

# Prison Rape Elimination Act (PREA) Audit Report

## Adult Prisons & Jails

Interim      Final

Date of Interim Audit Report:  N/A

Date of Final Audit Report: 07/15/2021

### Auditor Information

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Telephone: 713-818-9098     Date of Facility Visit: June 9-10, 2021

### Agency Information

Name of Agency: United States Navy  
Governing Authority or Parent Agency (If Applicable): N/A  
Physical Address: 5720 Integrity Drive     City, State, Zip: Millington, TN 38055-6800  
Mailing Address: same     City, State, Zip: same  
The Agency Is:      Military      Private for Profit      Private not for Profit  
 Municipal      County      State      Federal

Agency Website with PREA Information: <https://www.mynavyhr.navy.mil/Support-Services/Corrections-Programs/Prison-Rape-Elimination-Act-PREA/>

## Agency Chief Executive Officer

Name: Timothy E. Purcell

Email: [timothy.purcell1@navy.mil](mailto:timothy.purcell1@navy.mil)

Telephone: 901-874-4452

## Agency-Wide PREA Coordinator

Name: John Pucciarelli

Email: [john.pucciarelli@navy.mil](mailto:john.pucciarelli@navy.mil)

Telephone: 901-874-4569

PREA Coordinator Reports to:

Number of Compliance Managers who report to the PREA Coordinator:

Timothy E. Purcell, Director

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## Facility Information

Name of Facility: Naval Consolidated Brig Charleston

Physical Address: 1050 Remount Road Bldg. 3107

City, State, Zip: Charleston, SC 29406

Mailing Address (if different from above): same as above

City, State, Zip: same as above

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: [www.public.navy.mil/bupers-npc/support/correctionprograms/brigs/charleston/Pags/PREA](http://www.public.navy.mil/bupers-npc/support/correctionprograms/brigs/charleston/Pags/PREA)

Has the facility been accredited within the past 3 years?  Yes  No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe:

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

N/A

### Warden/Jail Administrator/Sheriff/Director

Name: Johnny Mincey

Email: johnny.l.mincey@navy.mil

Telephone: 843-794-0019

### Facility PREA Compliance Manager

Name: William Fuller

Email: william.r.fuller2@navy.mil

Telephone: 843-794-0006

### Facility Health Service Administrator

Name: Crystal Brown-Voeltz

Email: crystal.brownvoeltz@navy.mil

Telephone: 843-794-0076

### Facility Characteristics

Designated Facility Capacity: 479

Current Population of Facility: 110

Average daily population for the past 12 months: 121

Has the facility been over capacity at any point in the past 12 months?  Yes  No

Which population(s) does the facility hold?  Females  Males  Both Females and Males

Age range of population: 19-50

Average length of stay or time under supervision: 1y4m

Facility security levels/inmate custody levels: Medium Security/Maximum, Medium-In, Medium-Out, Minimum, Installation Custody

Number of inmates admitted to facility during the past 12 months: 85

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for *72 hours or more*: 85

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for *30 days or more*: 73

Does the facility hold youthful inmates?  Yes  No

Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)  N/A

Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?  Yes  No

Federal Bureau of Prisons

U.S. Marshals Service

U.S. Immigration and Customs Enforcement

Bureau of Indian Affairs

U.S. Military branch

Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):

State or Territorial correctional agency

County correctional or detention agency

Judicial district correctional or detention facility

City or municipal correctional or detention facility (e.g. police lockup or city jail)

Private corrections or detention provider

Other - please name or describe:

N/A

Number of staff currently employed by the facility who may have contact with inmates: 159

Number of staff hired by the facility during the past 12 months who may have contact with inmates: 3

Number of contracts in the past 12 months for services with contractors who may have contact with inmates: 2

Number of individual contractors who have contact with inmates, currently authorized to enter the facility: 4

Number of volunteers who have contact with inmates, currently authorized to enter the facility: 6

## Physical Plant

**Number of buildings:**

Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.

4

**Number of inmate housing units:**

Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.

5

**Number of single cell housing units:**

5

**Number of multiple occupancy cell housing units:**

0

**Number of open bay/dorm housing units:**

0

**Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):**

17

In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)

Yes

No

N/A

Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?

Yes

No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?

Yes

No

**Medical and Mental Health Services and Forensic Medical Exams**

Are medical services provided on-site?  Yes  No

Are mental health services provided on-site?  Yes  No

On-site

Where are sexual assault forensic medical exams provided?  
Select all that apply.

Local hospital/clinic

Rape Crisis Center

Other

## Investigations

### Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:

2

When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.

Facility investigators

Agency investigators

An external investigative entity

Local police department

Local sheriff's department

State police

Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)

A U.S. Department of Justice component

Other - NCIS

N/A

### Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?

2

When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply

Facility investigators

Agency investigators

**Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)**

An external investigative entity

Local police department

Local sheriff's department

State police

A U.S. Department of Justice component

Other

N/A

# Audit Findings

## Audit Narrative (including Audit Methodology)

The Prison Rape Elimination Act (PREA) re-certification audit for the Naval Consolidated Brig in Charleston, South Carolina was conducted on June 9-10, 2021 to determine the continued compliance of the Prison Rape Elimination Act Standards. The audit was conducted by Cynthia Swier, United States Department of Justice (DOJ) Prison Rape Elimination Act Certified Auditor. The agency contract was secured through a third-party entity, PREA Auditors of America, LLC, and not directly by the auditor herself. The previous PREA audit was conducted by PREA auditor Noelda Martinez on March 28-30, 2018.

Prior to the on-site audit the auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation. The facility PREA team was very responsive to any questions the auditor had during this review. The facility PREA team ensured the audit announcement was placed throughout the facility prior to the audit. The auditor received photos of the PREA audit announcement which were posted within the facility prior to the audit. The notices were located in various places throughout the facility, including the housing units. The auditor did not receive letters of correspondence from prisoners or staff prior to the audit.

The auditor requested the below list of prisoners to be available for interview selection on the first day of the on-site audit. Based on the population on the first day of the audit (107) the PREA auditor handbook indicated that at least 20 prisoners were required to be interviewed. From the provided lists, the auditor selected a representative sample of prisoners for the targeted and random interviews. Prisoners for the random prisoner interviews were chosen at random and varied across race, ethnicity and housing assignments. Prisoners selected for the targeted interviews were selected at random across varying factors, when possible. Due to the lower population of the facility at the time of the audit, some of the targeted prisoner interviews did not have a representative prisoner. In these cases, the required number of prisoner interviews were achieved through additional random prisoner interviews. Interviews were conducted using the *Inmate Interview Questionnaire* supplemented by the *Targeted Inmate Questionnaire*. The term “prisoner” and “inmate” are utilized in this report interchangeably.

The following table depicts the breakdown of prisoner interviews utilizing the complete prisoner roster (provided to the auditor by the facility based on actual population on the first day of the on-site portion of the audit):

2. Youthful inmates (none at this facility)
3. Inmates with disabilities (i.e. physical disabilities, blind, deaf, hard of hearing, cognitive disabilities) (none at this facility)
4. Inmates who are Limited English Proficient (LEP) (none at this facility)
5. Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) inmates
6. Inmates in segregated housing
7. Inmates who reported sexual abuse
8. Inmates who reported sexual victimization during risk screening

| Category of Inmates | Number of Interviews |
|---------------------|----------------------|
| Random Inmates      | 19                   |
| Targeted Inmates    | 7                    |



Total Inmates Interviewed

25

Targeted Inmates Interviewed:

|   |   |
|---|---|
| • Youthful Inmates  | 0 |
| • Inmates with a Physical Disability                              | 0 |
| • Inmates who are LEP   | 0 |
| • Inmates with a Cognitive Disability                             | 0 |
| • Inmates who Identify as Lesbian, Gay or Bisexual                | 1 |
| • Inmates who Identify as Transgender or Intersex                 | 0 |
| • Inmates in Segregated Housing for High Risk of Victimization    | 0 |
| • Inmates who Reported Sexual Abuse                               | 3 |
| • Inmates who Reported Sexual Victimization During Risk Screening | 3 |

The auditor requested the below listing of staff to be available for interview/selection on the first day of the on-site audit. A complete listing of staff was provided by the facility indicating position and shift assignment. Staff interviews were conducted in accordance with the PREA auditor handbook. The handbook indicated that at least twelve randomly selected staff were required to be interviewed as well as specialized staff. From the provided lists, the auditor selected a representative sample of staff for the specialized and random interviews. Staff for the random interviews were chosen at random and varied across gender, race, ethnicity and post assignments. Staff selected for the specialized interviews were selected at random across varying factors, when possible. Staff from all shifts were interviewed. Interviews were conducted using the *Interview Guide for a Random Sample of Staff* supplemented by the *Interview Guide for Specialized Staff*.

The table below depicts the breakdown of staff interviews:

1. Random Staff (varied by shift and position)
2. Specialized staff which includes:
  - Agency contract administrator
  - Intermediate-level 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 any
  - Education staff who work with youthful inmates, if any
  - Program staff who work with youthful inmates, if any
  - Medical staff and mental health staff
  - Non-medical staff involved in cross-gender strip or visual searches
  - Administrative (Human Resource) staff
  - SAFE and/or SANE staff
  - Volunteers who have contact with inmates
  - Contractors who have contact with inmates
  - Investigative staff
  - Staff who perform screening for risk of victimization and abusiveness
  - Staff who supervise inmates in segregated housing
  - 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

| Category of Staff      | Number of Interviews |
|------------------------|----------------------|
| Random Staff           | 12                   |
| Specialized Staff      | 20                   |
| Total Staff Interviews | 22                   |

Specialized Staff Interviews

- Agency Contract Administrator 1
  
- Intermediate or Higher-Level Facility Staff 2

|  |   |
|--|---|
| • Line Staff who Supervise Youthful Inmates                  | 0 |
| • Education and Program Staff who Work with Youthful Inmates | 0 |
| • Medical and Mental Health Staff                            | 3 |
| • Human Resource Staff                                       | 1 |
| • Volunteers and Contractors                                 | 1 |
| • Investigative Staff  | 1 |
| • Staff who Perform Screening for Risk of Victimization      | 2 |
| • Staff who Supervise Inmates in Segregated Housing          | 1 |

|  |   |
|--|---|
| • Incident Review Team   | 1 |
| • Non-Medical Staff Involved in Cross - Gender Strip or Visual Searches                  | 0 |
| • Sexual Assault Forensic Examiner (SAFE) and Sexual Assault Nurse Examiner (SANE) staff | 1 |
| • Retaliation Monitor  | 1 |
| • 1 <sup>st</sup> Responders (security and non-security)                                 | 4 |
| • Intake Staff   | 1 |

The auditor also conducted interviews with the below leadership staff (not counted in table above):

- Mr. Timothy Purcell (Agency Head – United States Navy Corrections Director)
- Commander Johnny Mincey (Facility Head – Commanding Officer)
- Mr. John Pucciarelli (PREA Coordinator “PC”)
- Mr. William Fuller (PREA Compliance Manager “PCM”)

The on-site portion of the audit was conducted on June 9-10, 2021.

The on-site portion of this audit was conducting during the COVID-19 pandemic. Protocols such as the wearing of masks were adhered to by the auditor, facility staff and prisoners. The staff interviews as well as prisoner interviews were conducted with the auditor seated with a six foot space apart from the person interviewed.

The first morning of the audit, the auditor held an initial briefing with facility leadership and discussed the audit logistics. A brief presentation by each section supervisor was given to provide the auditor with an overview of the duties and responsibilities of various aspects of the facility. After the initial briefing, the auditor selected prisoners and staff for interviews as well as documents to review. A tour of the facility began shortly thereafter at approximately 10:00 a.m. The tour included all areas associated with the facility to include all housing units, intake, medical and mental health, visitation, work and program areas (chapel, food service, commissary, the barber shop, laundry and inside facilities shops) and common areas (the recreation and gym area and numerous offices/support staff areas). During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for prisoners in housing units and other factors as indicated in the below standard findings. During the

tour the auditor spoke to staff and prisoners informally about PREA and the facility in general. The tour was completed at approximately 3:00 pm.

Interviews were conducted on both days of the audit (June 9-10, 2021). During the audit, the auditor requested personnel and training files of staff, prisoner files, medical and mental health records of prisoners, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows:

**Personnel and Training Files.** The facility has 159 staff assigned. The auditor reviewed a random sample of personnel and training records that included individuals hired within the past twelve months. The sample included a variety of job functions and post assignments, including both supervisory and line staff. Additionally, personnel and training files for a contractor was reviewed. Due to the COVID-19 pandemic during the past year, there have been no volunteers at the facility, therefore, no volunteer training records were able to be reviewed. Personnel and training files were selected for those staff with which the auditor conducted random interviews and, as such, the files selected were an unbiased random sample.

**Inmate Files.** On the first day of the on-site phase of the audit, the prisoner population was 107. A total of 10 prisoner records were reviewed. The records reviewed were of those prisoners selected to be interviewed via the targeted and random prisoner selection.

**Medical and Mental Health Records.** During the past year, there were five prisoners who reported sexual abuse or sexual harassment at the facility. The auditor reviewed the investigation files which contained information regarding medical and mental health documentation of the prisoner victims. The auditor also reviewed the mental health documents for prisoners who disclosed victimization during the risk screening and prisoners who were identified by the risk screening of being a potential victim or potential aggressor.

**Grievances.** The facility does not utilize grievances, but rather a system of written complaints are utilized to address issues the prisoners have. These reports can be submitted to any staff member.

**Incident Reports.** The auditor reviewed the incident report log for the previous twelve months. This facility has had five reported incidents of sexual abuse or sexual harassment. A review was conducted of all five investigations, which included initial reports, witness statements, investigator summary, incident review team review and response, retaliation monitoring and notification to the prisoner victim.

**Investigation Files.** During the previous twelve months, there were five allegations reported at the facility. The auditor reviewed the investigation files on these five allegations which included initial reports, witness statements, investigator summary, incident review team review and response, retaliation monitoring and notification to the prisoner victim. The auditor also interviewed staff regarding the investigation process and forms used to complete the investigations.

| Sexual Abuse    |   | Sexual Harassment |                 |
|-----------------|---|-------------------|-----------------|
|                 |   | Inmate-on-Inmate  | Staff-on-Inmate |
| Substantiated   | 0 | 0                 | 0               |
| Unsubstantiated | 0 | 0                 | 0               |
| Unfounded       | 0 | 1                 | 4               |

Total Allegations 0 1 0 4

## Facility Characteristics

The Naval Consolidated Brig is a level II (medium security) United States military prison, commanded by a Navy Commander. The brig, Building #3107 is located in the south annex of Joint Base Charleston in the city of Charleston, South Carolina. The brig was commissioned in 1989 for the confinement of military service members. The brig houses members from all branches of the military and Coast Guard sentenced up to 10 years. The brig is under the authority of the United States Navy, whose headquarters are located at 5720 Integrity Drive in Millington, TN. The brig has a total of five housing units. This facility has one segregated housing unit.

The facility has an adequate number of cameras strategically placed to ensure the safety and security of prisoners and staff. The facility also utilizes mirrors to eliminate potential “blind spots”. The facility houses male prisoners. Based on the requirements for entrance into the United States Military branches, the brig does not house youthful offenders. The facility has a rated capacity of 479 beds.

The facility offers programming for prisoners to include rehabilitative treatment, substance abuse treatment, general violent offender treatment, counseling, academic and vocational training. Vocational training work programs include carpentry, welding and metal fabrication, graphic design, upholstery culinary arts and barbering. Recreation programs are available and include team and individual sports activities, hobby craft, wellness instruction and TV viewing.

On the first day of the audit, the population at the facility was 107. The facility houses adult male prisoners. The age range of the facility’s population is 19-50 years of age. The facility houses medium security/maximum, medium-in, medium-out, minimum, and installation custody prisoners. The average length of stay for prisoners at the brig is 16 months.

## Summary of Audit Findings

### Standards Exceeded

**Number of Standards Exceeded:** 4  
**List of Standards Exceeded:** 115.11; 115.31; 115.33; 115.51

### Standards Met

**Number of Standards Met:** 41

### Standards Not Met

**Number of Standards Not Met:** 0  
**List of Standards Not Met:** 0

## PREVENTION PLANNING

### Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

#### 115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- 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  No

#### 115.11 (c)

- 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  No  NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Documents:**

1. Pre-Audit Questionnaire
2. BUPERS Instruction 1640.23, Compliance with Department of Justice Standards to Prevent, Detect and Respond to Prison Rape under the PREA Act at Navy Shore Confinement Facilities
3. Agency Organization Chart
4. Facility Organization Chart
5. Agency PREA Coordinator Appointment Letter
6. PREA Guidance Letter
7. Brig Compliance Manager Training

**Interviews:**

1. PREA Coordinator (PC)
2. PREA Compliance Manager (PCM)

**Findings (By Provision):**

**115.11 (a):** The agency has a comprehensive PREA Policy: BUPERS Instruction 1640.23, Compliance with Department of Justice Standards to Prevent, Detect and Respond to Prison Rape under the PREA Act at Navy Shore Confinement Facilities. The agency has a zero-tolerance policy towards all forms of sexual abuse and sexual harassment. The policy outlines the strategies on preventing, detecting and responding to such conduct and include definitions of prohibited behavior. Agency policies address "preventing" sexual abuse and sexual harassment through the designation of a PC, criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, prisoner education and posting of signage (PREA posters, etc.). The policies address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors), and intake/risk screening. The policies address "responding" to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and prisoners, incident reviews and data collection. This policy is consistent with the PREA standards and outlines the agency's approach to sexual safety.

**115.11 (b):** The agency's organizational chart reflects that the PC position is an upper-level position with agency-wide oversight. The PC reports to the United States Navy Corrections Director. The PC provides guidance through five PREA Coordinators and five Compliance Manager(s). One primary PREA Compliance Manager is designated at each of the five Navy shore confinement facilities located within the United States. The PC was interviewed and he reported



that his position is full-time and that he has enough time to manage all of his PREA related responsibilities.

**115.11 (c):** The facility has designated a staff member responsible for ensuring PREA compliance. The PAQ indicated that the PCM has sufficient authority and time to coordinate the facility's PREA efforts. The facility's organizational chart confirms that the PCM is responsible for PREA compliance and that he reports directly to the Commanding Officer. The interview with the PREA Compliance Manager indicated he has sufficient time to coordinate the facility's PREA compliance.

The evidence shows that the agency has a PREA policy, has designated an upper-level, agency-wide PC as verified through the organizational chart and each facility (brig) has a PREA Compliance Manager as verified through the organizational chart.

Based on the review of the PAQ and related documents, PREA implementation appears to comply with the standard. The preparedness for the audit and overall incorporation of institutionalized PREA standards demonstrate that the PC and PCM have sufficient time and authority to accomplish PREA responsibilities for the agency and facility.

