

PREA Facility Audit Report: Final

Name of Facility: Consolidated Brig Pearl Harbor

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/02/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Dave Andraska	Date of Signature: 06/02/2024

AUDITOR INFORMATION	
Auditor name:	Andraska, Dave
Email:	ddafalls@hotmail.com
Start Date of On-Site Audit:	04/17/2024
End Date of On-Site Audit:	04/19/2024

FACILITY INFORMATION	
Facility name:	Consolidated Brig Pearl Harbor
Facility physical address:	2056 Wasp Boulevard, Building #462, Pearl Harbor, Hawaii - 96860
Facility mailing address:	

Primary Contact

Name:	Thomas Dooley
Email Address:	thomas.p.dooley.mil@us.navy.mil
Telephone Number:	808-472-0020

Warden/Jail Administrator/Sheriff/Director	
Name:	Robert Hibbs
Email Address:	robert.s.hibbs.mil@us.navy.mil
Telephone Number:	808-472-9920

Facility PREA Compliance Manager	
Name:	Thomas Dooley
Email Address:	Thomas.p.dooley.civ@us.navy.mil
Telephone Number:	O: 808-829-8263

Facility Health Service Administrator On-site	
Name:	Pruitt, Demetrius
Email Address:	demetrius.v.pruitt.mil@health.mil
Telephone Number:	808 473 7558

Facility Characteristics	
Designed facility capacity:	42
Current population of facility:	9
Average daily population for the past 12 months:	11
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males

Age range of population:	20-36
Facility security levels/inmate custody levels:	Medium and Maximum
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	62
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	0
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	5

AGENCY INFORMATION

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

Agency Chief Executive Officer Information:

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

Agency-Wide PREA Coordinator Information

Name:	Dave Greeson	Email Address:	davy.s.greeson.civ@us.navy.mil
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Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

4

- 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.31 - Employee training
- 115.33 - Inmate education
- 115.86 - Sexual abuse incident reviews

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-04-17
2. End date of the onsite portion of the audit:	2024-04-19

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	42
15. Average daily population for the past 12 months:	11
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	4
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	62
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	5

51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	4
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input checked="" type="checkbox"/> Other <input type="checkbox"/> None
If "Other," describe:	There were only four inmates in the facility on the first day of the audit and all were selected to be interviewed.
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Interviewed all inmates.

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

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This was verified through tour of facility, review of screening documents, interviews with the PREA Compliance Manager and all prisoners.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This was verified through tour of facility, review of screening documents, interviews with the PREA Compliance Manager and all prisoners.</p>

62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	This was verified through tour of facility, review of screening documents, interviews with the PREA Compliance Manager and all prisoners.
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	This was verified through tour of facility, review of screening documents, interviews with the PREA Compliance Manager and all prisoners.

64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	This was verified through tour of facility, review of screening documents, interviews with the PREA Compliance Manager and all prisoners.
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	This was verified through tour of facility, review of screening documents, interviews with the PREA Compliance Manager and all prisoners.

66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	This was verified through tour of facility, review of screening documents, interviews with the PREA Compliance Manager and all prisoners.
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	This was verified through tour of facility, review of screening documents, interviews with the PREA Compliance Manager and all prisoners.

68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div data-bbox="818 454 1469 616"> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div data-bbox="818 663 1469 745"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	This was verified through tour of facility, review of screening documents, interviews with the PREA Compliance Manager and all prisoners.
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div data-bbox="818 1592 1469 1753"> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div data-bbox="818 1800 1469 1883"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	This was verified through tour of facility, review of screening documents, interviews with the PREA Compliance Manager and all prisoners.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	18
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<div> <input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None </div>
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<div> <input checked="" type="radio"/> Yes <input type="radio"/> No </div>
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	Interviews of all random staff were conducted utilizing the PREA Compliance Audit Instrument - Interview Guide for Random Staff.

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):

18

76. Were you able to interview the Agency Head?

☒ Yes

☐ No

77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?

