREA Compliance Manager for file, archive, and audit.
- A review of the Incident Review Board document of findings provided that Operations suggested getting desks that do not have the wall barrier so that it

	<p>does not obstruct the view of the Quarters Supervisor.</p> <ul style="list-style-type: none"> <li>• A review of the MFR PREA Standard 115.86 - Annual Review of Recommendations, provided that although there were no recommendations to change any physical plant, manning, or security procedures, Naval Consolidated Brig Charleston looks for better and more efficient ways to implement PREA Standards. During 2020 the facility removed network switches and 10 workstations in the A2, B1, B2, B3, and B4 housing units, and replaced them with ten new workstations and two network switches. This included a technical refresh of the fiber optic cables which supported the network switch.</li> <li>• During the onsite review, the Auditor observed all areas of each living unit and did not see any blind spots or obstructions in the field of view from the officers desk to any of the cells. When walking through the living units, the Auditor observed each cell and did not see any obstructions blocking the view into the cell.</li> </ul> <p>Based on a strategic analysis of the documentation and files, interviews with staff, reviews of IRB documentation, the Auditor finds the facility to be compliant with this standard.</p>
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<b>115.87</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. SOP 6495, PREA Compliance</li> <li>3. Survey of Sexual Victimization</li> <li>4. My Navy HR PREA Website</li> <li>5. Navy PREA Guidance Letter</li> <li>6. Department of the Navy, PREA Annual Report, Calendar Year 2023, U.S. Navy Shore Correctional Facilities within the U.S.</li> <li>7. NAVCON Brig Charleston - PREA National Standards Annual Review</li> <li>8. Department of the Navy, Compliance with the DOJ National Standards</li> <li>9. MFR PREA Standard 115.64 - Data Collection</li> </ol> <p>Findings</p> <p>The facility has reached compliance with the standard based on analysis of</p>

documentation and the onsite review.

115.87 (a):

- The PAQ indicated that the facility collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.
- A review of SOP 6495, PREA Compliance provides that the facility requires that it will collect accurate, uniform data for every allegation of sexual misconduct using a standardized instrument and set of definitions for the most recent version of the Survey of Sexual Violence (SSV) conducted by the DOJ.
- A review of the Department of the Navy PREA Guidance Letter #1 provides that for standardization purposes, facilities shall use the most current version of the SSV-4 and SSV-IA for definitions, annual data collection, and reporting requirements.
- A review of the facilities incident data provides that the facility utilized the Survey of Sexual Victimization summary form and definitions to collect uniform data under a uniform set of definitions. Additionally, the facility has a digital data collection system that it uses to collect and aggregate sexual abuse and sexual harassment allegations.
- A review of MFR PREA Standard 115.64, Compliance Manager, provides that Naval Consolidated Brig Charleston PREA Compliance Manager maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigative files, and sexual abuse incident reviews.

115.87 (b):

- A review of the PAQ indicated that the facility aggregates the incident-based sexual abuse data at least annually.
- A review of SOP 6495, PREA Compliance provides that the SOP is compliant with the requirements of the standard.
- The Department of the Navy, PREA Guidance Letter #1 provides that the facility will aggregate data by June 1st each year.
- A review of aggregated data provides that the facility utilized the latest version of the SSV to aggregate and document its data collection (sample provided by the facility).

115.87 (c):

- A review of the PAQ provided that the facility utilizes a standardized instrument which includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.
- A review of the standardized instrument and documentation provided that the facility utilizes the latest version of the SSV for data collection.