#### **Standard 115.12: Contracting with other entities for the confinement of inmates**

##### **115.12 (a)**

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)  Yes  
 No  NA

##### **115.12 (b)**

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure 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.)  Yes  No  NA

#### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

**Documents:**

1. Pre-Audit Questionnaire
2. Memorandum of Record - Contracted Confinement and Monitoring
3. Directive-type Memorandum (DTM) 13-002, Department of Defense (DoD) Directive to Implement PREA<sup>43</sup>. Charleston PREA Outcome Measures
4. Navy Request to Military Services to Validate PREA Compliance
5. NWJRCF PREA Audit 11/2016
6. USDB PREA Audit 10/2017

**Interviews:**

1. Agency Contract Administrator

**Findings (By Provision):**

**115.12 (a):** This standard does not apply to the Naval Consolidated Brig Charleston since it does not contract with any private agencies or entities. All contracts for confinement of Navy prisoners with private agencies or other entities, including government agencies is conducted by Navy Personnel Command. The only facilities they contract space with is the Wyatt Detention Facility, RI and McHenry County Adult Correctional Facility, Woodstock, IL. A review of the recent PREA Audit results for the Wyatt Detention Facility and McHenry County Adult Correctional Facility were reviewed as well as the latest Annual PREA Report for these facilities.

**115.12 (b):** The agency currently has two facilities for which they contract space. A review of the DTM 13-002 (DoD Directive to Implement PREA) confirmed that the DoD is to support the response, prevention, and elimination of prisoner rape whenever it occurs. The interview with the Agency Contract Administrator confirmed that all new and renewed contracts require PREA compliance. The interview indicated that the contractor's policies and procedures are reviewed by the Navy Corrections and Programs Office and that the contractor is required to notify the Agency of any PREA allegations. There are Navy Corrections Liaison Offices at each site that would report any concerns to Central Office. The Agency has reviewed all documentation for the previous 12 months and determined that each contract facility is PREA compliant.

Based on the review of the PAQ, the language within the agency directive, the Charleston PREA Outcome Measures, PREA Audit Reports for various facilities under the agency authority and

information from the interview with the Agency Contract Administrator, this standard appears to be compliant.

## Standard 115.13: Supervision and monitoring

### 115.13 (a)

- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- 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  No  NA

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?  Yes  No
- 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  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

#### 115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  
 Yes  No  NA

#### 115.13 (c)

- 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  No
- 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  No
- 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  No

#### 115.13 (d)

- 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  No
- Is this policy and practice implemented for night shifts as well as day shifts?  Yes  No

- 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  No

### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Documents:**

1. Pre-Audit Questionnaire
2. Memorandum for Record - Youthful Prisoners
3. ONAV Instruction 1000.16L - Manpower Management
4. FLTMPs - Activity Manpower Document
5. SOP-104, Command Duty Officer - Post and Priority Deviation
6. USN-ConBrig Charleston - Population Age at Confinement 2020
7. SOP 6495 - PREA Compliance
8. 2020 Annual Report
9. 2019 PREA Annual Report and Staffing Analysis
10. CDO Report - Post Priority - Deviation
11. Charleston PREA Outcome Measures
12. Average Daily Population
13. Headquarters Review of Staffing Plan
14. Annual Review of Physical Plant, Manning and Security Procedures
15. Unannounced Rounds Logbook Entries

**Interviews:**

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

**Site Review Observations:**

1. Staffing Levels
2. Video Monitoring Technology or Other Monitoring Materials

**Findings (By Provision):**

**115.13 (a):** SOP 6495, Prison Rape Elimination Act (PREA) Compliance, addresses the agency's staffing plan development. The policy indicates that the brig Manpower Management Committee, in consultation with the NAVPERSCOM PREA Coordinator shall formulate a staffing plan based on the number of allocated positions, historical turnover and anticipated vacancies. Additionally, the policy indicates on page 9 that the committee will review departmental rosters, review findings of program, operational and other management reviews and recommendations designed to increase effective use of resources. The policy also states that the written staffing plan shall be developed sufficiently in advance for internal review and further submission to NAVPERSCOM by March 15 of each year and that the staffing plan shall conform to direction and allocations as directed by the brig's Manpower Management Committee. The staffing plan takes into consideration generally accepted detention practices, any judicial findings of inadequacy, 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 prisoner 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 current staffing is based off of 175 prisoners which higher than the average daily number of prisoners since the last PREA audit (121). The facility employs 159 staff. Staff mainly make up two twelve-hour shifts. Interviews with the Commanding Officer and the PCM confirmed that the facility has a staffing plan that provides adequate staffing levels and that they reference with the plan on a regular basis.

**115.13 (b):** The facility indicated in the PAQ that no deviations from the staffing plan had occurred during the previous twelve months. The Commanding Officer provided the auditor with a memorandum of non-occurrence certifying that the facility has not deviated from the staffing plan. The interview with the Commanding Officer indicated that in circumstances where the staffing plan is not complied with, the Commanding Officer will document and justify all deviations from the plan in the daily morning report. The annual staffing plan review will analyze the causality of the six most common reasons for deviation from the staffing plan and propose corrective actions or alternatives.

**115.13 (c):** The staffing plan is reviewed monthly by senior leadership or designees of the brigs from Charleston, Chesapeake, Miramar and Pearl Harbor, per the agency PC. The meetings take into account the requirements of this standard. The review team meets to assess, determine and

document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. The PC confirmed in the interview that the Navy Corrections and Programs Office personnel officer and staff analyze staffing at the briggs at the end of each month and provide the Director / Deputy Director with a status report of facility manning percentages. Additionally, the Central Office advocates on behalf of the correctional facilities to ensure that key positions remain filled.

**115.13 (d):** SOP 6495, page 10, indicates that intermediate-level or higher-level supervisors will conduct random and unannounced rounds on all shifts to identify and deter sexual abuse and sexual harassment. These rounds are required to be documented in the post logbooks and entered in each CDO Morning Report. Additionally, SOP 6495, page 10, indicates that unannounced rounds by supervisory staff are conducted with the intent of identifying and deterring sexual abuse and sexual harassment and are conducted every week. A review of the PAQ supplemental documentation indicated that unannounced rounds are being conducted weekly by the in all locations at the facility. SOP 6495 also prohibits staff from alerting other staff members that the supervisory rounds are occurring, unless such announcement is related to legitimate operational functions of the facility. A review of documentation of three days of unannounced rounds in each housing unit indicated that rounds were conducted at least once on each shift. During the interviews, supervisory staff indicated that they deviate their times and vary locations from unit to unit instead of in a consistent pattern in order to prevent staff from alerting other staff that the rounds are occurring.

Based on a review of the PAQ, SOP 6495, SOP 104, the staffing plan, memorandums, annual reviews, documentation of unannounced rounds, observations made during the tour and interviews with supervisory staff, this standard appears to be compliant.

#### **Standard 115.14: Youthful inmates**

##### **115.14 (a)**

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

##### **115.14 (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].)  Yes  No  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].)  Yes  No  NA

#### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  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].)  Yes  No  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].)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Documents:

1. Pre-Audit Questionnaire
2. MFR - Youthful Prisoners
3. SOP 6495 PREA Compliance
4. Prisoner Handbook (10/2020)
5. Population Age at Confinement
6. Charleston PREA Outcome Measures
7. SOP 633, Unit Teams - Direct Supervision
8. SECNAVINST 1640.9 - Core Programs



## Interviews:

1. Line Staff Who Supervise Youthful Prisoners – n/a
2. Education Program Staff Who Supervise Youthful Prisoners – n/a
3. Youthful Prisoners – n/a
4. Warden (Commanding Officer)
5. PREA Compliance Manager (PCM)

## Site Review Observations:

1. Observations in Housing Units Related to Age of prisoners – None under the age of 18

## Findings (By Provision):

**115.14 (a):** The PAQ indicated that no youthful prisoners are housed at Charleston Brig. A review of the daily population report indicated that no prisoners under the age of 18 were housed at the facility within the previous twelve months. During the tour, it was observed that no prisoners under the age of 18 were housed at the facility. The Warden (Commanding Officer) and PCM confirmed that the facility has not and does not house prisoners under the age of 18. As such, this provision is not applicable.

**115.14 (b):** The PAQ indicated that no youthful prisoners are housed at Charleston Brig. A review of the daily population report indicated that no prisoners under the age of 18 were housed at the facility within the previous twelve months. During the tour, it was observed that no prisoners under the age of 18 were housed at the facility. The Warden (Commanding Officer) and PCM confirmed that the facility has not and does not house prisoners under the age of 18. As such, this provision is not applicable.

**115.14 (c):** The PAQ indicated that no youthful prisoners are housed at Charleston Brig. A review of the daily population report indicated that no prisoners under the age of 18 were housed at the facility within the previous twelve months. During the tour, it was observed that no prisoners under the age of 18 were housed at the facility. The Warden (Commanding Officer) and PCM confirmed that the facility has not and does not house prisoners under the age of 18. As such, this provision is not applicable.

Based on a review of the PAQ, daily population reports, observations made during the tour and information from the interviews with the Warden (Commanding Officer) and PCM, this standard appears to be not applicable for this facility, and is therefore compliant.

## Standard 115.15: Limits to cross-gender viewing and searches

### 115.15 (a)

- 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  No

#### 115.15 (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  No  NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)  Yes  No  NA

#### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.)  Yes  No  NA

#### 115.15 (d)

- 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  No
- 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  No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?  Yes  No

#### 115.15 (e)

- 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  No
- 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  No

**115.15 (f)**

- 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  No
- 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  No

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Documents:**

1. Pre-Audit Questionnaire
2. SOP 6495 - PREA Compliance
3. SOP 405 - Searches
4. MFR Cross Gender Female Search
5. BUPERS Instruction 1640.18 - Designated Place of Confinement
6. Pictures of Housing Unit Cells
7. Pictures of Facility Showers

8. Charleston PREA Outcome Measures
9. PowerPoint - Searches
10. Training Roster - Cross Gender Searches

**Interviews:**

1. Non-medical Staff Involved in Cross Gender Strip or Visual Searches
2. Random Staff
3. Random Prisoners
5. Transgender / Intersex Prisoners

**Site Review Observations:**

1. Observations of Privacy Barriers in Bathroom Areas
2. Observation of Absence of Female Prisoners

**Findings (By Provision):**

**115.15 (a):** SOP 405, pages 7-9, discuss visual searches and body cavity searches. Page 7 indicates that frisk searches are to be conducted by staff of the same sex as the prisoner, except in exigent circumstances. In such a case, this exception would be documented with an incident/information report and annotated in the brig log. Page 7 indicates that body cavity searches are only conducted by qualified health personnel when authorized by the brig Commanding Officer or designee and only when there is a reasonable belief that a prisoner is concealing contraband in or on their person. Body cavity searches shall be documented. The PAQ indicated that no searches of this kind were conducted at the facility over the past twelve months.

**115.15 (b):** The PAQ indicated that no female prisoners are currently housed at the facility. A review of the daily population report for the previous twelve months as well as observations made during the tour indicated that no female prisoners are or were housed at the facility in the previous twelve months.

**115.15 (c):** SOP 405, pages 7-9, discuss visual searches and body cavity searches. Page 7 indicates that frisk searches are to be conducted by staff of the same sex as the prisoner, except in exigent circumstances. In such a case, this exception would be documented with an incident/information report and annotated in the brig log. Page 7 indicates that body cavity searches are only conducted by qualified health personnel when authorized by the brig Commanding Officer or designee and only when there is a reasonable belief that a prisoner is concealing contraband in or on their person. Body cavity searches shall be documented. The facility does not currently house female prisoners and as such no cross gender pat searches of female prisoners would be conducted or documented.

The PAQ indicated that no cross-gender searches have been conducted in the previous twelve months and that female prisoners are not housed at the facility.

**115.15 (d):** SOP 6495 specifies policies and procedures which enable prisoners to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttock, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Interviews with random prisoners and interviews with random staff indicated that prisoners have privacy when showering, using the restroom and changing clothes. Interviews also confirm that staff of the opposite gender announce their presence when entering a housing unit and an announcement is routinely made over the loud speaker. The auditor observed that all housing units had individual showers with a door which allowed coverage of prisoners from the shoulders to the knees. Toilets in these housing units are also not in full view of staff.

**115.15 (e):** SOP 405, p. 9 indicates that a staff member shall not search or physically examine a transgender or intersex prisoner for the sole purpose of determining the prisoner's genital status. Searches of transgender or intersex prisoners shall be conducted by medical staff, female staff or asking the prisoner to identify the gender of staff with whom they would feel most comfortable conducting the search. The PAQ indicated that there had been no searches of this nature within the past twelve months. Interviews with staff indicated that these types of searches were not authorized to be conducted by staff. There were no transgender prisoners at this facility during the on-site audit, therefore no interviews transgender prisoners were able to be conducted. Interviews with random staff indicated searches would be conducted according to the specifications of SOP 405.

**115.15 (f):** Staff are trained on conducting cross gender pat searches and searches of transgender and intersex prisoners in a professional and respectful manner on the first day of the annual training. A review of the training curriculum confirms that the training covers cross gender pat-searches and searches of transgender and intersex prisoners. The PAQ indicated that 100% of staff had received this training. A review of a random sample of training records indicated that the staff reviewed had received the search training, which included a PowerPoint on searches. Interviews with a random sample of staff indicated that they all had received this training during the previous year.

Based on a review of the PAQ, SOP 405, the staff training curriculum, a random sample of staff training records, observations made during the tour of housing units to include bathrooms and showers, the opposite gender announcement as well as information from interviews with random staff and prisoners indicate this standard appears to be compliant.

## **Standard 115.16: Inmates with disabilities and inmates who are limited English proficient**

### **115.16 (a)**

- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No
- 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  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- 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  No

- 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  No

#### 115.16 (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  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

#### 115.16 (c)

- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Documents:

1. Pre-Audit Questionnaire
2. Translation Services - OneSource
3. SOP 6000.39 - Special Needs
4. SOP 6495 - PREA Compliance
5. Prisoner Handbook
6. ABE Testing Documentation

7. ADA Appointment Letters and Certificates
8. PREA Prisoner Training Acknowledgement
9. PREA PowerPoint Training for Staff
10. Military Entrance Processing Station (MEPS)
11. Picture of Adjusting Volume on Prisoner Phone System
12. PREA Pamphlet in English and Spanish
13. MFR Interpreters - Staff List
14. DoD Helpline Poster (Safe Helpline)
15. PREA Guidance Letter
16. Photo of TDD
17. Charleston PREA Outcome Measures
18. PREA Information Posters
19. PREA Outside Help Poster in English and Spanish (People Against Rape)
20. MFR Disabilities and Limited English Proficient

**Interviews:**

1. Agency Head
2. Prisoners with Disabilities (none at this facility)
3. Prisoners Who are Limited English Proficient (LEP) (none at this facility)
4. Random Staff

**Site Review Observations:**

1. Observations of PREA Posters in English and Spanish

**Findings (By Provision):**



**115.16 (a):** SOP 6000.39 establishes guidelines to providing disabled prisoners an equal opportunity to benefit from all the aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The CO shall appoint an E7 or above as an ADA Coordinator in writing. A review of PREA posters, PREA directives and information distributed to prisoners, confirmed that information is provided in large font, bright colors and has accompanying pictures to the word directives. The interview with the Agency Head indicated that prisoners receive PREA information in a format that they can understand. The facility currently does not house any prisoners with disabilities nor any that are Limited English Proficient, therefore, there were no prisoners meeting this criteria who could be interviewed during the on-site visit. During the tour, the PREA signage was observed to be in large text and in bright colors, in Spanish and English. All random prisoners interviewed knew and understood PREA policies.

**115.16 (b):** SOP 6495 establishes the procedure to ensure meaningful access to all the aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment to prisoners who are Limited English Proficient (LEP). MFR regarding this standard lists staff at Naval Consolidated Brig Charleston who speak various languages. The facility also has access to Military OneSource translation services. This is a free service which can translate in more than 150 languages. A review of PREA posters, the prisoner handbook, PREA directives and prisoner distributed information confirmed that information is available in both English and Spanish. Interviews with the Agency Head and prisoners indicated that prisoners received PREA information in a format that they can understand. There were no prisoners at the facility who were LEP due to the fact that fluency in English is required for U.S. military admittance. Random prisoners were interviewed in lieu of this. During the tour, it was observed that PREA signage was posted throughout the facility in English and Spanish.

**115.16 (c):** SOP 6495 states that the CO or designee shall consult with the ADA Coordinator and take appropriate steps to ensure that prisoners with 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. Such steps shall include, when necessary to ensure effective communication with prisoners, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The PAQ indicated that there were no instances where an prisoner was utilized to interpret, read or provide other types of assistance. MFR for this standard indicates that in accordance with Army Regulation 601-270, Military Entrance Processing Station (MEPS), all military service components require English proficiency prior to acceptance of enlistment, commission, or appointment. From April 2018 to the date of the audit, Naval Consolidated Brig Charleston, South Carolina have had no prisoners with limited English proficiency. If it is determined that a prisoner does have limited English proficiency, the brig will provide the prisoner with an educational format that is accessible. Interviews with a random sample of staff indicated that prisoners are not utilized to translate for PREA purposes. No interviews with LEP prisoners were conducted in light of there being no prisoners that meet this designation at the brig during the on-site audit. Interviews with random prisoners indicated that they received information related to understanding PREA documents in a format they were able to understand.

Based on a review of SOP 6495, the PAQ, MEPS information, the MFR, a review of PREA signage and information, the prisoner handbook, observations made during the tour to include the PREA

signage as well as interviews with the Agency Head, random staff, and random prisoners indicates that this standard appears to be compliant.

### Standard 115.17: Hiring and promotion decisions

#### 115.17 (a)

- 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  No
- 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  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- 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  No
- 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  No
- 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 question immediately above?  Yes  No

#### 115.17 (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  No

- 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  No

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check?  Yes  No
- 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  No

#### 115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?  Yes  No

#### 115.17 (e)

- 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  No

#### 115.17 (f)

- 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  No
- 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  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  Yes  No

#### 115.17 (h)

- 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  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Documents:

1. Pre-Audit Questionnaire
2. SOP 1008 Volunteer / Contractor / Intern Program
3. New Employee Questionnaire / Acknowledgement
4. SOP 6495 - PREA Compliance
5. Charleston PREA Outcome Measures
6. Staff Background Checks - Civilian
7. Staff Background Checks - Military
8. Contractor Background Check
9. PREA Guidance Letter

#### Interviews:

## 1. Administrative (Human Resources) Staff

### **Findings (By Provision):**

**115.17 (a):** SOP 6495 states that the agency will not hire or promote anyone who may come in contact with prisoners, and shall not enlist the services of any contractor who may have contact with prisoners if they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. A review of the eligibility questions on the employment application indicated that the three questions are required to be answered electronically for all applicants. A review of personnel files for staff who were hired in the previous twelve months indicated that all had completed an application and as such were required to answer the eligibility questions. Additionally, all staff had a background check completed which included their criminal history, credit history and other record inquiries. All contractors also have a completed background check. The contractors reviewed all had a background check completed prior to enlisting their services. The interview with Human Resource staff indicated that the eligibility questions are part of the hiring process.

**115.17 (b):** SOP 6495 indicates that the agency considers any incidents of sexual harassment in determining whether to hire or promote any staff or enlist the services of any contractor who may have contact with prisoners. Human Resource staff indicated that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractors.