☒ Yes

☐ No

78. Were you able to interview the PREA Coordinator?

☒ Yes

☐ No

79. Were you able to interview the PREA Compliance Manager?

☒ Yes

☐ No

☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Training Chief
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	Interviews of all specialized staff were conducted utilizing the PREA Compliance Audit Instrument - Interview Guides.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

84. Did you have access to all areas of the facility?

☒ Yes

☐ No

Was the site review an active, inquiring process that included the following:

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☐ Yes

☒ No

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

☒ Yes

☐ No

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>The Auditor had full, unimpeded access to all areas of the facility. During the review of the physical plant, the Auditor observed the facility layout, staff supervision of prisoners, security rounds, interaction between staff and prisoners, shower and toilet areas, placement of PREA posters, observation of availability of PREA information located adjacent to and in housing areas, observation of communication in general population housing areas, as well as restrictive housing cells, search procedures, and availability and access of medical and mental health services. The Auditor observed and made note of the video monitoring system and camera placement throughout the facility, including reviewing the monitors in the control room</p>
<p>Documentation Sampling</p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>The Auditor conducted a document review of employee and prisoner Individual files and also log books and other institutional forms. The Auditor reviewed a random sampling of personnel files to determine compliance related to standards on hiring and promotion and background check procedures for staff. The auditor reviewed the annual PREA training rosters maintained by the training staff and cross referenced the staff files with the training rosters to ensure training was verified. The training chief explained the process for relaying the mandated PREA information to new hires, as well as the procedure for annual refresher training. Random prisoner individual case files were reviewed to evaluate intake procedures, including screening and subsequent housing decisions, and verify prisoner PREA education. In addition, the intake and receiving procedures were observed and intake screenings are conducted in private.</p>
<p>SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY</p>	
<p>Sexual Abuse and Sexual Harassment Allegations and Investigations Overview</p>	
<p>Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.</p>	

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

0

a. Explain why you were unable to review any sexual abuse investigation files:

No allegations to investigate

99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

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

Staff-on-inmate sexual harassment investigation files

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

0

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

☐ Yes

☐ No

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

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

☐ Yes

☐ No

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

114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

No text provided.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

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

☐ Yes

☒ No

Non-certified Support Staff

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

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

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

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

☐ Other

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> Naval Consolidated Brig Pearl Harbor (Brig) Completed Pre-Audit Questionnaire (PAQ) Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD BRIG Prison Rape Elimination Act Standard Operating Procedures (SOP) 2023 Navy Directive - Commander, Navy Personnel Command (PERS-00D) appointment of the Agency PREA Coordinator Navy Directive - Officer in Charge, Naval Consolidated Brig Miramar Detachment Pearl Harbor appointment of the Brig's PREA Compliance Manager Agency Organizational Chart Interviews: <ol style="list-style-type: none"> PREA Coordinator Agency PREA Compliance Manager Site Review Observations: <ol style="list-style-type: none"> Observations during on-site review of physical plant

Findings:

115.11(a):

During the pre-onsite portion of this audit, the Facility provided the Agency's PREA Policy and the Facility's PREA SOP in support of their compliance with this provision in its PAQ responses. The Agency's written PREA policy in section 4(b) establishes, "The Navy corrections system has a zero-tolerance policy for all forms of sexual abuse and sexual harassment within its confinement facilities." The Facility's PREA SOP in section 2 establishes, "This Brig shall meet or exceed the PREA standards. The facility shall ensure its policies, procedures, and practices protect prisoners from all acts of sexual abuse and sexual harassment or harm; to prevent, detect, and respond to sexual abuse and sexual harassment." The auditor found the policies to be complete and thorough, defining how the Brig will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment and describes how the Brig is strategizing and responding to the prevention of sexual abuse and harassment. Additionally, the policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and sanctions for those found to have participated in prohibited behaviors.