	<p>115.87 (d):</p> <ul style="list-style-type: none"> <li>• The PAQ indicated that the facility maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</li> <li>• SOP 6495, PREA Compliance, page 37, provides language and requirements that are consistent with the language and requirements of the standard.</li> <li>• A review of the facility's files confirmed that the facility collects, reviews, and maintains data including reports, investigative files, and sexual abuse incident reviews.</li> </ul> <p>115.87 (e):</p> <ul style="list-style-type: none"> <li>• The facility does not contract for the confinement of its inmates</li> </ul> <p>115.87 (f):</p> <ul style="list-style-type: none"> <li>• The PAQ indicated that the facility provided the Department of Justice (DOJ) with data from the previous calendar year upon request.</li> <li>• A review of SOP 6495 and the Department of the Navy PREA Guidance Letter provides that the facility will provide the Department of Justice with data by June of each year as requested.</li> </ul> <p>Based on a strategic analysis of the documentation and files, reviews of report, data, files, and documentation, the Auditor finds the facility to be compliant with this standard.</p>
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<b>115.88</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. SOP 6495 - PREA Compliance</li> <li>3. MyNavy PREA Website</li> <li>4. PERS-00D 2023 PREA Annual Report</li> <li>5. Memorandum For Record (MFR) - Data Review</li> <li>6. MFR - Redaction</li> </ol> <p>Interviews:</p>



1. Agency Head
2. PREA Coordinator (PC)
3. PREA Compliance Manager (PCM)

Findings:

The facility has reached compliance with the standard based on analysis of documentation, interviews with staff, and the onsite review.

115.88 (a):

- The PAQ indicated that the agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including:
  - Identifying problem areas;
  - Taking corrective action on an ongoing basis; and
  - Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.
- SOP 6495 provides language and requirements consistent with the language and requirements of the standard.
- A review of the 2023 Annual Report provides that the agency reviewed collected and aggregated data as required by the standard.
- A review of MFR - Data Review provides that NAVPERSCON (PERS-OOD) reviews 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, and training.
- An interview with the Agency Head provided that the agency collects data from each facility and aggregates in order to assess and improve the effectiveness of the facility's sexual abuse prevention, detection, and response policies, practices, and training.
- An interview with the PC provided that the agency collects data for every allegations utilizing the most recent version of the SSV. The facility provides the collected data to the Navy Corrections and Programs Office (agency) to consolidate into an annual report per standard 115.88.
- An interview with the PCM confirmed that the facility aggregates all incident based sexual abuse data and forwards the results to the PREA Coordinator annually.

115.88 (b):

- The PAQ indicated that the annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse.
- A review of SOP 6495, PREA Compliance, provide specific language and requirements consistent with the language and requirements of the standard on page 38.

- A review of the 2023 annual report provides that a comparison is made of the current year's data and data from 2010 to 2023 to assess the agency's progress in addressing sexual abuse. The agency did not identify any need corrective action based on the data provided.

115.88 (c):

- The PAQ indicate that the agency makes its annual report readily available to the public at least annually through its website and that the annual reports are approved by the agency head.
- A review of the 2023 Annual Report provided that the agency's annual report is approved by the NAVPERSOM (PERS-OOD) Director (Agency Head) and made available on its public website ([www.mynavyhr.navy.mil/support-services/corrections-programs/corrections/prison-rape-elimination-act-PREA/](http://www.mynavyhr.navy.mil/support-services/corrections-programs/corrections/prison-rape-elimination-act-PREA/))
- An interview with the Agency Head provided that the annual report is completed annually by the PREA Coordinator and signed by the the Agency Head and placed on the agency website for public view.
- A review of the public website confirmed that the annual report is available online.

115.88 (d):

- The PAQ indicated that when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.
- A review of SOP 6495 provided that the SOP's language and requirements are consistent with the language and requirements of the standard.
- A review of MFR - Redaction provides that the Naval Consolidated Brig Charleston defers to NAVPERSCOM (PERS-OOD) regarding redaction of specific material from the reports when publication would present a clear and specific threat to the safety and security of the facility, but must indicate the nature of the material redacted.
- A review of the annual report provided that there were no personal identifying information included in the report.

Based on a strategic analysis of the documentation and files, interviews with staff, reviews of IRB documentation, the Auditor finds the facility to be compliant with this standard.

<b>115.89</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Documentation:

1. Pre-Audit Questionnaire
2. SOP 6495 - PREA Compliance
3. MyNavy HR Website
4. 2023 PREA Annual Report
5. Photographs of storage
6. Memorandum for Records (MFR) - Secure Retention

Interview:

1. Agency Head
2. PREA Coordinator (PC)
3. PREA Compliance Manager (PCM)

Findings:

The facility has reached compliance with the standard based on analysis of documentation and the onsite review.