**115.17 (c):** The Staff Background request form indicates that employment is subject to satisfactory completion of a background investigation, which also includes law enforcement and criminal records checks. The PAQ indicated that all 3 of those hired in the past twelve months that may have contact with prisoners had received a criminal background check and prior institutional employers were contacted. A review of personnel files of staff hired in the previous twelve months indicated that 100% had a criminal background check completed and any institutional employers were contacted. Human Resource staff indicated that all staff are required to have a criminal background check before they are hired, institutional checks, neighborhood checks and numerous other checks are part of the background investigation process.

**115.17 (d):** SOP 1008, 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 PAQ indicated that there have been two contracts at the facility within the past twelve months. A review of current contractor personnel files indicated that a criminal background check had been conducted. Human Resource staff indicated that all contractors have a criminal background check completed prior to enlisting their services.

**115.17 (e):** The PAQ indicated that the agency requires either criminal background checks to be conducted at least every five years for current employees and contractors or have a system in place for otherwise capturing such information for current employees. The agency utilizes the National Crime Information Center (NCIC). All employees are fingerprinted and all subsequent FBI

criminal arrest information is forwarded back to the agency. The Shared Services Officer and Operations Officer conduct background records checks at least every five years of current staff, contractors and volunteers who may have contact with prisoners. The interview with Human Resource staff confirmed that all staff and contractors have a criminal background check completed at least every five years.

**115.17 (f):** The PAQ indicates that the agency will ask all applicants and employees who have contact with prisoners directly about whether they have: engaged in sexual abuse in prison, jail, lockup or any other institution, been convicted of engaging or attempting to engage in sexual activity in the community or been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion through a written application, during any interviews or through any written self-evaluations as part of a review of current employees. A review of the eligibility questions on the employment application indicated that the three questions are required to be answered electronically for all applicants. A review of personnel files for staff who were hired in the previous twelve months indicated that all had completed an application and as such were required to answer the eligibility questions. Additionally, all staff had a background check completed which included a check of their criminal history. Additionally, the interview with Human Resource staff confirmed that these questions are contained on the eligibility questions section on the employment application, which is required for all applicants.

**115.17 (g):** The PAQ indicates that material omissions regarding sexual misconduct or the provision of materially false information is grounds for termination. The NAVCONBRIG Charleston PREA New Employee Questionnaire/Acknowledgement form specifies this. Human resource staff confirm that any false information or omissions would result in an employee or contractor being terminated.

**115.17 (h):** Human Resource staff indicated that the agency provides information related to substantiated allegations of sexual abuse or sexual harassment involving a former employee to institutional employers for whom the employee has applied to work.

Based on a review of the PAQ, SOP 6495, SOP 1008, the employment application, the Eligibility Questions, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview indicates that this standard appears to be compliant.

### **Standard 115.18: Upgrades to facilities and technologies**

#### **115.18 (a)**

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  Yes  No  NA

## 115.18 (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  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Documents:

1. Pre-Audit Questionnaire
2. MFR - Renovation to Existing Facility (ADA Additions)
3. 2020 Annual PREA Report and Review of Physical Plant
4. Master Camera List
5. CCTV Replacement / Upgrade Proposal
6. Replacement Security Camera Upgrade Contract

### Interviews:

1. Agency Head
2. Warden (Commanding Officer)

### Site Review Observations:

1. Observations of Absence of Modification to the Physical Plant
2. Observations of Video Monitoring Technology

**Findings (By Provision):**

**115.18 (a):** The facility has not designed, acquired or planned any expansion or modification of the existing facility. The PAQ as well as the interview with the Commanding Officer confirmed there have not been any modifications to the facility during this audit cycle. The interview with the Agency Head and the Commanding Officer did confirm that new facility designs, modifications and technology upgrades would be reviewed to see how these modification or upgrades may enhance the ability to protection prisoners against sexual abuse. During the tour of the facility, the auditor did not observe any modifications or expansions.

**115.18 (b):** The facility has installed and updated video monitoring technology, electronic surveillance system or other monitoring technology within the audit period. The PAQ as well as the interview with the Commanding Officer confirmed there have been upgrades and installation of video monitoring technology to include identified blind spots, updated and corrected locking systems to include identified spaces have been added. The interview with the Agency Head and the Commanding Officer did confirm that new facility designs, modifications and technology upgrades would be reviewed to determine how these modification or upgrades may enhance the ability to protect prisoners against sexual abuse.

Based on the interviews, observations, repair documentation and reports provided, this standard appears to be compliant.

**RESPONSIVE PLANNING**

**Standard 115.21: Evidence protocol and forensic medical examinations**

**115.21 (a)**

- 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  No  NA

**115.21 (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  No  NA



- 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  No  NA

#### 115.21 (c)

- 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  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- 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  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- 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  No  NA
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.21 (e)

- 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  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Documents:

1. MOU with Medical University of South Carolina (MUSC)
2. MOU with Department of the Navy (DON) Military Confinement Facilities (MCF)
3. BUPER Instruction 1640.23, PREA Compliance
4. MUSC Health Hospital Protocols
5. SOP 6495 PREA Compliance
6. Forensic Protocols Bureau of Medicine and Surgery (BUMED) 6310.11a
7. Charleston PREA Outcome Measures
8. Navy Enforcement Manual; Navy Tactics, Techniques and Procedures (NTP) 3-07.2.3

9. Memorandum for Record (MFR) Forensic Medical Exams
10. CFR 199.16, Supplemental Health Care Programs
11. SAFE Helpline Contract
12. MOU with People against Rape (PAR)
13. PREA Posters
14. Safe Helpline RAINN (Rape, Abuse, and Incest National Network) website
15. PREA Training Acknowledgement (Prisoners)
16. PREA Intake Information Sheet (Prisoners)
17. PREA Trifold (English and Spanish)
18. Prisoner Handbook
19. Sexual Assault Response Coordinator (SARC) responsibilities
20. PREA Compliance Manager (PCM) appointment letters
21. Victim Responder Certification (3)

**Interviews:**

1. Random Staff
2. SAFE / SANE Staff
3. PREA Compliance Manager (PCM)
4. Prisoners Who Reported a Sexual Abuse

**Findings (By Provision):**

**115.21 (a):** SOP 6495 outlines the uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The policy outlines evidence preservation, medical examinations, and forensic crime scene investigation with biological evidence, handling biological evidence and detecting and testing forensic evidence. The PAQ indicated that the agency is responsible for conducting administrative investigations while Naval Criminal Investigative Services (NCIS) is responsible for conducting

criminal investigations. Interviews with random staff indicated they are aware of evidence protocol and that they were responsible for preserving evidence.

**115.21 (b):** PAQ indicates that medical forensic examinations are conducted in accordance with standards set forth in “A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents, DOJ Office of Violence Against Women, second edition, April 2013”.

**115.21 (c):** SOP 6495 indicates that all prisoner victims of sexual abuse are offered a forensic medical examination, whether on-site or at an outside facility, without financial cost. The MOU with Medical University of South Carolina, Charleston, South Carolina was also provided and specifies that MUSC provides medical forensic examination services. Services are provided without cost to the prisoner. The memo indicated that SANE are available. The PAQ indicated that during the previous twelve months, there have been zero forensic exams conducted. During the audit period, there was not an instance where a prisoner was provided a forensic medical examination so no documentation was able to be reviewed.

**115.21 (d):** The PAQ indicated that the agency attempts to make available to the victim a victim advocate from a rape crisis center and if a rape crisis center is not available, a qualified staff member from a community-based organization or a qualified agency staff member. The PAQ provided the DoD Safe Helpline contract, the MOU with the People Against Rape which is intended to provide emotional support and guidance to victims of sexual assault during administrative, medical, investigative and legal procedures, to ensure that they understand and can anticipate these procedures and to inform victims of the availability of appropriate follow-up care. The auditor interviewed a prisoner who had reported sexual abuse, however, the circumstances of the allegation did not rise to the level of necessitating the need for an advocate. Random interviews with prisoners and staff interviews indicated that an advocate would be contacted and provided in the event of a sexual abuse. The prisoners have access to the victim advocacy information which is provided by staff and is included in the prisoner handbook and various posters and pamphlets.

**115.21 (e):** The PAQ indicated that, as requested by the victim, the victim advocate, qualified agency staff member or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews. The facility MOU indicated that prisoners are transported to the local hospital for forensic examinations. Additionally, the facility utilizes People Against Rape to provide victim support services during the forensic medical exam and during investigatory interviews. The facility also has a Sexual Assault Response Coordinator (SARC) whose responsibility includes ensuring that victims of sexual assault receive appropriate and responsive care. They serve as the single point of contact to coordinate sexual assault victim care. Random interviews with prisoners and staff indicate that an advocate would be contacted and provided in the event of sexual abuse. The prisoners have access to victim advocacy information as it is included in the prisoner handbook and the pamphlet.

**115.21 (f):** The agency is responsible for conducting administrative investigations while the NCIS is responsible for conducting criminal investigations. The NCIS complies with all investigatory requirements under PREA standards 115.21, 115.34 and 115.71. Additionally, the NCIS follows a uniform evidence protocol.

**115.21 (g):** The agency is responsible for conducting administrative investigations while the NCIS is responsible for conducting criminal investigations. The NCIS complies with all investigatory requirements under PREA standards 115.21, 115.34 and 115.71. Additionally, the NCIS follows a uniform evidence protocol.

**115.21 (h):** N/A

Based on a review of the PAQ, SOP 6495, BUMS forensic protocols, MFR, and MOU's and information from interviews with the PREA Compliance Manager and random prisoners indicates this standard appears to be compliant.

### **Standard 115.22: Policies to ensure referrals of allegations for investigations**

#### **115.22 (a)**

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

#### **115.22 (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  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

#### **115.22 (c)**

- 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  No  
 NA

#### **115.22 (d)**

- Auditor is not required to audit this provision.

## 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Documents:

1. BUPERS Instruction 1640.23
2. NCBC Webpage - Navy Personnel Command - PREA
3. SOP 6489 - PREA
4. MOU DON - NCIS PREA Investigations
5. Brig Annual Report 2020
6. Charleston PREA Outcome Measures
7. Sexual Violence Survey 2019
8. Outside Investigator Training - email
9. NCIS Public Webpage
10. Directive-type Memorandum (DTM) 14-002
11. Brig Investigator Training Certificates
12. MFR- NCIS Investigative Jurisdiction
13. PREA Incident Response Checklist
14. Referral of Allegation - NCIS Declination

### Interviews:

1. Agency Head

2. Investigative Staff

**Findings (By Provision):**

**115.22 (a):** SOP 6495 outlines the administrative and criminal investigative process. The PAQ indicated that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The Directive-type Memorandum (DTM) 14-002 indicates that the Office of the Inspector General has the authority to conduct criminal and administrative investigations throughout the agency. The DTM specifically provides Special Victim Capability (SVC) within the Military Criminal Investigative Organizations. Additionally, the MOA with the Agency and NCIS describes the responsibilities of both entities. The NCIS is responsible for conducting criminal investigations related to PREA and/or any criminal activities at the brig. Allegations are reported and immediately forwarded to the facility investigator who forwards the information to NCIS for review and determination if it rises to the level of a criminal investigation. The PAQ indicated that there were five allegations reported within the previous twelve months. The interview with the Agency Head indicated that all allegations are investigated. Specifically, the NCIS investigates potential criminal cases involving staff-on-prisoner sexual abuse; the facility investigator investigates administrative cases of staff-on-prisoner sexual abuse or sexual harassment.

**115.22 (b):** SOP 6495 outlines the administrative and criminal investigative process. The PAQ indicated that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The Directive-type Memorandum (DTM) 14-002 indicates that the Office of the Inspector General has the authority to conduct criminal and administrative investigations throughout the agency. The DTM specifically provides Special Victim Capability (SVC) within the Military Criminal Investigative Organizations. Additionally, the MOA with the Agency and NCIS describes the responsibilities of both entities. The NCIS is responsible for conducting criminal investigations related to PREA and/or any criminal activities at the brig. A review of the NCIS public website describes the NCIS's authority to conduct criminal investigations and is available at <https://www.ncis.navy.mil>. The interview with the investigator indicated that the facility has the legal authority to conduct administrative investigations and that criminal investigations are referred to the NCIS.

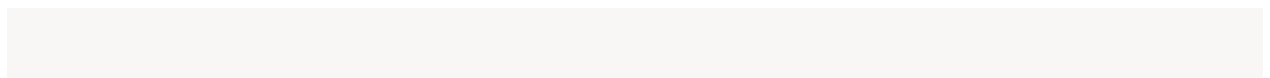
**115.22 (c):** SOP 6495 outlines the administrative and criminal investigative process. The PAQ indicated that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The PAQ indicated that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The Directive-type Memorandum (DTM) 14-002 indicates that the Office of the Inspector General has the authority to conduct criminal and administrative investigations throughout the agency. The DTM specifically provides Special Victim Capability (SVC) within the Military Criminal Investigative Organizations. Additionally, the MOA with the Agency and NCIS describes the responsibilities of both entities. The NCIS is responsible for conducting criminal investigations related to PREA and/or any criminal activities at the brig. A review of the NCIS public website describes the

NCIS's authority to conduct criminal investigations and is available at <https://www.ncis.navy.mil> The interview with the investigator indicated that the facility has the legal authority to conduct administrative investigations and that criminal investigations are referred to the NCIS.

**115.22 (d):** SOP 6495 outlines the administrative and criminal investigative process. The PAQ indicated that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The PAQ indicated that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The Directive-type Memorandum (DTM) 14-002 indicates that the Office of the Inspector General has the authority to conduct criminal and administrative investigations throughout the agency. The DTM specifically provides Special Victim Capability (SVC) within the Military Criminal Investigative Organizations. Additionally, the MOA with the Agency and NCIS describes the responsibilities of both entities. The NCIS is responsible for conducting criminal investigations related to PREA and/or any criminal activities at the brig. A review of the NCIS public website describes the NCIS's authority to conduct criminal investigations and is available at <https://www.ncis.navy.mil> The interview with the investigator indicated that the facility has the legal authority to conduct administrative investigations and that criminal investigations are referred to the NCIS.

**115.22 (e):** The NCIS is responsible for conducting criminal investigations related to PREA and/or any criminal activities at the brig. A review of the NCIS public website describes the NCIS's authority to conduct criminal investigations and is available at <https://www.ncis.navy.mil> The interview with the investigator indicated that the facility has the legal authority to conduct administrative investigations and that criminal investigations are referred to the NCIS.

Based on a review of the PAQ, SOP 6495, BUPERS Instruction 1640.23, MOU DON - NCIS PREA Investigations, the Brig Annual Report 2020, Charleston PREA Outcome Measures, Sexual Violence Survey 2019, Outside Investigator Training (email), NCIS Public Webpage, Directive-type Memorandum (DTM)14-002, Brig Investigator Training Certificates, MFR-NCIS Investigative Jurisdiction, PREA Incident Response Checklist, Referral of Allegation - NCIS Declination, the website and information obtained from interviews with the Agency Head and investigators, this stand appears to be compliant.



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| <b>TRAINING AND EDUCATION</b> |
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**Standard 115.31: Employee training**

**115.31 (a)**

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No



- 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  No
- 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  No
- 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  No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No
- 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  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No
- 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  No
- 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  No

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility?  Yes  No
- 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  No

#### 115.31 (c)

- Have all current employees who may have contact with inmates received such training?  Yes  No

- 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  No
- 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  No

### 115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Documents:

1. Staff Training Lesson Plan
2. SOP 6495 PREA
3. Annual Training Plan 2020 (staff)
4. Pre-service Orientation Sign-in Sheet
5. Staff Training Acknowledgements
6. Staff Training PowerPoint
7. Staff Certificates of Completion - PREA
8. Staff Standards of Conduct Form
9. Staff Training Records
10. Facilitator Certification

11. Charleston PREA Outcome Measures

12. All Hands email - PREA SOP update

13. Annual Staff Refresher Training

**Interviews:**

1. Random Staff

**Findings (By Provision):**

**115.31 (a):** SOP 6495 indicates that all staff will receive the Sexually Abusive Behavior Prevention and Intervention program training during institutional familiarization and yearly thereafter as part of the annual refresher training. A review of the training curriculum outline and PowerPoint slides confirmed that the training includes information on: the agency's zero-tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the prisoners' right to be free from sexual abuse and sexual harassment, the right of the prisoner to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, 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 relationship with prisoners, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex prisoners and how to comply with relevant laws related to mandatory reporting. A review of a sample of staff training records indicated that 100% of those reviewed received PREA training. Interviews with random staff confirmed that they had received PREA training during annual training and that they receive information through supplemental trainings. Staff confirmed all required topics were covered in the training.

**115.31 (b):** SOP 6495 indicates that the annual refresher training takes into consideration the gender of the prisoner population at the facility. The PAQ indicated that training is tailored to the gender of prisoner population at the facility and that employees who are reassigned to facilities with opposite gender prisoners are given additional training. A review of the training curriculum confirmed that the annual training includes information on male and female prisoners.

**115.31 (c):** The PAQ indicated that all staff have been trained in PREA requirements and that they receive PREA training annually. New employees receive training and current employees receive the training as part of their annual training. A review of documentation confirmed that all of the staff records reviewed had received PREA training and that those hired prior to the previous twelve months (ten) had received annual refresher training. The PAQ indicates that in years in which an employee does not receive refresher training, the training is provided through various means including meetings and emails.

**115.31 (d):** The PAQ as well as SOP 6495, indicates that all staff are required to physically sign or electronically acknowledge that they received and understood the PREA training. A review of the training records indicate that staff are required to sign a training acknowledgement upon

completion of training which states “I have received and understand the training conducted regarding the agency’s sexual abuse and sexual harassment policies and procedures”. A review of a sample of staff training records indicated that staff have signed the acknowledgment form.

Based on a review of the PAQ, staff training lesson plan, SOP 6495, pre-service orientation sign-in sheet, staff training acknowledgements, staff training PowerPoint, staff certificates of completion, Charleston PREA Outcome Measures, All Hands email - PREA SOP update, annual staff refresher training, as well as interviews with random staff, all indicate that the facility exceeds this standard. The facility conducts annual training and supplements annual training through emails, trainings during staff meetings and other mechanisms.

### Standard 115.32: Volunteer and contractor training

#### 115.32 (a)

- 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  No

#### 115.32 (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  No

#### 115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Documents:**

1. SOP 6495 PREA
2. SOP 1008 Volunteer / Contractor / Intern Program
3. SOP 306 Standards of Conduct
4. Full Time Volunteer / Contractor Standards of Conduct
5. Intern PREA Training Acknowledgement
6. Full Time Volunteer / Contractor Training Acknowledgement
7. Volunteer PREA Training Acknowledgement
8. PREA Refresher Certificates - Auditor Training
9. Contractor - PREA Training Acknowledgement
10. Certificate of Completion - Full Time Contractor
11. NIC Certificate of Complete - Full Time Contractor
12. Charleston PREA Outcome Measures
13. Volunteer / Contractor / Intern PREA Tracker

**Interviews:**

1. Volunteers / Contractors Who Have Contact with Prisoners

**Findings (By Provision):**

**115.32 (a):** The PAQ indicated that volunteers and contractors who have contact with prisoners have been trained on their responsibilities under the agency's policies and procedures on sexual abuse and sexual harassment. All volunteers and contractors are required by the agency to receive the PREA training for volunteers. According to the PAQ, 10 volunteers received training in the past 12 months. A review of a sample of training documents for contractors and volunteers indicated that they had received PREA training. Additionally, the interviews conducted with contractors confirmed that they receive PREA training each year, and that they were aware of the zero-tolerance policy and knew to immediately report to a staff member.