115. 11(b):

During the pre-onsite portion of this audit, the Facility acknowledged compliance with this provision in its PAQ response. The facility reported the agency employs an upper-level, agency-wide PREA coordinator, who reports to the Director of the Corrections and Programs Office. The facility also provided the auditor with an organizational chart of the agency. The agency's organizational chart confirms that the PREA Coordinator is a Senior Correctional Program Specialist who reports directly to the Director. The Agency PREA Policy in section 5 establishes, "Designate/ in writing/ an upper-level agency-wide PREA coordinator and provide sufficient time and authority to develop implement/ and oversee agency efforts to comply with the PREA standards." The policy also indicates the duties and authority of the agency wide PREA Coordinator.

During the onsite portion of this audit, the auditor interviewed the PREA Coordinator. He indicated he had ample time allotted and authority to manage all assigned PREA related responsibilities. He stated there is a designated PREA Compliance Manager at each of the five Navy confinement facilities. He routinely interacts with each of the PREA Compliance Managers via phone, e-mail, teleconferences and during facility site visits. He also has one Correctional Program Specialist to assist in data gathering and drafting the Agency PREA Annual Report.

115.11(c):

During the pre-onsite portion of this audit, the Facility acknowledged compliance with this provision in its PAQ response. The facility reported that the PREA Compliance Manager is the Technical Director/Assistant Officer in Charge TD/AOIC, who is second in Command and reports to the Officer in Charge (OIC). The Agency PREA Policy in section 6.a.(3) establishes, "A PREA Compliance Manager, provided with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards, shall be appointed in The PREA Compliance shall always be the grade or E7/GS-09 or above."

	<p>During the onsite portion of this audit, the auditor interviewed the PREA Compliance Manager. He indicated he has ample time and authority to manage all of his PREA related duties. He meets with the administrative team on a regular basis to develop strategies to establish a culture that provides a safe environment for staff and prisoners.</p> <p>After review of the policies, memos, organizational charts, training, observations, and interviews with the Warden, PREA Compliance Manager, Brig staff, and the PREA Coordinator, the auditor concluded that the agency and the facility are committed to the prevention, detection and response to sexual abuse and sexual harassment.</p> <p>Based upon the review and analysis of all available evidence, the Auditor determined the facility exceeds the requirements of the standard.</p>
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115.12	Contracting with other entities for the confinement of inmates
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Naval Consolidated Brig Pearl Harbor (Brig) Completed Pre-Audit Questionnaire (PAQ) b. Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD 2. Interviews: <ol style="list-style-type: none"> a. Agency PREA Coordinator/Agency Contract Administrator <p>Findings:</p> <p>115.12(a-b):</p> <p>During the pre-onsite portion of this audit, the Facility indicated Not Applicable in its PAQ response. The Agency, as defined, does not contract for the confinement of inmates. During the onsite portion of this audit, the auditor interviewed the PREA Coordinator. He confirmed that the Agency (Navy Corrections and Programs Office) does not fund or contract out confinement services for any of their correctional facilities. He further stated that Navy confinement facilities are not authorized to contract for confinement of prisoners with any entity to include government or private agencies. He did clarify that there are two Navy regions that utilize confinement service contracts but these two regions are independent of the Navy Corrections and Programs. He also stated as the Navy-wide PREA Coordinator he does visit each of these contract facilities annually to meet with leadership, tour the facility and review compliance with PREA standards. The facilities have successfully completed PREA audits and earned full compliance scores within the requisite three-year cycle.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all provisions of this standard.</p>