115.89 (a)

- The PAQ indicated that the agency ensures that incident-based and aggregate data are securely retained.
- SOP 6495, PREA Compliance, provides that the PREA Compliance Manager will ensure that data collected pursuant to paragraph 5.i.(2) is security retained.
- During the site review, the auditor observed the physical storage area of information/documentation collected and maintained in hard copy pursuant to the PREA Standards and determined the area is secure.
- During the site review, the auditor observed that there were electronic safeguards of information/documentation collected and maintained electronically.
- An interview with PREA Coordinator provided that the agency reviews 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, and training.
- The facility provided a photograph of the physical storage area for files and documentation.

115.89 (b):

- The PAQ indicated that the agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website.
- A review of SOP 6495 provides language and requirements specific and

consistent with the language and requirements of the standards.

- A review of the PERS Website provides that the facility's annual report is made available to the public annually.

115.89 (c):

- The PAQ indicated that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers and the agency maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.
- A review of SOP 6495 provides language and requirements specific and consistent with the language and requirements of the standards.
- A review of MFR - Secure Retention provides that the facility ensures that the incident-based and aggregate data are retained at the facility. All 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. The storage of all incident-based and aggregate is stored in a locked file cabinet secure office space. All staff and departments forward any and all PREA related documentation and sexual abuse data to the PREA Compliance Manager for file, archive, and audit.
- A review of the website provides that publicly available sexual abuse data has all personal identifiers removed.

115.89 (d):

- The PAQ indicated that the agency maintains 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.
- A review of SOP 6495 provides language and requirements specific and consistent with the language and requirements of the standards.
- A review of historical annual reports indicated that aggregated data is available from 2013 to present

Based on a strategic analysis of the documentation and files, reviews of report, data, files, and documentation, the Auditor finds the facility to be compliant with this standard.

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Findings:

115.401 (a):

- The PAQ indicated that during the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.
- The facility was audited last September 20-21, 2021
- Audit report can be found on the agency's public website at <https://www.mynavyhr.navy.mil/Support-Services/Corrections-Programs/Brigs/Charleston/Prison-Rape-Elimination-Act/>

115.401 (b):

- The PAQ indicated that during each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.
- The agency's website provides that each of its institutions has been audited during the previous audit cycle.

115.401 (h):

- The PAQ indicated that the auditor shall have access to, and shall observe, all areas of the audited facilities.
- The Auditor had access to and observed all areas of the facility

115.401 (i):

- The PAQ indicated that the auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information).
- The Auditor had access to and received copies of requested relevant documents.

115.401 (m):

- The PAQ indicated that the auditor shall be permitted to conduct private interviews with prisoners.
- The Auditor had access to and was permitted to conduct private interviews with prisoners.

115.401 (n):

- The PAQ indicated that prisoners shall be permitted to send confidential

	<p>information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.</p> <ul style="list-style-type: none"> <li>• SOP 6495, PREA Compliance provided that prisoners shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.</li> </ul> <p>Based on a systematic review and analysis of the PAQ, the Annual Report, and the agency website, the Auditor finds the facility compliant with this standard.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Findings:</p> <p>115.403 (f):</p> <ul style="list-style-type: none"> <li>• The PAQ indicated the agency shall ensure that the auditor’s final report is published on the agency’s website if it has one, or is otherwise made readily available to the public.</li> <li>• The agency's website (<a href="https://www.mynavyhr.navy.mil/Support-Services/Corrections-Programs/Brigs/Charleston/Prison-Rape-Elimination-Act/">https://www.mynavyhr.navy.mil/Support-Services/Corrections-Programs/Brigs/Charleston/Prison-Rape-Elimination-Act/</a>) has the agency's final audit reports readily available to the public.</li> </ul>

<b>Appendix: Provision Findings</b>		
<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.11 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na
<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	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.)	
<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes



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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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



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

<b>(f)</b>		
	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