**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.

Additionally, the PAQ indicates that they have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. Volunteers and contractors are required to receive the PREA training for volunteers. They may be required to complete the staff PREA training, if their level of contact warrants. A review of a sample of training documents for contractors and indicated that they had received PREA training. Additionally, the interviews conducted with contractors confirmed that they receive PREA training each year, and that they were aware of the zero-tolerance policy and knew to immediately report to a staff member.

**115.32 (c):** The PAQ and a review of a sample of training documents for contractors indicated that 100% of those reviewed had signed the volunteer acknowledgement of training form.

Based on a review of the PAQ, the PREA training for volunteers, a review of a sample of contractor training records as well as the interviews with contractors indicates that this standard appears to be compliant.

### **Standard 115.33: Inmate education**

#### **115.33 (a)**

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No

#### **115.33 (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  No
- 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  No
- 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  No

#### **115.33 (c)**

- Have all inmates received the comprehensive education referenced in 115.33(b)?  Yes  No

- 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  No

#### 115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?  Yes  No

#### 115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?  Yes  No

#### 115.33 (f)

- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Documents:**

1. PREA Intake Information Sheet Acknowledgement
2. Prisoner Handbook
3. SOP 6495 - PREA Compliance
4. Photograph of PREA Resource Information by Prisoner Phones
5. Charleston PREA Outcome Measures
6. PREA Resource Center Inmate Facilitators Guide
7. PREA Resource Center Inmate Education Video
8. MFR - Prisoners with a Disability / Limited English Proficient
9. PREA Poster English and Spanish
10. Military Entrance Processing Station (MEPS)
11. Prisoner Training Poster in English and Spanish
12. PREA Trifold Pamphlet in English and Spanish
13. PREA Literature (various)

**Interviews:**

1. Intake Staff
2. Random Prisoners

**Findings (By Provision):**

**115.33 (a):** SOP 6495, outlines the requirement for prisoners to receive PREA education. The SOP states that prisoners receive information on the agency's zero-tolerance policy and how to report incidents or suspicion of sexual abuse or sexual harassment via the intake pamphlet. The PAQ indicated that 85 prisoners received information on the zero-tolerance policy and how to report at intake during the past 12 months. This is equivalent to 100% of prisoners who received this information at intake. A review of the pamphlet confirmed that it includes information on the zero-tolerance policy and the reporting methods. A review of prisoner files indicated that they had



received PREA information at intake. During the tour, the auditor observed the intake area and was provided an overview of the intake process. Prisoners were provided the prisoner handbook and were also asked the risk screening questions during this time. The interview with intake staff indicated that the facility provides prisoners information related to the zero-tolerance policy and reporting mechanism via the prisoner handbook. Prisoners who were interviewed indicated that they received information on the agency's sexual abuse and sexual harassment policies.

**115.33 (b):** SOP 6495 outlines the requirement for prisoners to receive PREA education. The SOP specifically discusses the comprehensive education that is provided to the prisoners. The policy indicates that during intake, a designated staff member will present the PREA information. A review of the training document (available in English and Spanish) indicates that prisoners are educated on definitions, the zero-tolerance policy, ways to prevent sexual abuse, how to report, information on the investigative process, counseling programs for victims and management programs for abusers. The PAQ indicated that 85 prisoners received comprehensive PREA education within 30 days of intake. This is equivalent to over 100%. A review of prisoner files indicated that they had received comprehensive PREA education within 30 days of intake. Interviews with the intake staff confirmed that all prisoners receive comprehensive PREA education. Interviews with prisoners indicated that they received information on the agency's sexual abuse and sexual harassment policies.

**115.33 (c):** The PAQ indicated that all current prisoners at the facility had been educated on PREA. Additionally, SOP 6495 indicates that the agency requires that all prisoners who are transferred from one facility to another be educated regarding their rights under PREA to the extent that the policies and procedures of the new facility differ from those of the previous facility. All prisoners are typically educated upon transfer, whether policies and procedures differ or not. The interview with the intake staff indicated all prisoners who arrive at the facility go through intake, receive the handbook and then go through orientation.

**115.33 (d):** The PAQ indicated that PREA education is available in accessible formats for disabled and LEP prisoners. The facility has staff members who are fluent in Spanish to provide accommodations for prisoners who are LEP. Based on the requirements for English fluency for all staff acceptance into the United States military, there are no LEP prisoners at the brig. The intake pamphlet for PREA is available in English and Spanish.

**115.33 (e):** SOP 6495 indicates that prisoners are required to sign for receipt of PREA information at intake and that the original is placed in the prisoner's file. A review of prisoner files indicate that they were documented to have received PREA education.

**115.33 (f):** The PAQ indicated that information is continuously available through posters, prisoner handbooks or other written forms for the prisoner population. A review of documentation indicated that the facility had PREA information via the orientation handbook, the intake pamphlet and through PREA signage. During the tour, the auditor observed the PREA signage in each housing unit and in common areas.

Based on a review of the PAQ, PREA Intake Information Sheet Acknowledgement, Prisoner Handbook, SOP 6495 - PREA Compliance, photograph of PREA resource information by prisoner phones, Charleston PREA Outcome Measures, PREA Resource Center Inmate Facilitators Guide, PREA Resource Center Inmate Education Video, MFR - Prisoners with a Disability / Limited English Proficient, PREA Poster English and Spanish, Military Entrance Processing Station (MEPS), prisoner training poster in English and Spanish, PREA trifold pamphlet in English and Spanish, various PREA literature, observations made during the tour to include the availability of PREA information via signage and documents as well as information obtained during interviews with intake staff and random prisoners indicate that this standard appears to be compliant.

### Standard 115.34: Specialized training: Investigations

#### 115.34 (a)

- 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  No  NA

#### 115.34 (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  No  NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA
- 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  No  NA
- 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  No  NA

#### 115.34 (c)

- 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  No  NA

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Documents:

1. NIC Advanced Investigator Specialized Training Course Description
2. NIC Investigator Specialized Training Course Description
3. Outside Investigator Specialized Training NCIS email
4. DON - NCIS PREA Investigator MOU
5. SOP 6495 - PREA Compliance
6. Brig Investigator Specialized Training MOA
7. Charleston PREA Outcome Measures
8. Certificate of Completion - Brig Investigators Specialized Training

#### Interviews:

1. Investigative Staff

#### Findings (By Provision):

**115.34 (a):** SOP 6495 and the PAQ indicate that investigators are required to be trained in conducting sexual abuse investigations in a confinement setting. This training is completed

through two curriculums: the NIC: PREA, Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations or the NIC: Investigation Sexual Abuse in a Confinement Setting. A review of a memo from the Agency Head indicated that the investigators have completed the PREA specialized training. A review of the facility investigators' training records indicated that they had completed the training. The interview with the investigator indicated he received specialized training and he completes the NIC training annually.

**115.34 (b):** SOP 6495 and the PAQ indicates that investigators are required to be trained in conducting sexual abuse investigations in a confinement setting. This training is completed through two curriculums: the NIC: PREA, Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations or the NIC: Investigation Sexual Abuse in a Confinement Setting. A review of the training curriculums confirmed they included the following: 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 criminal prosecution. A review of a memo from the Agency Head indicated that the investigators have completed the PREA specialized training. A review of the facility investigators' training records indicated that they had completed the training. The interview with the investigator indicated he received specialized training and he completes the NIC training annually.

**115.34 (c):** The PAQ indicated that currently there are 2 facility investigators who the agency/facility currently employs to conduct investigations. The PAQ indicated that these staff have received specialized training. A review of a memo from the Agency Head indicated that the investigators have completed the PREA specialized training. A review of the facility investigators' training records indicated that both investigators had completed the specialized training. The interview with the investigator indicated he received specialized training online through NIC and that it is documented.

**115.34 (d):** All criminal sexual abuse allegations are referred to the NCIS for investigation and possible criminal prosecution. When a referral is declined or the allegation does not contain a criminal element, the investigation is conducted by facility investigators. A review of a memo from the Agency Head indicated that the investigators have completed the PREA specialized investigations training. The MOU and letter from the FBI indicate that they are compliant with all PREA investigatory standards to include 115.34.

Based on a review of the PAQ, SOP 6495, the NIC training curriculum, the memo from the Agency Head, a review of investigator training records and certificates as well as interviews with investigative staff, indicate that this standard appears to be compliant.

### **Standard 115.35: Specialized training: Medical and mental health care**

#### **115.35 (a)**

- 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  No  NA
- 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  No  NA
- 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  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

#### 115.35 (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  No  NA

#### 115.35 (c)

- 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  No  NA

#### 115.35 (d)

- 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  No  NA

- 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  No  NA

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Documents:**

1. SOP 6495 - PREA Compliance
2. SOP 1002 - Mental Health Services
3. BUMED Instruction 6310.11A - Forensic Program
4. DON - Medical MOU
5. Staff Training Acknowledgement Forms
6. NIC Training Staff Certificates of Completion
7. Charleston PREA Outcome Measures
8. MFR - Forensic Medical Examinations

**Interviews:**

1. Medical / Mental Health Staff

**Site Review Observations:**

1. Observations during on-site review of physical plant

**Findings (By Provision):**

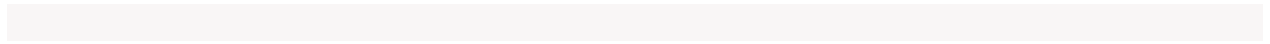
**115.35 (a):** SOP 6495 requires that all medical and mental health care practitioners who work regularly in the facility will receive “Medical Health Care for Sexual Assault Victims” and “Behavior Health Care for Sexual Assault Victims”. Based on a review of the training modules, they include the following topics: 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 whom to report allegations or suspicion of sexual abuse and sexual harassment. The PAQ indicated that the facility has 6 medical and mental health staff and that 100% of these staff received the specialized training. A review of medical and mental health training records indicated that those sampled had received the specialized training. Interviews with medical and mental health staff confirmed that they had received the PREA specialized training.

**115.35 (b):** This provision does not apply. Forensic exams are not conducted on-site by any of the facility’s medical staff. The MFR for forensic medical exams specifically states the facility refers all forensic medical exams needed to be performed at Medical University of Charleston and in any instance where a SAFE or SANE is not available, the examination can be formed by other qualified medical practitioners and shall be documented by the facility. Interviews with medical staff confirm that they do not perform forensic medical examinations.

**115.35 (c):** The PAQ indicated that documentation showing the completion of the training is maintained by the agency. A review of training documents for medical and mental health care staff confirm that the completed training is documented via a training certificate.

**115.35 (d):** A review of medical and mental health staff members training documents indicated that 100% of those reviewed completed the Sexually Abusive Behavior Prevention and Intervention training which is required for all staff.

Based on a review of the PAQ, SOP 6495, SOP 1002, BUMED Instruction 6310.11A - Forensic Program, DON - Medical MOU, the memo regarding forensic examinations, the training curriculum, a review of medical and mental health care staff training records as well as interviews with medical and mental health care staff indicate that this standard appears to be compliant.



|   |
|---|
| <b>SCREENING FOR RISK OF SEXUAL VICTIMIZATION<br/>AND<br/>ABUSIVENESS</b> |
|---|

**Standard 115.41: Screening for risk of victimization and abusiveness**

**115.41 (a)**

- 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  No

- 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  No

#### 115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?  
 Yes  No

#### 115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?  
 Yes  No

#### 115.41 (d)

- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- 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  No

- 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  No
- 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  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

- 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  No
- 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  No
- 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  No

#### 115.41 (f)

- 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  No

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a request?  Yes  No

- Does the facility reassess an inmate’s risk level when warranted due to an incident of sexual abuse?  Yes  No
- 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  No

**115.41 (h)**

- 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  No

**115.41 (i)**

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate’s detriment by staff or other inmates?  Yes  No

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Documents:**

1. SOP 1002 - Mental Health Services
2. SOP 6495 - PREA Compliance
3. MFR 1640 - Post Incident
5. Screening for Risk of Victimization and Abusiveness
6. Prisoner Background Request Form
7. CORMIS Mitigation Roster

8. Clinical PREA Tracker
9. 2020 Annual PREA Report
10. MFR 1640 - No Discipline

**Interviews:**

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

**Site Review Observations:**

1. Observations of Risk Screening Area
2. Observations of Where Prisoner Files are Located

**Findings (By Provision):**

**115.41 (a):** SOP 6495 describes the risk screening process. It indicates that prisoners will be assessed during the intake screening for their risk of being sexual abused by other prisoners or sexually abusive toward other prisoners. The policy further states that if a prisoner is determined to be at risk of being sexually victimized by or being sexually abusive toward other prisoners, they will be referred to mental health staff for a reassessment. During the tour, the auditor observed the intake area. The risk screening is conducted in private offices in intake. Interviews with random prisoners confirm that they were asked questions either the same day or the next day. The interview with the staff responsible for the risk screening indicated that prisoners are screened using the screening instrument.

**115.41 (b):** SOP 6495 indicates that all prisoners will be assessed during the intake screening for their risk of being sexual abused by other prisoners or sexually abusive toward other prisoners within 72 hours. The PAQ indicated that prisoners are screened within this timeframe and that 85 prisoners were screened within 72 hours over the previous twelve months. This indicates that 100% of those whose length of stay was for 72 hours or more received the risk screening within 72 hours. A review of a sample of prisoner records confirmed that all were screened within 72 hours.

**115.41 (c):** The PAQ indicated that the risk screening is conducted using an objective screening instrument. A review of the Screening for Risk of Victimization and Abusiveness form indicated that prisoners are asked yes or no questions and a few of these questions are then utilized to

determine the risk associated with the prisoner. The screening instrument includes sections that are determined based on the prisoner's history (which can be found in his file).

**115.41 (d):** A review of the Screening For Risk of Victimization and Abusiveness form indicates that the intake screening considers the following criteria to assess prisoners for risk of sexual victimization: whether the prisoner has a mental, physical or developmental disability; the age of the prisoner; the physical build of the prisoner; whether the prisoner was previously incarcerated; whether the prisoner's criminal history is exclusively nonviolent; whether the prisoner has prior convictions for sex offenses against an adult or child; whether the prisoner is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming and whether the prisoner is detained solely for civil immigration purposes. The intake form takes into consideration whether the prisoner has previously experienced sexual victimization and the prisoner's own perception of vulnerability. Interviews with staff who perform the risk screening indicated that the required components are included and that the majority of the questions are yes or no format, with a few that are open ended.

**115.41 (e):** A review of the Screening for Risk of Victimization and Abusiveness form confirms that the intake screening considers the following: prior acts of sexual abuse, prior convictions for violent offenses and prior institutional violence or sexual abuse known to the facility. Interviews with intake staff confirm that these criteria are considered and utilized to determine if the prisoner is a potential predator and how to house accordingly. Interviews with staff who perform the risk screening indicated that the required components are included and that the majority of the questions are yes or no format, with a few that are open ended.

**115.41(f):** SOP 6495 indicates that prisoners would be reassessed for the prisoner's risk of victimization or abusiveness within 14 days from their arrival by facility staff. The Unit Team and Clinical Services staff will do an additional assessment following the 14 day assessment, when warranted. Interviews with staff responsible for the risk screening indicated that prisoners are reassessed within 30 days. Interviews with random prisoners indicated that some did not remember a reassessment. A review of a sample of prisoner files indicated that prisoners were reassessed within the 30-day timeframe.

**115.41 (g):** SOP 6495 indicates that prisoners would be reassessed for their risk of victimization or abusiveness when warranted due to referral, request, incident of sexual abuse or receipt of additional information that bears on their risk of sexual victimization or abusiveness. This reassessment would be completed by the Unit Team or the Clinical Services Department. Interviews with staff indicated that any prisoner who alleged sexual abuse would be administered a reassessment during their mental health evaluation. The necessary information would then be passed on to unit team staff to review. Interviews with staff responsible for risk screening indicated that prisoners are also reassessed when warranted. The interviews with random prisoners indicated that some did not remember the risk assessment being conducted after the initial time, however, others did. A review of the prisoner files verified that the reassessment was conducted.

**115.41 (h):** An MFR referencing SOP 6495 and SOP 1002 indicates that prisoners would not be disciplined for refusing to answer the following questions during the risk screening: whether or not the prisoner has a mental, physical or developmental disability; whether or not the prisoner is

or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether or not the prisoner previously experienced sexual victimization and the prisoner's own perception of vulnerability. The PAQ indicated that prisoners are not disciplined for refusing to answer. The interview with the staff responsible for risk screening indicated that prisoners are not disciplined for refusing to answer any of the questions in the risk screening.

**115.41 (i):** SOP 6495 and SOP 1002 as well as the PAQ indicated that the agency has implemented appropriate controls on the dissemination of the screening information to ensure that sensitive information is not exploited to the prisoner's detriment by staff or other prisoners. Specifically, the policy states that information is disseminated on a need-to-know basis for staff. Interviews with the PREA Coordinator, PREA Compliance Manager and staff responsible for the risk screening indicate that the information obtained during the risk screening is limited to staff who have a need to know. This would include the Unit Team and those individuals who determine housing and work assignments.

Based on a review of the PAQ, SOP 6495, SOP 1002, the Screening for Risk of Victimization and Abusiveness form, a review of prisoner files and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random prisoners indicate that this standard appears to be compliant.

#### **Standard 115.42: Use of screening information**

##### **115.42 (a)**

- 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  No
- 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  No
- 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  No
- 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  
 No

- 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  No

#### 115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate?  Yes  No

#### 115.42 (c)

- 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  No
- 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 present management or security problems?  Yes  No

#### 115.42 (d)

- 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  No

#### 115.42 (e)

- 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  No

#### 115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates?  Yes  No

#### 115.42 (g)

- 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  No  NA
  
- 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  No  NA
  
- 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 solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Documents:**

1. SOP 6495 - PREA Compliance
2. SOP 1002 - Mental Health Services
3. Screening for Risk of Victimization
4. Classification and Assignment Board - Daily Change Roster

5. AIMS (Adult Internal Management System) Instructions and Worksheets
6. MFR 1640 - Risk for Abusiveness
7. Intake Screening - 14 Day, 6 Month Follow Up and Answers
8. BUPERINST 1640.22 - AIMS
9. SOP 605 - AIMS Classification
11. AIMS Classification
12. MFR 1640 - Transgender / Intersex

**Interviews:**

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

**Site Review Observations:**

1. Location of Prisoner Records
2. Housing Assignments of Prisoners
3. Shower Area in Housing Units

**Findings (By Provision):**

**115.42 (a):** SOP 6495 indicates that the agency uses the information from the risk screening to recommend housing, bed, work, education and program assignments with the goal of keeping separate prisoners at high risk of being sexual abused from those at high risk of being sexually abusive. Specifically, the policies indicate that Clinical staff will provide information of the prisoner's screening results to the Classification and Assignment Board. The Prisoner Management Director will utilize this information to make decisions and enhance monitoring of those prisoners at an increased risk. Policy indicates that the list is utilized to make housing, work and program decisions for these prisoners. The interview with the PREA Compliance Manager confirmed this process. The interviews with the staff responsible for the risk screening indicated these lists of prisoners are reviewed and a list is updated weekly which is used for housing, work and program assignments. The staff members indicated they would also check periodically to ensure that the recommendations for housing, program and work assignments are being followed.