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Naval Consolidated Brig Pearl Harbor (Brig) Completed Pre-Audit Questionnaire (PAQ) b. Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD c. BRIG Prison Rape Elimination Act Standard Operating Procedures (SOP) 2023 d. Memorandum for the Record e. Staffing Plan f. Annual Reports g. Annual Report and Staffing Analysis h. Headquarters Review of Staffing Plan i. Unannounced Rounds Logbook Entries 2. Interviews: <ol style="list-style-type: none"> a. PREA Compliance Manager b. PREA Coordinator c. Warden d. Intermediate-Level or Higher-Level Facility Staff (3) 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>115.13(a):</p> <p>During the pre-onsite portion of this audit, the Facility indicated compliance with this provision in its PAQ responses and provided the facility staffing plan and PREA policy. The PREA policy on pages 6 and 7 establishes; “(a) The Operations Chief and AOIC shall develop, document, and make their best efforts to comply on a regular basis with a security staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect prisoners against sexual abuse. The written staffing plan shall be developed sufficiently in advance for internal review and further submission to NAVPERSCOM (PERS-00D) by 15 March each year. In calculating adequate staffing levels and determining the need for video monitoring, the facility shall use the PREA staffing analysis in accordance with reference (k). The facility shall take into consideration:</p> <ol style="list-style-type: none"> 1. Generally accepted detention and correctional practices; 2. Any judicial findings of inadequacy; 3. Any findings of inadequacy from Federal investigative agencies; 4. Any findings of inadequacy from internal or external oversight bodies; 5. All components of the brig’s physical plant (including “blind-spots” or areas where staff or prisoners may be isolated); 6. The composition of the prisoner population; 7. The number and placement of supervisor staff; 8. Institution programs occurring on a particular shift; 9. Any applicable regulations or standards;

10. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and

11. Any other relevant factors.” The PAQ indicated that the current staffing is based off of 48 prisoners which is much higher than the average daily population of prisoners since the last PREA audit which was reported as eleven prisoners. The facility employs 62 staff members. The staff members mainly work two, 12 hour shifts. The auditor reviewed the current staffing plan and has determined the facility takes into account all (11) elements required of this provision.

During the on-site portion of this audit, this auditor interviewed the Agency PREA Coordinator, PREA Compliance Manager and Warden. These staff members confirmed the facility has a staffing plan which provides for adequate levels of staffing, including video monitoring, to protect inmates against sexual abuse. During the site review, no areas were identified that needed additional or enhanced supervision.

115.13(b):

During the pre-onsite portion of this audit, the Facility indicated that this provision was non-applicable in its PAQ responses and provided the facility staffing plan and policy. The PREA policy on page 7 establishes; “In circumstances where the staffing plan is not complied with, the BDO shall document and justify all deviations from the plan in each BDO 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.” This auditor reviewed the Brig's last three PREA annual reports and staffing plan and found that the Brig had not had to deviate from its originally staffing plan. This was further confirmed through interviews with the Warden and PREA compliance Manager.

115.13(c):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision in its PAQ responses and provided the facility staffing plan and policy. The PREA policy on page 7 establishes; “(c) Whenever necessary, but not less than annually, the AOIC, in consultation with the NAVPERSCOM (PERS-00D) agency PREA Coordinator, shall assess, determine, and document whether adjustments are needed to:

1. The staffing plan established pursuant to paragraph (a) of this section;
 2. The brig's deployment of video monitoring systems and other monitoring technologies with regard to financial resources availability; and
 3. The resources the brig has available to commit to ensure adherence to the staffing plan.
- d) The staffing review shall be integrated with the annual command-wide staffing assessment and report in accordance with the facility staffing plan. Any requests for additional staff shall be forwarded with justification to NAVPERSCOM (PERS-00D).”

During the on-site portion of this audit, this auditor interviewed the agency PREA Coordinator, PREA Compliance Manager and Warden. These staff members confirmed the staffing plan is reviewed whenever necessary, but not less than annually. The PREA Coordinator further explained the review process as follows: The staffing plan is reviewed monthly by senior leadership or designees of the brig from Charleston,