A review of prisoner files and of prisoner housing and work assignments confirmed that prisoners at high risk of victimization and prisoners at high risk of being sexually abusive were not housed together. Additionally, they do not work together nor attend education or other programs together, to the extent possible.

**115.42 (b):** SOP 6495 and the PAQ indicated that the agency makes individualized determinations about how to ensure the safety of each prisoner. The interview with the staff responsible for the risk screening indicated that the Unit Team will review the lists of prisoners to ensure that prisoners are housed appropriately.

**115.42 (c):** SOP 6495 indicates that housing and program assignments for transgender and intersex prisoners are considered on a case-by-case basis to ensure the prisoner's health and safety, and whether the placement would present management or security problems. An MFR included in the PAQ indicated that this facility has not housed any transgender or intersex prisoners from 2015 to the date of the audit. The interview with the PCM indicated that the placement and programming assignments of each transgender or intersex prisoner shall be reassessed using the Risk of Victimization and Abusiveness Form at least twice each year to review any threats to safety experienced by the prisoner. The results of these assessments shall be briefed at the Classification and Assignment Board and the recommendations will be briefed by the Prisoner Management Department Director to the Commanding Officer regarding individualized determinations about how to ensure the safety of each prisoner. Since there were no transgender or intersex prisoners at the facility at the time of the onsite audit, random prisoner interviews were conducted. Prisoners indicated that they were asked about their safety by staff at the facility during intake screening and they did not feel they were housed specifically due to their sexual identity.

**115.42 (d):** SOP 6495 indicates that housing and program assignments for transgender and intersex prisoners are reassessed at least twice each year to review any threats to the prisoner's safety. The interview with the PC and staff responsible for the risk screening indicated that transgender and intersex prisoners are reassessed at least twice a year. Per the MFR, there have been no transgender or intersex prisoners at this facility from 2015 to the current date of the audit.

**115.42 (e):** SOP 6495 indicates that the transgender or intersex prisoner's own views with respect to his or her safety is given serious consideration. The interview with the PCM and staff responsible for the risk screening indicated that transgender and intersex prisoners are asked about their safety during the assessments and this information is given serious consideration. Since there were no transgender prisoners at the facility during the time of the onsite audit, interviews with random prisoners were conducted. These prisoners indicated that they were asked about their safety by staff at the facility during intake.

**115.42 (f):** Sop 6495 indicates that transgender and intersex prisoners are given the opportunity to shower separately. During the tour it was confirmed that all prisoners are provided privacy while showering. The facility housing units all contain multiple single person showers with doors which provide privacy. The interview with the PCM and the staff responsible for risk screening confirmed that transgender and intersex prisoners can shower separately. Interviews with random prisoners indicated that they are able to shower separately from other prisoners.

**115.42 (g):** SOP 6495, the PAQ and a review of housing assignments indicate that all of the housing units are the same. The interviews with the PC and PCM confirmed that LGBTI prisoners are not placed in one specific housing unit. The interviews with random prisoners indicated that they were not housed in a unit specifically due to their identification status.

Based on a review of the PAQ, SOP 6495, SOP 1002, Screening for Risk of Victimization, Classification and Assignment Board - Daily Change Roster, AIMS (Adult Internal Management System) Instructions and Worksheets, MFR 1640 - Risk for Abusiveness, Intake Screening - 14 Day, 6 Month Follow Up and Answers, BUPERINST 1640.22 – AIMS, SOP 605 – AIMS Classification, MFR 1640 - Transgender / Intersex , a review of prisoner housing assignments, and information from interviews with the PREA Compliance Manager, staff responsible for conducting risk screenings and interviews with random prisoners, this standard appears to be compliant.

### Standard 115.43: Protective Custody

#### 115.43 (a)

- 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  No
- 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  No

#### 115.43 (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  No
- 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  No
- 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  No

- 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  No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA

#### 115.43 (c)

- 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  No
- Does such an assignment not ordinarily exceed a period of 30 days?  Yes  No

#### 115.43 (d)

- 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  No
- 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  No

#### 115.43 (e)

- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Documents:**

1. Charleston Outcome Measures
2. SOP 6495 - PREA Compliance
3. MFR 1640 - Involuntary PC
4. MFR 1640 - Voluntary PC
5. SOP 509- Special Quarters

**Interviews:**

1. Warden or Designee (Commanding Officer)
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 (none at this facility)

**Site Review Observations:**

1. Observations of the facility

**Findings (By Provision):**

**115.43 (a):** SOP 6495 indicates that the agency does not place prisoners at high risk for sexual victimization in involuntary segregation unless an assessment of all available alternatives has been made and no alternative is available to separate the prisoner victims from likely abusers. The PAQ indicated there have been no instances where prisoners have been placed in involuntary segregated housing due to their risk of sexual victimization. Observation of the special housing unit as well as open population housing units indicated that there were no prisoners housed in segregated status due to their risk of sexual victimization. It was also observed by the auditor that prisoners designated as “PREA positive” were housed in general population, but with closer assignment to the staff in the unit for observation.

**115.43 (b):** SOP 6495 indicates that if a prisoner was placed in segregation that they would have access to programs, privileges, education and work opportunities to the extent possible and all limitations would be documented with indication of the reason and length of time of limitation. The policy indicates that the Director of Prisoner Management is responsible for documenting any such limitations, duration and rationale. The interviews with random staff were conducted and indicated that prisoners would have access to everything except a work assignment.

**115.43 (c):** SOP 6495 indicates that if a prisoner was placed in segregation due to risk of victimization they would only be placed until an alternative means of separation from likely abusers could be arranged, and such assignment would not ordinarily exceed 30 days. The policy indicates that the Director of Prisoner Management would review, complete and document on the DD form 509 and Special Handling Letter / Supplemental form. The PAQ indicated there have been no instances where prisoners have been placed in involuntary segregated housing due to their risk of sexual victimization. The interview with the Commanding Officer indicated that prisoners would only be placed in involuntary segregated housing until an alternative means of separation could be arranged.

**115.43 (d):** SOP 6495, indicates that if an involuntary segregated housing assignment is made that the facility will clearly document the basis for the concern for the prisoner's safety and the reasons that no alternatives means of separation can be arranged. Additionally, policy indicates that in the event that a prisoner was housed in segregated status, their continued need for placement would be reviewed by the Classification and Assignment Board every seven days. The PAQ indicated there have been no instances where prisoners have been placed in involuntary segregated housing due to their risk of sexual victimization.

**115.43 (e):** SOP 6495 and the PAQ indicate that if a prisoner was placed in segregated housing due to risk of victimization, they would be reviewed every 30 days to determine if there was a continued need for the prisoner to be separated from the general population. Specifically, policy indicates that prisoners would be reviewed weekly by the Classification and Assignment Board. There were no prisoners housed in segregated housing for risk of sexual victimization or who allege to have suffered sexual abuse during the time of the on-site audit.

Based on a review of the PAQ, SOP 6495, MFR 1640, SOP 509 and observations from the facility tour, as well as information from the interview with the Commanding Officer and staff indicate that this standard appears to be compliant.

## REPORTING

### Standard 115.51: Inmate reporting

### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment?  Yes  No
- 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  No
- 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  No

### 115.51 (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  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)  Yes  No  NA

### 115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?  Yes  No

### 115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Documents:**

1. HQ Email - Anonymous Reporting
2. OUDS (Office of the Under Secretary of Defense)
3. Prisoner Handbook
4. PREA Resource Center Facilitators Guide
5. PREA Resource Center Inmate Education Video
6. SOP 6495 - PREA Compliance
7. Prisoner Training Acknowledgement
8. SOP 306 - Standards of Conduct
9. Staff Training PowerPoint
10. Staff Training Acknowledgement
11. DoD Helpline Poster
12. Staff Training Lesson Plan
13. PREA Poster English and Spanish
14. Intake Information Sheet
15. PREA Tri-fold Pamphlet
16. PREA Resource Information
17. Pictures of PREA Information beside Prisoner Telephones
18. MFR 1640 - Reporting Methods

## 19. MFR 1640 - Civil Immigration

### **Interviews:**

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

### **Site Review Observations:**

1. Observation of PREA Reporting Information in all Housings Units

### **Findings (By Provision):**

**115.51 (a):** SOP 6495 indicates that the agency provides multiple ways for prisoners to privately report sexual abuse and sexual harassment, retaliation by other prisoners or staff for reporting sexual abuse or sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. A review of additional documentation to include the prisoner education and PREA signage, and PREA Intake Information Sheet indicated that there are multiple ways for prisoners to report. These methods include: to any employee, contractor or volunteer via written communication by Unrestricted Report, an Anonymous Report, the DoD Safe Helpline (external entity), calling or writing (privileged correspondence) to the Bureau of Navy Personnel Inspector General. Additionally, prisoners can report via third-party. The third-party can call, write or email. During the tour, it was observed that information pertaining to how to report PREA allegations was posted in all housing units. Interviews with a random sample of prisoners confirm that they are aware of the methods to report sexual abuse and sexual harassment and that they were informed on these methods. Most prisoners indicated that they would tell a staff member, do it through the computer or via prisoner phone (hotline). Interviews with random staff confirm that they take all allegations seriously and that prisoners have multiple ways (verbal, written, electronic, anonymous and third-party) to report sexual abuse and sexual harassment.

**115.51 (b):** SOP 6495 indicates that the agency has a way for prisoners to report abuse or harassment to a public or private entity that is not part of the agency, and that the entity can immediately forward the information to agency officials. Prisoners can report to the Inspector General, via their personal email or via a written letter. Additionally, third parties can contact the IG on behalf of the prisoner. During the tour, it was observed that information pertaining to how to report PREA allegations was posted in all housing units. All prisoners have access to the computer email system and can send a confidential email directly to the Inspector General. The interview with the PCM indicated that the outside information is located on posters and they can send information to the IG. The PCM indicated that the information would be forwarded back to



the facility investigator. Interviews with a random sample of prisoners confirm that most are aware of the email reporting mechanism and that the information is posted in their housing area.

**115.51 (c):** SOP 6495 notes that staff are required to accept all reports made verbally, in writing, anonymously and from a third-party and will promptly document any verbal reports. The PAQ indicated that staff accept all reports and that they immediately document any verbal allegations of sexual abuse or sexual harassment. Interviews with a sample of prisoners confirm that they are aware of the methods available for reporting. Interviews with a sample of staff indicate they accept all allegations of sexual abuse and sexual harassment and they immediately document and report any allegation to the CDO.

**115.51 (d):** SOP 6495 describes that the agency provides a method for staff to privately report sexual abuse and sexual harassment of prisoners. The PAQ and policy indicates staff can privately report to the DoD Safe Helpline, the SARC, SAPR, and / or the Inspector General, or any supervisory staff. Interviews with a sample of staff indicate that they can privately report sexual abuse and sexual harassment of prisoners to facility leadership or through the other previously mentioned avenues.

Based on a review of the PAQ, SOP 6495, SOP 306, MFR's, the Prisoner Handbook, PREA signage, observations from the facility tour related to PREA signage and posted information and interviews with the PCM, random prisoners and random staff, this standard appears to be compliant.

## Standard 115.52: Exhaustion of administrative remedies

### 115.52 (a)

- 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  No

### 115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  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.)  Yes  No  NA

### 115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  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.)  Yes  No  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.)  Yes  No  NA

### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  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.)  Yes  No  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.)  
 Yes    No    NA

### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes    No    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.)  Yes    No    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.)  Yes  
 No    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.)  Yes  
 No    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.)  Yes    No    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.)  Yes    No    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.)  Yes    No    NA

### 115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  Yes    No    NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Documents:**

1. MFR 1640 - Exhaustion of Administrative Procedures
2. Federal Register Exemption
3. SOP 6495 - PREA Compliance
4. Prisoner Handbook
5. Intake Information Sheet

**Interviews:**

1. Prisoners Who Reported a Sexual Abuse

**Findings (By Provision):**

**115.52 (a):** Per the MFR from the Technical Director, 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 per DOJ interpretation, is not required to create them. Although exempt, the following grievance procedures are provided for clarification of grievance processing.

**115.52 (b):** Prisoner Handbook describes the process for reporting allegations of sexual abuse and sexual harassment. The facility does not have a grievance process and is exempt from this standard. There is no time frame imposed for reporting allegations of sexual abuse or sexual harassment.

**115.52 (c):** SOP 6495 and the Prisoner Handbook outlines the process for reporting allegations of sexual abuse and sexual harassment. Page 20 of the Prisoner Handbook states multiple ways that the prisoner may report an allegation of sexual abuse or sexual harassment. Prisoners may report without submitting it to the staff member who is the subject of the complaint and the investigation or response will not be referred to staff members who are the subject of the complaint. The PAQ indicated that there were five documented PREA allegations on the grievance log, however, these were not actually grievances, but allegations reported by other means.

**115.52 (d):** The Prisoner Handbook and SOP 6495 specify the process for reporting and responding to allegations of sexual abuse and harassment. Specifically, that the agency would issue a final decision on grievances related to sexual abuse within 90 days of the initial filing. The 90 days does not include the time used by the prisoner to prepare any administrative appeal. The agency may claim an extension up to 70 days if the normal time period for response is insufficient to make an appropriate decision. The prisoner must be notified in writing of the extension and be provided a date by which the decision will be made. The policy also indicates that if the prisoner does not receive a response within the allotted timeframe, the prisoner will consider the absence of a response to be a denial. The PAQ indicated that there were five grievances of sexual abuse filed in the previous twelve months, however these were not actually grievances, but allegations reported by other means. An interview with a prisoner who reported sexual abuse indicated that he did not file a grievance, but rather reported by verbally telling a staff member.

**115.52 (e):** SOP 6495 and the Prisoner Handbook outlines the process for reporting allegations of sexual abuse and sexual harassment. Page 20 of the Prisoner Handbook states multiple ways that the prisoner may report an allegation of sexual abuse or sexual harassment. Specifically, that third parties are permitted to assist prisoners in filing requests for administrative remedies for sexual abuse and are permitted to file such requests on behalf of the prisoner. In addition, it states that if a third-party files a report on behalf of a prisoner, the agency may require the alleged prisoner victim to agree with the request prior to filing, and if the prisoner declines, the prisoner will be required to complete a sworn affidavit stating he does not want the grievance to proceed. The PAQ indicated that there have not been any third-party reports filed in the previous twelve months.

**115.52 (f):** SOP 6495 and the Prisoner Handbook outlines the process for reporting allegations of sexual abuse and sexual harassment. Although the facility is exempt from this standard, prisoners may use the grievance procedures as provided in the Prisoner Handbook, Section 607, “Request for Interview DD Form 510 /Request Chit”. The PAQ indicated that there have been zero emergency reports alleging substantial risk of imminent sexual abuse filed in the previous twelve months.

**115.52 (g):** SOP 6495 and the Prisoner Handbook indicates that prisoners may be disciplined for filing a report in bad faith. The PAQ indicated that no prisoners have been disciplined for filing a report in bad faith in the previous twelve months.

Based on a review of the PAQ, SOP 6495, the Prisoner Handbook, the MFR and Federal Register Exemption, and the interview with a prisoner who reported sexual abuse, this standard appears to be compliant.

### **Standard 115.53: Inmate access to outside confidential support services**

#### **115.53 (a)**

- 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  No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.)  Yes  No  NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### 115.53 (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  No

### 115.53 (c)

- 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  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Documents:

1. SOP 6485 - PREA Compliance
2. MFR 1640 - Reporting Methods
3. Prisoner Handbook

4. PREA Trifold - English / Spanish
5. PREA Intake Information Sheet
6. Brig Website
7. PREA Resource Information
8. DoD Helpline Poster
9. SAFE Helpline Contract
10. Victim Advocacy Training Participant Guide
11. Photograph of Prisoner Phone Booth
12. DON - NCIS PREA Investigation MOU
13. MOU MUSC Trauma Center
14. MFR 1640 - Civil Immigration
15. MOU People Against Rape

**Interviews:**

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

**Site Review Observations:**

1. Posting of Information for Emotional Support and Victim Advocacy Agencies

**Findings (By Provision):**

**115.53 (a.)** SOP 6495 indicates that the agency provides access to outside victim advocates for emotional support related to sexual abuse by giving prisoners mailing addresses and telephone numbers to victim advocates or rape crisis organizations and enables reasonable communication in as confidential a manner as possible. The PAQ indicated that prisoners were provided mailing addresses and phone numbers and that they enabled reasonable communication with these services in as confidential a manner as possible. The PREA prisoner education indicates prisoners can contact the services by telephone or by sending a letter. The facility utilizes the Joint Base Charleston Sexual Assault Response Coordinator (SARC) and the Department of Defense Safe Helpline for providing victim advocacy services. Calls made to these advocates from the prisoner phones are not recorded or monitored and can be accessed by bypassing the necessity to enter a

pin number. Interviews with random prisoners indicated that most were familiar with the services provided by these entities. One prisoner was interviewed who had reported sexual abuse in the past 12 months. This prisoner was aware of the services provided. Interviews with random prisoners were also conducted. Prisoners are not detained solely for civil immigration purposes at the facility, therefore, that part of the provision does not apply.

**115.53 (b):** SOP 6495 indicates that prior to giving prisoners access to outside support services that they are informed of the extent which communication will be monitored as well as any mandatory reporting rules and limits to confidentiality. The policy indicates that reasonable communication between prisoners and these organizations and agencies is permitted per privileged communications (legal phone booth, privileged correspondence, designated unrecorded phone numbers, etc.) Interviews with random prisoners indicated that most were familiar with the advocacy information and stated that information is provided to them in their packet of information at intake and orientation. Most prisoners indicated they believed that any contact with these services would be confidential. The information provided by the prisoner who had reported sexual abuse was consistent with that of the random prisoners. He stated that the phone numbers for the advocacy agencies are not recorded or monitored per the information posted. Prisoners are not detained solely for civil immigration purposes at the facility, therefore that part of the provision does not apply.

**115.53 (c):** The facility has an MOU for emotional support services with People Against Rape and also with the MUSC Trauma Center. The facility maintains copies of these agreements

Based on a review of the PAQ, SOP 6495, MOU's, the Prisoner Handbook, observations from the facility tour related to PREA signage and posted information and interviews with random prisoners, and a prisoner who reported sexual abuse, this standard appears to be compliant.

## **Standard 115.54: Third-party reporting**

### **115.54 (a)**

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?  Yes  No

### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)



- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Documents:**

1. Limits of Confidentiality
2. Prisoner Handbook
3. PREA Intake Information Sheet
4. SOP 6495 - PREA Compliance
5. PREA Posters (3)
6. PREA Literature
7. PREA Resource Information - Posted at all Prisoner Phones
8. PREA Trifold - English and Spanish
9. Safe Helpline Poster
10. Picture of PREA Poster at Visitation – Bilingual
11. Pre-Audit Questionnaire

**Observations:**

1. PREA posters by Prisoner Phones
2. PREA posters in Visitation Area
3. Review of Facility Website

**Findings (By Provision):**

**115.54 (a):** The PAQ indicated that the agency has a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an prisoner. SOP 6495 and the Prisoner Handbook state that third party reports are accepted. The PREA Intake Information Sheet states that family

members and others have access to the 24 hour hotlines. PREA reporting information is posted at all prisoner phones in the facility. PREA Information posters are also posted in the visitation area for visitors to see. A review of the agency's website confirms that third parties can report on behalf of a prisoner. Information for various reporting avenues are posted at: <https://www.mynavyhr.navy.mil/Support-Services/Corrections-Programs/Brigs/Charleston/Prison-Rape-Elimination-Act/>

Based on a review of the PAQ, and the agency's website, SOP 6495, the Prisoner Handbook, PREA posters, PREA literature and observations during the onsite review of the postings with PREA information throughout the facility, this standard appears to be compliant.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

#### 115.61 (a)

- 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  No
- 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  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

#### 115.61 (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  No

#### 115.61 (c)

- 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  No
- 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  No

#### 115.61 (d)

- 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  No

#### 115.61 (e)

- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Documents:

1. SOP 306 - Standards of Conduct
2. SOP 6495 - PREA Compliance
3. PREA Guidance Letter #1
4. PREA Incident Response Procedures
5. PREA Incident Response Procedures Checklist
6. Limits of Confidentiality
7. Privacy Act Statement - DD Form 2005

## 8. Pre-Audit Questionnaire

### **Interviews:**

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

### **Findings (By Provision):**

**115.61 (a):** SOP 6495 outlines the staff and agency reporting duties. Specifically, it requires all staff to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment, retaliation against any prisoner or staff that reported such incidents and any staff neglect or violation of responsibility that may have contributed to an incident to the CDO. The PAQ along with interviews with random staff confirm that they take all allegations seriously and that they know they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment. Interviews with random staff also confirmed they would report retaliation or any staff neglect related to these incident types.

**115.61 (b):** SOP 6495 states that information regarding allegations of sexual abuse and sexual harassment is on a need-to-know basis and that the information is only utilized for the prisoner's welfare and the investigation of the incident. The PAQ along with interviews with random staff confirm that they would immediately report the information to the CDO.

**115.61 (c):** SOP 6495 indicates that medical and mental health staff are required to report sexual abuse as described in section (a) and that they are required to inform prisoners of their duty to report and limits to confidentiality at the initiation of services. The PAQ along with interviews with medical and mental health care staff confirm that they would immediately report any allegation of sexual abuse that occurred within a confinement setting. Medical and mental health care staff indicated that they inform prisoners of the limits of confidentiality.

**115.61 (d):** SOP 6495 indicates that any alleged victims under the age of eighteen or considered to be a vulnerable adult would require the agency to report the allegation to the designated State or local service agency under applicable mandatory reporting laws. The PAQ along with interviews with the PCM and the Commanding Officer indicated that they had not had any of these reports but if they did, they would report the allegation and then also report to the appropriate state or local service agency as required under the mandatory reporting laws. This facility does not house prisoners under the age of eighteen.

**115.61 (e):** SOP 6495 indicates that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports would be reported to the facility's designated investigators. The PAQ along with the interview with the Commanding Officer confirmed that this is the practice. A review of investigative reports indicate that all allegations are reported initially to the CDO and then forwarded to the facility investigator and NCIS as required by policy.

Based on a review of the PAQ, SOP 6495, investigative reports and interviews with random staff, medical and mental health staff, the PC, PCM and the Commanding Officer confirm this standard as compliant.

### **Standard 115.62: Agency protection duties**

#### **115.62 (a)**

- 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  No

#### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### **Documents:**

1. Notification of Investigation Status
2. MFR 1640 - Protective Custody
3. SOP 6495 - PREA Compliance
4. PREA Incident Response Process
5. MFR 1640 - Imminent Risk
6. PREA Investigation 1-14-20

7. CAB Report
8. Prisoner Observation Report - Incident Review 3-26-21
9. Charleston PREA Outcome Measures
10. 2020 Annual PREA Report with Incident Review
11. Disciplinary Action Taken - Notice to Prisoner

**Interviews:**

1. Agency Head
2. Warden (Commanding Officer)
3. Random Staff

**Findings (By Provision):**

**115.62 (a):** SOP 6495 indicate that when the agency learns that a prisoner is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the prisoner victim. The policy indicates that the CDO will be notified and he/she will take immediate action to safeguard the prisoner victim. This may include monitoring the situation, changes in housing assignments, changes in work assignments, placing the alleged victim and perpetrator in segregated housing, reassignment of the staff member to another post or removal of the staff member from the facility. The PAQ noted that there were no prisoner victims who were determined to be at risk of imminent sexual abuse. Interviews indicated that if a prisoner is at imminent risk that staff would immediately contact the CDO and remove the prisoner victim from the situation. The interviews with the Agency Head and Commanding Officer indicated that any prisoner at risk would be immediately safeguarded and then additional steps would be taken depending on the situation. The prisoner victim may require a change in job assignment, housing assignment and/or program assignment. The prisoner may be transferred to another facility or the perpetrator may be transferred to another facility. Prisoners may be placed in segregated housing for the least amount of time necessary for a determination to be made regarding the safety of the prisoner victim. Additionally, the interviews indicated that appropriate measures may also include moving a staff member's work assignment or removing the staff from the facility until the investigation is complete.

Based on a review of the PAQ, SOP 6495 and interviews with the Agency Head, Commanding Officer and random staff indicate that this standard appears to be compliant.

## Standard 115.63: Reporting to other confinement facilities

### 115.63 (a)

- 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  No

### 115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  Yes  No

### 115.63 (c)

- Does the agency document that it has provided such notification?  Yes  No

### 115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Documents:

1. SOP 6495 - PREA Compliance
2. MFR 1640 - Transfer Notification
3. Charleston PREA Outcome Measures

## Interviews:

1. Agency Head

## 2. Warden (Commanding Officer)

### **Findings (By Provision):**

**115.63 (a).** SOP 6495 describes the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that a prisoner was sexually abused while confined at another facility, the Commanding Officer will notify the facility / agency where the alleged abuse occurred. The PAQ indicated that during the previous twelve months, the facility had no prisoners report that they were abused while confined at another facility.

**115.63 (b):** SOP 6495 describes the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that a prisoner was sexually abused while confined at another facility, the notification will be made as soon as possible, but not later than 72 hours after receiving the allegation. The PAQ indicated that during the previous twelve months, the facility had no prisoners report that they were abused while confined at another facility.

**115.63 (c):** SOP 6495 describes the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that a prisoner was sexually abused while confined at another facility, the required notification will be documented. The PAQ indicated that during the previous twelve months, the facility had no prisoners report that they were abused while confined at another facility.

**115.63 (d):** SOP 6495 indicates that the facility head or agency head who receives notification that a prisoner alleges they were sexually abused shall ensure that the allegation is investigated in accordance with these standards. The PAQ indicated that during the previous twelve months, the facility has received no allegations from another facility that a prisoner reported to them he was sexually abused while housed at the Naval Consolidated Brig Charleston. The interview with the Agency Head indicated that this information is typically provided from other agencies to the Commanding Officer of the facility where the alleged incident occurred. The Agency Head indicated that these allegations are then investigated. The interview with the Commanding Officer confirmed that when the facility receives these allegations they are immediately forwarded for investigation. The PAQ indicated that there were no allegations of this type in the previous 12 months.

Based on a review of the PAQ, SOP 6495, and interviews with the Agency Head and Commanding Officer, this standard appears to be compliant.

### **Standard 115.64: Staff first responder duties**

#### **115.64 (a)**



- 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  No
- 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  No
- 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  No
- 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  No

#### 115.64 (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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Documents:

1. SOP 6495 - PREA Compliance
2. PREA PowerPoint - Staff Training - 1st Responders
3. Staff Training Acknowledgement Form

4. Command Duty Officer PREA Training Acknowledgement
5. PREA Incident 1st Responder Duties
6. Command Duty Officer NIC Training Certificates (4)
7. MFR 1640 - First Responder
8. PREA Incident Response Procedures Checklist
9. Contractor / Volunteer / Intern PREA Training Acknowledgement Form
10. Pre-Audit Questionnaire

**Interviews:**

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

**Findings (By Provision):**

**115.64 (a).** SOP 6495 describes staff first responder duties. Specifically, it requires that upon learning that a prisoner was sexually abused, the first responder custody staff member will: separate the alleged victim and the alleged perpetrator, preserve and protect any crime scene until evidence can be collected and if the abuse occurred within a time period that still allows for the collection of physical evidence request that the alleged victim and ensure that the alleged perpetrator not take any action to destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. The PAQ indicated that during the previous twelve months, there have been five allegations of sexual abuse. All random staff interviewed were well versed on their first responder duties. Staff all had a card that they can utilize during incidents to ensure they complete all the required steps. All staff indicated they would separate the alleged victim and alleged perpetrator, would secure the crime scene and would instruct prisoners not to destroy any physical evidence. Staff also indicated they would take the prisoner to medical. An interview with a prisoner who reported sexual abuse indicated that staff responded quickly, however, this was not a situation that would have had any physical evidence to collect. The prisoner did tell the auditor that he was separated from the alleged abuser.

**115.64 (b):** SOP 6495 describes staff first responder duties. All staff are designated as first responders. Specifically, it requires that upon learning of an allegation that a prisoner was the victim of sexual misconduct, the first security staff member to respond to the report shall be

required to separate the alleged victim and abuser, preserve and protect the crime scene until appropriate steps can be taken to collect any evidence, advise the alleged victim and ensure the alleged perpetrator not take any action to destroy physical evidence, if it occurred within a time period that still allows for the collection of physical evidence. Staff are to immediately call and notify the CDO, who will inform the chain of command. If the first staff responder is not a security staff member, the responder shall request that the alleged victim and abuser not take any actions that could destroy physical evidence, and then notify security staff or the CDO. The PAQ indicated that during the previous twelve months, there have been five allegations of sexual abuse. None of these incidents involved first responders. Interviews with first responders confirmed that they are aware of their first responder duties.

Based on a review of the PAQ, SOP 6495 and interviews with first responders and random staff, this standard appears to be compliant.

### **Standard 115.65: Coordinated response**

#### **115.65 (a)**

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

#### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### **Documents:**

1. Pre-Audit Questionnaire
2. PREA Incident Response Checklist
3. SOP 6495 - PREA Compliance

#### **Interviews:**

## 1. Warden (Commanding Officer)

### Findings (By Provision):

**115.65 (a):** The PAQ as well as SOP 6495 indicated that the facility has a written plan which coordinates actions taken in response to incidents of sexual abuse among staff first responders, medical and mental health staff, investigators and facility leaders. A review of the PREA Incident Response Checklist showed that all areas are accounted for in the plan. Sections include actions and responsibilities required for each area. Commanding Officer confirmed that the facility has a plan and that it includes all the required components.

Based on a review of the PAQ, SOP 6495, the PREA Incident Response Checklist and the interview with the Commanding Officer, this standard appears to be compliant.

### Standard 115.66: Preservation of ability to protect inmates from contact with abusers

#### 115.66 (a)

- 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 limits 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  No

#### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Documents:**

- 1. Pre-Audit Questionnaire
- 2. MFR 1640 - Collective Bargaining

**Interviews:**

- 1. Interview with the Agency Head

**Findings (By Provision):**

**115.66 (a):** The PAQ indicated that the agency has not entered into or renewed a collective bargaining agreement since April 2015. Page 29 of SOP 6495 indicates that the facility may 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. The interview with the Agency Head confirmed this information.

**115.66 (b):** The PAQ indicated that the facility is not restricted from entering into or renewal of agreements that govern the conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of 5.f.(2) and 5.g.(1); or whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member’s personnel file following a determination that the allegation of sexual abuse is not substantiated.

Based on a review of the PAQ, SOP 6495 and the interview with the Agency Head, this standard appears to be compliant.

**Standard 115.67: Agency protection against retaliation**

**115.67 (a)**

- 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  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

**115.67 (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  No

### 115.67 (c)

- 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  No
- 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  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?  
 Yes  No

#### 115.67 (e)

- 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  No

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Documents:

1. Pre-Audit Questionnaire
2. SOP 6495 - PREA Compliance
3. MFR – Monitoring
4. MFR – Retaliation
5. PREA Tracker Form
6. 2020 PREA Annual Report
7. Appointment Letters of PREA Compliance Managers

#### Interviews:

1. Agency Head

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

**Findings (By Provision):**

**115.67 (a):** SOP 6495 outlines the agency's method for protection against retaliation. It addresses that the agency will protect all prisoners and staff who report sexual abuse and sexual harassment from retaliation by other prisoners and staff and has designated staff responsible for monitoring. The PAQ indicated that the facility has a policy and that the PREA Compliance Manager is responsible for monitoring for retaliation.

**115.67 (b):** SOP 6495 addresses the multiple measures that the facility will take to protect prisoners and staff. These measures include housing changes or transfers for prisoner victims, removal of the alleged staff abuser from contact with the victim and emotional support services for prisoners or staff who fear retaliation for reporting. A review of investigative reports and monitoring documents indicated that there have been no allegations of retaliation nor any reported fear of retaliation. Interviews with the Agency Head, Commanding Officer and staff responsible for monitoring retaliation all indicated that protective measures would be taken if a prisoner or staff member expressed fear of retaliation. The interview with the Agency Head indicated that the PCM would monitor the prisoner and monitoring would include housing and cell reassignments, work reassignments, programming changes and disciplinary action. The Agency Head indicated for staff it could include reassignment of work posts, performance evaluations and shift changes. The Commanding Officer and staff responsible for monitoring retaliation indicated that prisoners would be reviewed for up to 90 days for retaliation and that staff could be removed from the area or facility and the prisoners could be moved to another facility. An interview with a prisoner who reported abuse indicated that he was separated from the alleged staff abuser and was periodically interviewed by staff to determine if he felt he was being retaliated against. The prisoner stated that he did not feel he was retaliated against.

**115.67 (c):** SOP 6495 addresses 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 to see if there are any changes that may suggest possible retaliation and will act promptly to remedy any retaliation. The policy requires that the process include monitoring any prisoner disciplinary reports, housing or program changes or any negative performance reviews or reassignments of staff. The policy indicates that monitoring can extend beyond 90 days if the initial monitoring indicates a need to continue. The policy states that the PREA Compliance Manager is responsible for monitoring. The PAQ indicated that the facility monitors for retaliation and that it does so for at least 90 days. The PAQ indicated that there had been no instances of retaliation in the previous twelve months. Interviews with the Commanding Officer and staff responsible for monitoring retaliation all indicated that the prisoner would be safeguarded and an investigation would be initiated. Monitoring staff indicated that he would monitor the prisoner for at least 90



days and would spot check every few weeks. He indicated that housing changes, job changes, disciplinary reports and unreasonable incident reports would be reviewed for retaliation.

**115.67 (d):** SOP 6495 states that the facility will monitor the prisoner and such monitoring includes periodic status checks. In instances where monitoring was required, staff stated that they would monitor a prisoner who alleged sexual harassment for 90 days. This monitoring would include status checks. The interview with staff responsible for monitoring indicated that he would monitor the prisoner for at least 90 days and this would include status checks. This facility had five allegations of sexual abuse. MFR states that since April 2018, there have been no individuals who have expressed a fear of retaliation.

**115.67 (e):** SOP 6495 states if any other individual who cooperates with an investigation expresses fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. Interviews with the Agency Head and Commanding Officer indicated that they would employ the same protective measures as stated previously related to staff and prisoners to include, removal of prisoners or staff, protective protocols, counseling and an investigation.

**115.67 (f):** Auditor not required to audit this provision.

Based on a review of the PAQ, SOP 6495, the PREA 2020 Annual Report, the MFRS, investigative reports, sample monitoring documents and interviews with the Agency Head, Commanding Officer, staff charged with monitoring for retaliation, and a prisoner who reported sexual abuse, this standard appears to be compliant.

### Standard 115.68: Post-allegation protective custody

#### 115.68 (a)

- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Documents:

##### 1. Pre-Audit Questionnaire

2. MFR 1640 - Use of Segregated Housing to Protect Victims

3. SOP 6495 - PREA Compliance

4. SOP 509 - Special Quarters

**Interviews:**

1. Warden (Commanding Officer)

2. Staff Who Supervise Prisoners in Segregated Housing

3. Prisoners in Segregated Housing (for risk of victimization / who allege to have suffered sexual abuse)

**Site Review Observations:**

1. Observations of Segregation Housing Unit

**Findings (By Provision):**

**115.68 (a):** SOP 6495 indicates any use of segregated housing to protect a prisoner who is alleged to have suffered sexual abuse will be subject to the requirements of 115.43. The PAQ indicated that there were no prisoners who alleged sexual abuse who were housed in involuntary segregation. During the tour, it was observed that the segregated housing unit at this facility did not currently house any prisoners who were alleged to have suffered sexual abuse. In protection cases, admission in PC must be fully documented and a PC consent form signed by the prisoner. The Commanding Officer will determine when the prisoner is placed or removed from PC. The interview with the Commanding Officer indicated that prisoners who alleged sexual abuse would only be placed in involuntary segregated housing until an assessment of all available alternatives had been made and a determination was made that no available alternative means of separation from likely abusers existed. Commanding Officer indicated this would typically not exceed 30 days and the status of the prisoner would be reviewed at least every 30 days by staff. Interviews with prisoners and staff also indicated that prisoners are not housed in segregated housing unless there is no other alternative and then it is a very short period of time.

Based on a review of the PAQ, SOP 6495, SOP 509 and interviews with the Commanding Officer, random staff and prisoners, this standard appears to be compliant.

**INVESTIGATIONS**

**Standard 115.71: Criminal and administrative agency investigations**

#### 115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- 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  No  NA

#### 115.71 (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  No

#### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.71 (d)

- 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  No

#### 115.71 (e)

- 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  No

- 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  No

#### 115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- 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  No

#### 115.71 (g)

- 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  No

#### 115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  Yes  No

#### 115.71 (i)

- 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  No

#### 115.71 (j)

- 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  No

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

- 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  No  NA

### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Documents:**

1. Pre-Audit Questionnaire
2. DTM 13-002
3. NTTP (Navy Tactics, Techniques and Procedures) 3-07.2.3
4. MOA DON - NCIS PREA Investigations
5. SOP 6495 - PREA Compliance
6. MFR - Investigations
7. Brig Investigators Special Training
8. PREA Prisoner Training Acknowledgement
9. Outside Investigator Specialized Training Certification
10. Criminal Records Retention Schedule
11. Administrative Investigation
12. D&A (Disciplinary & Adjustment) Board Results

### **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 (By Provision):**

**115.71 (a):** SOP 6495 states when an agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly and objectively for all allegations. DTM-13-002 states all allegations of unrestricted sexual assault, regardless of severity or merit, will be immediately reported to the appropriate Military Criminal Investigation Organization (MCIO) for investigation. The MFR regarding investigations states that the Naval Consolidated Brig Charleston refers all reported incidents to Naval Criminal Investigative Service (NCIS) for investigation. Should NCIS decline investigative jurisdiction, the investigation is conducted by brig investigators. There were five allegations of sexual abuse or sexual harassment reported at the facility for the previous twelve months. The interview with the investigator confirmed that in these and any allegations of sexual abuse, an investigation would be initiated immediately and promptly. The investigator indicated that all investigations (administrative and criminal) are completed promptly, thoroughly and objectively.