	<p>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 Navy Corrections and Programs Office personnel officer and staff analyze staffing at the brigs 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.</p> <p>115.31(d):</p> <p>During the pre-onsite portion of this audit, the Facility indicated compliance with this provision in its PAQ responses and provided the facility logbooks and policy. The PREA policy on page 8 establishes; “(e) Higher-level supervisors conduct regular and random unannounced rounds to identify and deter staff and prisoner sexual abuse and sexual harassment. Such policy and practice shall be implemented for all shifts and rounds shall be documented in the post logbooks and entered in each BDO Report. Unannounced rounds shall cover both shifts and all areas of the facility. Staff are prohibited from alerting other staff members that these supervisory rounds are occurring. The AOIC shall conduct rounds at least twice a week; the Operations Chief shall assign weekly rounds to supervisory staff; additionally, Duty Brig Supervisors make rounds during every shift. The purpose of these rounds are to identify and deter staff and prisoner sexual abuse and sexual harassment in addition to the broader intent of enhancing overall safety, security, maintenance, and sanitation.”</p> <p>During the facility onsite inspection, the auditor reviewed logbook entries documenting such rounds are occurring on both day and night shifts. Supervisory staff are assigned specific days of the week that they are required to conduct unannounced rounds week that they are required to conduct unannounced rounds, ensuring these types of rounds are conducted on a daily basis for both day and night shifts. During the on-site portion of this audit, this auditor interviewed Supervisory staff. These staff members confirm that they conduct unannounced per policy and 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.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with all provisions of this standard.</p>
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. Brig Completed Pre-Audit Questionnaire (PAQ)
 - b. Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
 - c. BRIG Prison Rape Elimination Act Standard Operating Procedures (SOP) 2023
 - d. MEMORANDUM FOR THE RECORD
 - e. CORMIS Printout of the Age of all Prisoners Confined in the last 36 Months
2. Interviews:
 - a. PREA Compliance Manager
3. Site Review Observations:
 - a. Observations during on-site review of physical plant (potential areas for housing youthful prisoners)

115.14(a-b):

During the pre-onsite portion of this audit, the Facility acknowledged compliance with this provision in its PAQ response. During the past 36 months, the Brig has not housed any youthful prisoners. The Brig only confines active-duty Service members; however, the United States Military can enlist members at 17 years old in rare circumstances. It is possible; although unlikely the facility will ever confine youthful prisoners. The PREA policy establishes, "In the rare instance, a prisoner under the age of 18 is confined. The Brig will comply with PREA standards pertaining to youthful prisoners (115.14) and notify the PREA Compliance Manager as soon as possible but no later than the end of the shift. Youthful prisoners will not be placed in a housing unit where the youthful prisoners will have sight, sound, or physical contact with any adult prisoner through the use of a shared dayroom or other common space, shower area, or sleeping quarters. Youthful prisoners shall be housed separately. Assignment to restrictive housing status does not meet this standard. Direct supervision is a requirement when a youthful prisoner is outside of his or her housing unit." During the onsite portion of this audit, the auditor interviewed the PREA Compliance Manager. In the rare instance that a prisoner under the age of 18 is confined, the Brig is prepared to house youthful offenders as covered in their policy and further corroborated through the auditor's interview with the PREA Compliance Manager.

115.14(c):

A review of agency policy confirmed the brig would not place youthful prisoners in isolation to comply with the provisions of the standard. The PREA Compliance Manager during interview indicated the female housing unit is the default location for youthful offenders if required when the female housing unit is otherwise vacant. The secondary location would be the R&R area holding cell and shower. When either housing area is used, restrictions to the cell and access to programs and services shall be commensurate to that of the general population. In absent exigent circumstances, youthful prisoners are permitted to participate in the large-muscle exercise, any legally required special education services, program, and work opportunities. For each instance where youthful prisoners are denied the requirements above, the Brig will document the exigent circumstances for the denial.

Based upon the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all provisions of this standard.