**115.71 (b):** SOP 6495 indicated that when sexual abuse is alleged, the agency shall use investigators who have received specialized training pursuant to 115.34. A review of certificates provided by the facility indicates that all of the investigators have received specialized investigation training. Additionally, a review of training records revealed that facility staff have completed the NIC training. The interview with the investigator indicated he received specialized training and he completes the NIC training annually.

**115.71 (c):** SOP 6495 describes the criminal and administrative investigation process. Specifically, it states that investigators shall gather and preserve direct and circumstantial evidence including physical, DNA, electronic monitoring data and interviews. It also indicates that they will review prior complaints and reports of sexual abuse involving the alleged perpetrator. There were five allegations of sexual abuse or sexual harassment reported at the facility for the previous twelve months. The interview with investigative staff indicated that in these allegations and any allegations, he would ensure the victim was safeguarded and begin the investigation. This would include interviews, evidence collection, photographs, medical assessments, mental health assessments, report writing and facts and findings.

**115.71 (d):** SOP 6495 describes the criminal and administrative investigation process. Specifically, it states that when evidence appears to support criminal prosecution that the agency will conduct compelled interviews only after consulting with prosecutors. The interview with the investigator confirmed that he would only conduct compelled interviews after consulting with the NCIS or prosecutors.

**115.71 (e):** SOP 6495 describes the criminal and administrative investigation process. Specifically, it states that the credibility of the alleged victim, perpetrator and/or witness will be assessed on an individual basis and will not be determined based on the individual's status as a prisoner or staff member. Additionally, it indicates that prisoners would not be required to submit to a polygraph examination or any other truth-telling device as a condition for proceeding with the investigation. The interview with the investigator confirmed that the agency does not utilize polygraph tests or any other truth-telling devices on prisoners who allege sexual abuse. An interview with a prisoner who alleged sexual abuse indicated that this prisoner was not subjected to a polygraph examination or other truth-telling device.

**115.71 (f):** SOP 6495 describes the criminal and administrative investigation process. Specifically, it states that all administrative investigations will include an effort to determine whether staff actions or failure to act contributed to the abuse and shall be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings. Additionally, the policy indicates that the investigation should also include information as to whether other factors such as physical layout, staffing patterns and institutional operations contributed to the abuse. There were three administrative investigations regarding allegations of sexual abuse or sexual harassment completed in the previous twelve months at this facility. The interview with investigative staff confirmed that administrative investigations are documented in written reports and include all facts and findings. The reports contain a memorandum, photos (if any), interviews, summary, initial allegation and a conclusion. The investigator indicated that he reviews any evidence, logs and rosters to determine if staff actions or failure to act contributed to the abuse. A review of the investigations indicates that all of this information was included.

**115.71 (g):** SOP 6495 indicates 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. There were no criminal investigations completed related to sexual abuse within the previous twelve months. The interview with investigative staff confirmed that criminal investigations would be documented in written reports and include all factual findings as well as the conclusion of the findings. Staff indicated they would have all the same components as an administrative investigation except there may be additional information as it relates to staff to include phone calls and emails.

**115.71 (h):** SOP 6495 indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution. The PAQ indicated that there have not been any allegations referred for prosecution since the last PREA audit. The interview with the investigator confirmed that if fact finding led to a belief the allegation occurred, it would be referred by the NCIS for prosecution.

**115.71 (i):** SOP 6495 and the PAQ describes that all written reports referenced in (f) and (g) will be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The Criminal Records Retention Schedule states that criminal investigative report case files are retained for 25 years after case closure or in other serious cases, the file is retained for 50 years after case closure. A review of a sample of historic investigations confirmed retention is being met.

**115.71 (j):** SOP 6495 indicates that the departure of the alleged victim or alleged abuser from employment or custody of the agency does not provide a basis for terminating an investigation. Five administrative investigations were completed within the previous twelve months. The interview with the investigator confirmed that all investigations are completed no matter if staff leave/resign or if prisoners depart the facility or agency's custody.

**115.71 (k):** The auditor is not required to audit this provision.

**115.71 (l):** SOP 6495 states that the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation when outside agencies (e.g., NCIS, Office of Special Investigation, Criminal Investigation Command, Inspector General, etc.) investigates sexual misconduct. An interview with the Commanding Officer, PC, PCM and investor confirmed that this is the expectation and the practice.

Based on a review of the PAQ, SOP 6495, training records and information from interviews with the Agency Head, Commanding Officer, PREA Coordinator, PREA Compliance Manager, investigative staff and a prisoner who reported sexual abuse, this standard appears to be compliant.

### Standard 115.72: Evidentiary standard for administrative investigations

#### 115.72 (a)

- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Documents:

1. Pre-Audit Questionnaire



## 2. SOP 6495 - PREA Compliance

### 3. Investigative Reports

#### Interviews:

##### 1. Investigative Staff

#### Findings (By Provision):

**115.72 (a):** SOP 6495 indicates that the agency does not impose no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. A review of the records indicated that five sexual abuse or sexual harassment administrative investigations were completed within the previous twelve months. The interview with the investigator indicated that preponderance of evidence is the threshold to substantiate an allegation.

Based on a review of the PAQ, SOP 6495, review of investigation reports, and information from the interviews with investigative staff, it is determined that this standard appears to be compliant.

#### Standard 115.73: Reporting to inmates

##### 115.73 (a)

- 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  No

##### 115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

##### 115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The staff member is no longer posted within the inmate's unit?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The staff member is no longer employed at the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.73 (d)

- 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  No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.73 (e)

- Does the agency document all such notifications or attempted notifications?  Yes  No

#### 115.73 (f)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Documents:

1. Pre-Audit Questionnaire
2. Charleston PREA Outcome Measures
3. Notification of Investigation Status

## Interviews:

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

## Findings (By Provision):

**115.73 (a):** SOP 6495 states that following an investigation into an prisoner's sexual abuse allegation, the facility will inform the prisoner as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The PAQ indicated that there were five investigations completed within the previous twelve months and that 5 prisoners were notified of the outcome of the investigation. The interviews with the Commanding Officer, investigative staff and a prisoner who reported sexual abuse, confirmed that prisoner are informed of the outcome of the investigation into their allegation.

**115.73 (b):** SOP 6495 and the PAQ indicate that if the agency does not conduct the investigation, that it shall request the relevant information from the investigating agency in order to inform the prisoner. The NCIS is responsible for criminal sexual abuse investigations. This agency provides relevant information to the facility in order to inform prisoners about the outcome of their investigations. The PAQ indicated that there were no investigations completed within the previous twelve months by an outside agency.

**115.73 (c):** SOP 6495 describes the process for reporting investigative information to prisoners. Specifically, it states that following an investigation into a prisoner's sexual abuse allegation against a staff member, the agency will inform the prisoner as to whether the staff member is no

longer posted within the prisoner's unit, the staff member is no longer employed at the facility, if 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 PAQ indicated that there have been no substantiated or unsubstantiated complaints by a staff member against a prisoner in the previous twelve months.

**115.73 (d):** SOP 6495 describes the process for reporting investigative information to prisoners. Specifically, it states that following an investigation into a prisoner's sexual abuse allegation by another prisoner, the agency will inform the prisoner as to whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The PAQ indicated that there have been no substantiated allegation of sexual abuse committed by a prisoner against another prisoner in the previous twelve months.

**115.73 (e):** SOP 6495 indicates that all notifications or attempted notification would be documented and maintained in the investigative file. The PAQ indicated that there were five notifications made during the audit period and these were documented.

**115.73 (f):** This provision is not required to be audited.

Based on a review of the PAQ, SOP 6495, information from interviews with the Commanding Officer, investigative staff, and a prisoner who reported sexual abuse, this standard appears to be compliant.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

#### 115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

#### 115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

#### 115.76 (c)

- 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  No

**115.76 (d)**

- 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  No
- 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  No

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Documents:**

1. Pre-Audit Questionnaire
2. SOP 6495 PREA Compliance
3. SOP 306 - Standards of Conduct
4. Investigative Report and PREA Board Findings
5. Charleston PREA Outcome Measures
6. Notification of Investigation
7. MFR- Reported Incidents, Disciplinary Action, Resignation, Termination
8. 2020 PREA Annual Report
9. Disciplinary Sanctions

### Findings (By Provision):

**115.76 (a):** SOP 6495 and SOP 306 describes the process for disciplinary sanctions against staff. Specifically, these policies indicate that staff are subject to disciplinary sanctions up to and including termination for violating the sexual abuse or sexual harassment policies.

**115.76 (b):** SOP 6495 indicate that termination will be the presumptive disciplinary sanction for staff who engage in the sexual abuse. The PAQ indicates that there were no staff who violated the sexual abuse and sexual harassment policies. Additionally, there have been no staff who were terminated or resigned prior to termination for violating the sexual abuse and sexual harassment policies within the previous twelve months.

**115.76 (c):** SOP 6495 describes the process for disciplinary sanctions against staff. Specifically, it illustrates that disciplinary sanctions for violations of the agency's sexual abuse and sexual harassment policies shall be commensurate with the nature and circumstances of the act, the staff member's disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. The PAQ indicated that there had been no staff that were disciplined, short of termination, for violating the sexual abuse and sexual harassment policies within the previous twelve months.

**115.76 (d):** SOP 6495 indicates that staff who are terminated for violating the sexual abuse or sexual harassment policies, or staff who resign prior to being terminated, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ indicated that there had been no staff that were disciplined for violating the sexual abuse and sexual harassment policies within the previous twelve months. The PAQ indicated that there have not been any staff members reported to law enforcement or relevant licensing bodies.

Based on a review of the PAQ, SOP 6495, SOP 306, the MFR related to staff discipline, and the 2020 Annual PREA Report, this standard appears to be compliant.

### Standard 115.77: Corrective action for contractors and volunteers

#### 115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

## 115.77 (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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Documents:

1. Pre-Audit Questionnaire
2. SOP 306 - Standards of Conduct
3. Volunteer / Contractor / Intern PREA Training Acknowledgement
4. SOP 6495 PREA Compliance
5. Standards of Conduct - Acknowledgement
6. Charleston PREA Outcome Measures
7. MFR - Corrective Action

### Interviews:

1. Warden (Commanding Officer)

### Findings (By Provision):

**115.77 (a):** SOP 6495 describe the process for corrective action for volunteers and contractors. Volunteers and contractors fall under the same category of staff and as such, any violation of sexual abuse or sexual harassment policies may result in up to termination from the facility. Additionally, SOP 6495 states that any contractor or volunteer who engages in sexual abuse is prohibited from contact with prisoners and will be reported to law enforcement and to relevant licensing bodies, unless the activity was clearly not criminal. The PAQ and the MFR indicated that there have been no contractors or volunteers who have been reported to law enforcement or relevant licensing

bodies within the previous twelve months and that, in fact, there have been no contractors or volunteers as subjects of investigations of sexual abuse or sexual harassment of prisoners.

**115.77 (b):** SOP 6495 and the PAQ indicated that the agency takes remedial measures and considers whether to prohibit further contact with prisoners in the case of any other violation of sexual abuse or sexual harassment policies. The interview with the Commanding Officer indicated that any violation of the sexual abuse and sexual harassment policies would result in the volunteer or contractor no longer being allowed in the facility. He also indicated that they may be referred for prosecution.

Based on a review of the PAQ, SOP 6495, SOP 306, the MFR and information from the interview with the Commanding Officer, this standard appears to be compliant.

### **Standard 115.78: Disciplinary sanctions for inmates**

#### **115.78 (a)**

- 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  No

#### **115.78 (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  No

#### **115.78 (c)**

- 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  No

#### **115.78 (d)**

- 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  No

#### **115.78 (e)**



- 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  No

#### 115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

#### 115.78 (g)

- 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  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Documents:

1. Pre-Audit Questionnaire
2. SOP 6495 - PREA Compliance
3. SOP 6000.39 - Special Needs
4. Prisoner Handbook
5. Investigation Results
6. MFR - Disability / Mental Illness
7. SECNAV-M-1640 - Navy Correctional Manual
8. SOP 502 - Rules Violation

9. Retaliation Monitoring
10. PREA Review Board Findings
11. D&A Board Results
12. PREA Observation Reports
13. Charleston PREA Outcome Measures
14. MFR - Abusiveness
15. MFR - Consensual Sexual Contact with Staff
16. MFR - No Disciplinary Action for Good Faith Reporting

**Interviews:**

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

**Findings (By Provision):**

**115.78 (a):** SOP 6495 describes the disciplinary process for prisoners. Specifically, it states that prisoners will be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the prisoner engaged in prisoner-on-prisoner sexual abuse or following a finding of guilt from a criminal investigation. The PAQ indicated there have been no administrative findings of prisoner-on-prisoner sexual abuse nor have there been any criminal findings of guilt for prisoner-on-prisoner abuse within the previous twelve months.

**115.78 (b):** SOP 6495 describes the disciplinary process for prisoners. Specifically, it indicates that the sanctions will commensurate with the nature and circumstances of the abuse committed, the prisoner's disciplinary history and sanctions imposed for comparable offenses by prisoners with similar histories. The PAQ indicated there have been no administrative findings of prisoner-on-prisoner sexual abuse nor have there been any criminal findings of guilt for prisoner-on-prisoner abuse within the previous twelve months, therefore there has not been any discipline. The interview with the Commanding Officer indicated that if the allegation was not criminal, that a disciplinary hearing would take place and sanctions could include loss of good conduct, disciplinary segregation, transfer to another facility or transfer to a higher level of security. If it was criminal it could be referred for prosecution.

**115.78 (c):** SOP 6495 describes the disciplinary process for prisoners. Specifically, it indicates that the disciplinary process will consider whether the prisoner’s mental illness or mental disability contributed to the behavior when determining what sanctions, if any, should be imposed. The PAQ indicated there have been no administrative findings of prisoner-on-prisoner sexual abuse nor have there been any criminal findings of guilt for prisoner-on-prisoner abuse within the previous twelve months, therefore there has not been any discipline. The interview with the Commanding Officer indicated that the prisoner abuser’s mental health would be considered in the disciplinary sanctions hearing.

**115.78 (d):** SOP 6495 describes the disciplinary process for prisoners. Specifically, it indicates that the agency 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. The PAQ indicated there have been no administrative findings of prisoner-on-prisoner sexual abuse nor have there been any criminal findings of guilt for prisoner-on-prisoner abuse within the previous twelve months, therefore there has not been any discipline. Interviews with medical and mental health staff indicated that they do offer therapy, counseling and other services designed to address and correct underlying issues and that it is voluntary. They indicated that they do not require the prisoner to participate as a condition of access to programming and other benefits.

**115.78 (e):** SOP 6495 describes the disciplinary process for prisoners. Specifically, it indicates that the agency may discipline a prisoner for sexual contact with staff only upon finding that the staff member did not consent. The memo indicated there have been no instances where prisoners have been disciplined for sexual contact with staff.

**115.78 (f):** SOP 6495 describes the disciplinary process for prisoners. Specifically, it indicates 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. The policy further states that the maintenance of an effective sexual abuse prevention policy requires prisoners to be held responsible for manipulative behavior and making false allegations. There have been no instances where prisoners have been disciplined for falsely reporting an incident of sexual abuse or sexual harassment.

**115.78 (g):** Sop 6495 describes the disciplinary process for prisoners. Specifically, it indicates that the agency may, in its discretion, prohibit all sexual activity between prisoners and may discipline prisoners for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it is determined the activity is not coerced.

Based on a review of the PAQ, SOP 6495, SOP 502, SOP 6000.39, the Prisoner Handbook, the MFR’s, and information from interviews with the Commanding Officer and medical and mental health care staff, this standard appears to be compliant.

## MEDICAL AND MENTAL CARE

### Standard 115.81: Medical and mental health screenings; history of sexual abuse

#### 115.81 (a)

- 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  No  NA

#### 115.81 (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  No  NA

#### 115.81 (c)

- 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?  Yes  No

#### 115.81 (d)

- 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  No

#### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Documents:**

1. Pre-Audit Questionnaire
2. SOP 6495 - PREA Compliance
3. SOP 1002 - Mental Health Services
4. MFR - At Risk for Abusiveness
5. Charleston PREA Outcome Measures
6. Mental Health Referral
7. MFR - Classification & Assignment (C & A) Board
8. C & A Board Daily Change Roster
9. MFR - Informed Consent
10. Clinical Services Confidential / Informed Consent Sheet
11. MFR - Sexual Assault Prevention and Response Coordinator

**Interviews:**

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

**Site Review Observations:**

1. Observations of Risk Screening Area

**Findings (By Provision):**

**115.81 (a):** SOP 6495 describes medical and mental health screenings related to sexual abuse. Specifically, it states that prisoners who indicate during the risk screening that they have experienced prior sexual victimization will be offered a follow-up with medical or mental health practitioners within fourteen days of the screening. This policy further indicates the requirements for the risk screening. All prisoners who are identified during the risk screening to have experienced prior sexual victimization are referred to Mental Health. The PAQ indicates that 100% of prisoners who reported prior victimization within the previous 12 months were offered a follow-up meeting with a medical or mental health practitioner. The PAQ also indicated that medical and mental health practitioners maintain documents related to compliance with these services. Interviews with prisoners who disclosed sexual victimization at risk screening indicated that they were offered follow-up service with medical and mental health staff. Mental Health documents for prisoners who reported prior victimization were reviewed and it was verified that a meeting was conducted with mental health.

**115.81 (b):** SOP 6495 describes medical and mental health screenings related to sexual abuse. Specifically, it states that prisoners who indicate during the risk screening that they have previously perpetrated sexual abuse will be offered a follow-up with medical or mental health staff within fourteen days of the screening. This policy also indicates the requirements for the risk screening. All prisoners identified during the risk screening to have previously perpetrated sexual abuse are referred to Mental Health. The PAQ indicated that medical and mental health staff maintain documents related to compliance with these services in these instances. No prisoners were identified who reported to have previously perpetrated sexual abuse during the risk screening.

**115.81 (c):** This provision does not apply as the facility is not a jail but rather a federal prison.

**115.81 (d):** SOP 6495 states that information related to sexual victimization or abusiveness that occurred in an institutional setting shall be 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. An MFR was provided to the auditor which states that during the Classification and Assignment Board (CAB), Board members are only notified by Clinical Services personnel that a prisoner is either considered PREA Positive or Negative, which is annotated on the CAB results with a letter designation. The MFR also states that from April 2018 to present, there have been no instances of staff releasing information regarding a history of sexual victimization at a C&A board. During the tour it was noted by the auditor that prisoner medical files are maintained electronically and prisoner classification files are kept behind locked doors with limited access by staff.

**115.81 (e):** SOP 6495 states that medical and mental health staff are required to obtain informed consent from prisoners prior to reporting information about prior sexual victimization that did not occur within an institutional setting, unless the prisoner was under eighteen years of age. The memo indicated that there have not been any instances where medical and mental health staff reported prior sexual victimization and that they would obtain informed consent prior to reporting. Interviews with medical and mental health staff indicate that they obtain informed consent prior to reporting any sexual abuse that did not occur in an institutional setting, that they disclose their duty to report and that they have not had any instances of this in the previous twelve months. Additionally, they indicated that victims under the age of eighteen and vulnerable adults fall under

mandatory reporting laws and they would be required to report any allegations from these individuals, however, this facility does not house prisoners under the age of 18.

Based on a review of the PAQ, SOP 6495, SOP 1002, MFRS, medical and mental health documents and information from interviews with staff who perform the risk screening, medical and mental health staff, and prisoners who disclosed sexual victimization at risk screening, this standard appears to be compliant.

### **Standard 115.82: Access to emergency medical and mental health services**

#### **115.82 (a)**

- 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  No

#### **115.82 (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  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

#### **115.82 (c)**

- 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  No

#### **115.82 (d)**

- 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  No

### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Documents:**

1. PRE-Audit Questionnaire
2. SOP 6495 - PREA Compliance
3. SOP 1002 - Mental Health Services
4. MFR - Medical / Mental Health Records
5. PREA Incident Response Checklist
6. MFR - Transport ER
7. NIC Responding to Sexual Assault Training Certificate
8. SOP 6000.11 Communicable Disease and Infection Control Program
9. 32 CFR 199.16 Supplemental Health Care Program
10. MFR - No Victims of Sexual Assault
11. Staff Training Acknowledgement
12. PREA Trifold - English and Spanish

**Interviews:**

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

**Site Review Observations:**

1. Observations of Medical and Mental Health Areas



## **Findings (By Provision):**

**115.82 (a):** SOP 6495 describes prisoner's access to emergency medical and mental health treatment. Specifically, the policy states that prisoner victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services as determined by the medical and mental health staff. The PAQ indicated that medical and mental health staff maintain secondary materials documenting the timeliness of services. During the tour, the auditor noted that the medical and mental health area consisted of an emergency room, numerous exam rooms, and offices. All areas were private and consisted of solid doors that allowed for adequate confidentiality. Interviews with medical and mental health staff confirm that prisoners receive timely services, typically immediately. They also advised that services are based on their professional judgement. A prisoner who had reported sexual abuse was interviewed by the auditor. The alleged behavior reported by the prisoner of the perpetrator did not require emergency medical treatment or crisis intervention services.

**115.82 (b):** SOP 6495 and the PAQ indicated that if no qualified medical or mental health practitioners were on duty at the time of a report of recent abuse, that the security staff first responders would take preliminary steps to protect the victim and notify the CDO who shall immediately notify Emergency Medical Services for evaluation and transport. Procedure confirms that prisoner victims of sexual abuse would be transported to a local hospital for a forensic medical examination. The interviews with first responders indicated the prisoners would be immediately separated, that evidence on the prisoners would be preserved, the crime scene would be secured and the CDO would be contacted.

**115.82 (c):** SOP 6495 describes prisoner's access to emergency medical and mental health treatment. The policy indicates that prisoner victims of sexual abuse receive timely access to emergency contraception and sexually transmitted infection prophylaxis. When the prisoner is transferred to the local hospital, these services are typically rendered at the time and the facility would continue any follow-up medication, education or services. A prisoner who had reported sexual abuse was interviewed by the auditor. The allegations reported did not rise to the level of requiring sexually transmitted infections prophylaxis. The prisoner is also male so the access to emergency contraception was not applicable. Interviews with medical and mental health care staff confirm that prisoner receive timely information and access to emergency contraception and sexual transmitted infection prophylaxis, when applicable.

**115.82 (d):** SOP 6495 describes prisoner's access to emergency medical and mental health treatment. The policy states that prisoner victims of sexual abuse will receive treatment services without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation. SOP 1002 also specifies this. The PREA pamphlet provided to prisoners upon intake at the facility contains this information, as well.

Based on a review of the PAQ, SOP 6495, SOP 1002, PREA pamphlet, MFR's, a review of medical and mental health documents and information from interviews with medical and mental health care staff, and a prisoner who reported sexual abuse, this standard appears to be compliant.

**Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers**

**115.83 (a)**

- 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  No

**115.83 (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  No

**115.83 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

**115.83 (d)**

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

**115.83 (e)**

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

**115.83 (f)**

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

#### 115.83 (g)

- 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  No

#### 115.83 (h)

- 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  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Documents:

1. Pre-Audit Questionnaire
2. SOP 6495 - PREA Compliance
3. Prisoner Handbook
4. SOP - 1002 Mental Health Services
5. Intake Screening Form
6. Mental Health Treatment Plan
7. 6 Month Follow Up
8. MFR - Intake Screening / Risk of Abusiveness

9. MFR - Screening Post Incident
10. MFR - Pregnancy Services
11. SOP 6000.58 - Counseling for Pregnant Prisoners
12. SOP 6000.11 - Communicable Disease and Infection Control Program
13. MFR - STD Testing
14. PREA Trifold - English and Spanish
15. PREA Tracker
16. MFR - No Treatment

**Interviews:**

1. Medical / Mental Health Staff
2. Prisoners Who Reported a Sexual Abuse

**Site Review Observations:**

1. Observations of Medical Treatment Areas

**Findings (By Provision):**

**115.83 (a):** SOP 6495 and SOP 1002 describe ongoing medical and mental health care for sexual abuse victims and abusers. These policies state that the agency will offer medical and mental health evaluations and, as appropriate, treatment to all prisoners who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility. During the tour, the auditor noted that the medical area consisted of an emergency room, numerous exam rooms, and offices. The mental health area consisted of numerous offices. All areas were private and consisted of solid doors that allowed for adequate confidentiality.

**115.83 (b):** SOP 6495 and SOP 1002 describe ongoing medical and mental health care for sexual abuse victims and abusers. These policies state that evaluations and treatments of such victims will include follow-up services, treatment plans, and when necessary, referrals for continued care following transfer or release from custody. An interview with a prisoner who reported sexual abuse indicated that they had received services from mental health staff. The prisoner was not sure about any continued care that would be offered upon his release from custody.

**115.83 (c):** SOP 6495 and SOP 1002 describe ongoing medical and mental health care for sexual abuse victims and abusers. These policies state that the facility shall provide victims medical and mental health services consistent with the community level of care. All medical and mental health

staff are required to have the appropriate credentials and licensures. The facility utilizes the local hospital for forensic medical examinations. Interviews with medical and mental health staff indicated that prisoners have immediate access to medical and mental health care when needed. Interviews also confirm that the services they provide are consistent with the community level of care.

**115.83 (d):** P5324.12, page 52, SOP 6495 and SOP 1002 describe ongoing medical and mental health care for sexual abuse victims and abusers. The policy specifies that Naval Consolidated Brig Charleston does not house female prisoners, therefore, this standard does not apply.

**115.83 (e):** P5324.12, page 52, SOP 6495 and SOP 1002 describe ongoing medical and mental health care for sexual abuse victims and abusers. This standard states that if pregnancy results from the conduct specified in section (d), such victims shall receive timely and comprehensive information and access to all lawful pregnancy related medical services. The policy specifies that Naval Consolidated Brig Charleston does not house female prisoners, therefore, this standard does not apply.

**115.83 (f):** SOP 6495 describes ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate. A prisoner who reported sexual abuse was interviewed by the auditor. The allegations by the prisoner did not require treatment for sexually transmitted infections. The prisoner stated that if necessary, he believed this service would be offered by medical staff.

**115.83 (g):** SOP 6495 describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that prisoner victims of sexual abuse will receive treatment services without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation. An interview was conducted with a prisoner who reported sexual abuse. The prisoner stated that he was not charged a fee for any services.

**115.83 (h):** SOP 6495 indicates that the facility attempts to conduct a mental health evaluation of all known prisoner-on-prisoner abusers within 60 days of learning of such abuse history. Interviews with medical and mental health staff confirm that prisoner-on-prisoner abusers would be offered mental health services. A review of documentation of prisoners with an identified abuse history during risk screening indicated that each one had received services from mental health within 60 days of learning of the abuse history.

Based on a review of the PAQ, SOP 6495, SOP 1002, MFR's, a review of medical and mental health documents, risk screenings and information from interviews with medical and mental health care staff, as well as information from interviews with a prisoner who reported sexual abuse, this standard appears to be compliant.

## DATA COLLECTION AND REVIEW

## Standard 115.86: Sexual abuse incident reviews

### 115.86 (a)

- 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  No

### 115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

### 115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

### 115.86 (d)

- 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  No
- 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  No
- 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  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- 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  No

## 115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Documents:**

1. Pre-Audit Questionnaire
2. SOP 6495 - PREA Compliance
3. PREA Incident Review Board
4. Charleston PREA Outcome Measures
5. 2019, 202, 2021 Annual Report
6. Annual Review Recommendations
7. 2020 Workstation and Network Technology Proposal
8. 202 Statement of Work - Workstation and Network Switch

### **Interviews:**

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

### **Findings (By Provision):**

**115.86 (a):** SOP 6495 outlines information related to sexual abuse incident reviews. The policy states that the facility will conduct sexual abuse incident reviews 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. Policy indicates that the PREA Incident Review Board will review the incident, document the recommendation and forward the findings to the Commanding Officer, PREA Compliance Manager and the PREA Coordinator. The PAQ also indicated that the incidents of reported sexual abuse were followed up with a sexual abuse incident review at the conclusion of the investigation.

**115.86 (b):** SOP 6495 outlines information related to sexual abuse incident reviews. Specifically, the policy states that the review shall ordinarily occur within 30 days of the conclusion of the investigation. The PAQ indicated that the reviews were conducted within 30 days of the completion of the investigations for the reported allegations from the previous twelve months. A review of the documentation of these reviews indicated that all were completed within the 30-day timeframe.

**115.86 (c):** SOP 6495 outlines information related to sexual abuse incident reviews. The policy states that the review team will include upper management officials, Department Heads and the PCM with input from line supervisors, investigators and medical and mental health staff. The interview with the Commanding Officer confirmed that these reviews would be completed and they include upper management officials, mental health and medical staff and the investigator, in the event of a reported incident. A review of the documentation confirmed that the incident review team included line supervisors, investigators and medical and mental health practitioners and upper management officials.

**115.86 (d):** SOP 6495 specifies that the review team shall: consider whether the allegation or investigation indicates a need to change policy or practice; consider whether the incident or allegation was motivated by race, ethnicity, gender identity or sexual preference (identified or perceived), gang affiliation, or if it was motivated by other group dynamics; examine the area where the incident allegedly occurred to assess whether there were any physical barriers; assess the staffing levels; assess video monitoring technology and prepare a report of its findings to include any recommendations for improvement. Policy indicates that the PREA Incident Review Board chair shall prepare a report of the findings, and submit the report to the Commanding Officer, the PCM and the PC. Interviews with the Commanding Officer, PCM and incident review team member confirmed that these reviews are completed and include all the required elements in the event of a reported incident. Interviews indicated that the reviews would assist with managing incidents. The staff will determine if anyone needed to be moved, if there are any flaws in security practices, any issues with the physical plan and if there are any recommendations or needed corrective action. A review of the incident review team documentation indicates that all of the required elements under this standard are completed.

**115.86 (e):** SOP 6495 outlines information related to sexual abuse incident reviews. Specifically, it states that the facility will implement the recommendations for improvement or document the reasons for not doing so.



Based on a review of the PAQ, SOP 6495, Annual Review recommendations, Annual Reports, Incident Review Board minutes and information from interviews with the Commanding Officer, the PCM and a member of the sexual abuse incident review team, this standard appears to be compliant.

### Standard 115.87: Data collection

#### 115.87 (a)

- 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  No

#### 115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

#### 115.87 (c)

- 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  No

#### 115.87 (d)

- 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  No

#### 115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)  Yes  No  NA

#### 115.87 (f)

- 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  No  NA

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Documents:

1. Pre-Audit Questionnaire
2. SOP 6495 - PREA Compliance
3. Navy Guidance Letter
4. MyNavy HR Web Page
5. Brig 2020 PREA Annual Report
6. SSV-4 Survey of Sexual Victimization
7. MFR - Compliance Manager
8. Navy Request to Military Services to Validate PREA Compliance
9. PREA Audit Reports
10. PREA Annual Reports

## Findings (By Provision):

**115.87 (a):** SOP 6495 outlines how PREA data is collected. Specifically, it states that the agency will collect accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the data will include at minimum, data to answer questions on the Survey of Sexual Victimization (SSV). A review of collected data confirmed that the agency utilizes the definitions set forth in the PREA standards.

**115.87 (b):** SOP 6495, the Navy PREA guidance letter and the PAQ indicates that the agency aggregates the incident-based sexual abuse data at least annually. Policy states that the PREA Coordinator is responsible for the annual aggregation.

**115.87 (c):** SOP 6495 outlines how PREA data is collected. Specifically, it states that the agency will collect accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the data will include at minimum, data to answer questions on the Survey of Sexual Victimization (SSV). A review of collected data confirmed that the agency utilizes the definitions set forth in the PREA standards.

**115.87 (d):** SOP 6495 and the PAQ indicate that the agency maintains, reviews and collects data as needed from available incident-based documents, including reports, investigative files, and sexual abuse incident reviews.

**115.87 (e):** SOP 6495 and the PAQ indicated that the facility does not contract with private facilities for the confinement of prisoners.

**115.87 (f):** SOP 6495 and the PAQ indicated that the agency provides the Department of Justice with data from the previous calendar year to the Department of Justice no later than June 30th.

Based on a review of the PAQ, SOP 6495, the Navy Guidance Letter, SSV information, MFR's and a review of the Annual Reports, this standard appears to be compliant.

### **Standard 115.88: Data review for corrective action**

#### **115.88 (a)**

- 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  
 No
- 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  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  
 No

#### **115.88 (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  No

#### 115.88 (c)

- 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  No

#### 115.88 (d)

- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Documents:

1. Pre-Audit Questionnaire
2. SOP 6495 - PREA Compliance
3. MyNavy PREA Web Page
4. PERS 00D - 2019 PREA Annual Report
5. MFR - Data Review
6. MFR - Redaction

#### Interviews:

1. Agency Head
2. PREA Coordinator (PC)

### 3. PREA Compliance Manager (PCM)

#### Findings (By Provision):

**115.88 (a):** SOP 6495 and 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 and response policies and training. The review includes: identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and any corrective action. The PCM indicated that the facility provides data monthly that is utilized to compile an annual report. The annual report is utilized at the facility to assess practices.

**115.88 (b):** SOP 6495 and the PAQ indicated that the agency's 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 progress in addressing sexual abuse. A review of annual reports indicates that reports include allegation data for all facilities. The data is broken down by incident type and includes investigative outcomes. The report also includes general information related to each substantiated incident. The report compares the data from the current year with the previous year. Additionally, the report includes problem areas and corrective action.

**115.88 (c):** SOP 6495 and the PAQ indicated that the agency's annual report is approved by the NAVPERSCOM (PERS-00D) for consolidation and made available to the public through its website. The interview with the Agency Head confirmed that the report is done annually and that it is reviewed prior to being placed on the public website. A review of the website confirmed that the current annual report is available to the public online.

**115.88 (d):** SOP 6495 and the PAQ indicated that the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. A review of the annual report confirmed that no personal identifying information was included in the report nor any security related information.

Based on a review of the PAQ, SOP 6495, the annual reports, MFR's, the website and information obtained from interviews with the Agency Head, PC and PCM, this standard appears to be compliant.

#### Standard 115.89: Data storage, publication, and destruction

##### 115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  
 Yes  No

### 115.89 (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  
 No

### 115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

### 115.89 (d)

- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Documents:

1. Pre-Audit Questionnaire
2. SOP 6495 - PREA Compliance
3. PERS 00D - 2019 PREA Annual Report
5. MFR - Secure Retention
6. Picture of Secure Container for Storage of PREA Documents

### Interviews:

1. PREA Coordinator (PC)

**Findings (By Provision):**

**115.89 (a):** SOP 6495 describes the data storage, publication and destruction of information related to sexual abuse and sexual harassment allegations. Specifically, it states that the agency shall ensure all data is securely retained. The facility stores data in a secure locked file cabinet in a secure office. A picture was submitted to the auditor in the PAQ and observed during the on-site tour of the facility.

**115.89 (b):** SOP 6495 describes the data storage, publication and destruction of information related to sexual abuse and sexual harassment allegations. Specifically, it states that the agency will make all aggregated sexual abuse data readily available to the public, at least annually, through its website or through other means. A review of the website confirmed that the current annual report, which includes aggregated data, is available to the public online.

**115.89 (c):** SOP 6495 and the PAQ indicated that before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. A review of the annual report, which contains the aggregated data, confirmed that no personal identifiers were publicly available.

**115.89 (d):** SOP 6495 and the PAQ indicates that the agency maintains sexual abuse data that is collected for at least ten years after the date of initial collection. A review of historical annual reports indicated that aggregated data is available from 2013 to present.

Based on a review of the PAQ, SOP 6495, annual reports, the MFR, the website and information obtained from the interview with the PREA Coordinator and observations made during the on-site review, this standard appears to be compliant.



**AUDITING AND CORRECTIVE ACTION**

**Standard 115.401: Frequency and scope of audits**

**115.401 (a)**

- 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  No

**115.401 (b)**

- Is this the first year of the current audit cycle? (*Note: a “no” response does not impact overall compliance with this standard.*)  Yes  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  No  NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  Yes  No

#### 115.401 (n)

- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Findings (By Provision):



**115.401 (a).** The facility is part of the United States Navy. All naval brig facilities were audited in the previous three-year audit cycle.

**115.401 (b):** The facility is part of the United States Navy. The Navy has a schedule for all their facilities to be audited within the three-year cycle, with one third being audited in each cycle. The facility is being audited in the second year of the three-year cycle.

**115.401 (h)–(m):** The auditor had access to all areas of the facility; was permitted to receive and copy any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from inmates.

### Standard 115.403: Audit contents and findings

#### 115.403 (f)

- 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 that there has never been a Final Audit Report issued.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Findings (By Provision):

**115.403 (a).** The facility was previously audited March 28-30, 2018. The final audit report is publicly available via the website:

[www.public.navy.mil/bupers-npc/support/correctionprograms/brigs/charleston/Pages/PrisonRapeEliminationAct.aspx](http://www.public.navy.mil/bupers-npc/support/correctionprograms/brigs/charleston/Pages/PrisonRapeEliminationAct.aspx)