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Naval Consolidated Brig Pearl Harbor (Brig) Completed Pre-Audit Questionnaire (PAQ) b. Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD c. BRIG Prison Rape Elimination Act Standard Operating Procedures (SOP) 2023 d. Memorandum for the Record 2. Interviews: <ol style="list-style-type: none"> a. Compliance Manager b. Random Staff (18) c. Random Inmates (4) d. Training Records 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings:</p> <p>115.15(a):</p> <p>During the pre-onsite portion of this audit, the Facility indicated compliance with this provision in its PAQ responses and reported the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. The PREA policy on pages 8 and 9 establishes, "Facility staff shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal/genital opening) except in exigent circumstances. Body cavity searches shall be performed by qualified medical personnel when authorized by the Miramar Brig CO or designee, and only when there is a reasonable belief that a person is concealing contraband in or on their person. Cross-gender strip searches (when meeting the exigent circumstances exception and approved by the AOIC) shall be annotated in the Brig Strip Search Log, Brig Log, and BDO Report. Cross-gender body cavity searches performed shall be documented in the Brig Log, BDO Report, and prisoner medical record. These events shall be identified as significant events in the Brig Log (red inked and highlighted)."</p> <p>The facility indicated that over the past 12 months, there have not been zero cross-gender strips or cross-gender visual body cavity searches of inmates. The PREA Compliance manager stated staff do not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. To corroborate the information provided in the PAQ (that there have been no cross-gender strip or visual body cavity searches conducted), this auditor asked all random inmates whether they had been or know of another resident that had been the subject of a strip search or visual body cavity search by a staff person of the opposite gender. All 4 responded with "No". Further, this auditor asked all random staff whether these searches were permitted to be conducted. All staff interviewed reported that they were not allowed to conduct cross-</p>

gender strips or cross-gender visual body cavity searches of inmates.

115.215(b):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision in its PAQ responses and reported the facility does not conduct cross-gender frisk searches of female inmates. The PREA policy on page 9 establishes, "Cross-gender frisk searches of prisoners are not permitted except in exigent circumstances in accordance with reference (g). Cross-gender frisk searches (when meeting the exigent circumstances exception and approved by the AOIC) shall be documented in the Brig Log and identified as a significant event (red inked and highlighted) and annotated in the BDO Report. This facility does not restrict female prisoners' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision." The facility reported zero number of pat-down searches of female inmates that were conducted by male staff in the past 12 months. During interviews with random staff, all staff reported that cross gender frisk searches of any prisoners are not conducted but could be allowed under exigent circumstances. They also indicated there are always female staff on all shifts to conduct frisk searches of female prisoners and female prisoners are not restricted to regularly available programming or other out-of-cell opportunities. There were no female inmates at the facility during the on-site audit to interview.

115.15(c):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision in its PAQ responses and indicated that policy requires documentation for these types of searches. During the on-site portion of this audit, this auditor was informed that there was no cross-gender strip or cross-gender visual body cavity search logs to review as no such searches were conducted.

115.215(d):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision in its PAQ responses. The PREA policy on page 9 establishes, "Facility staff shall enable prisoners to shower, perform bodily functions, and change clothing without non medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when viewing is incidental to routine dorm or cell checks to include viewing via video cameras. Facility staff of the opposite gender will announce their presence when entering a prisoner housing unit."

During the onsite portion of this audit, this auditor interviewed random inmates and random staff. All inmates interviewed reported that staff announce their presence when entering a housing unit. The inmates reported that the announcement is generally "female on deck" or "male on deck." All staff interviewed reported that staff of the opposite gender announces their presence before entering a housing unit.

Also, all staff reported that inmates are able to dress, shower, and toilet without being viewed by staff of the opposite gender. There are some individual cells with cameras but the views of toilets are blurred out. Observation during the tour of the facility and interviews with random staff and random inmates reveal inmates are able to shower, use the toilet and change clothing without viewing by staff of the opposite gender.

	<p>115.215(e):</p> <p>During the pre-onsite portion of this audit, the Facility indicated compliance with this provision in its PAQ responses. The Brig has not housed any transgender prisons in the past 12 months. The PREA policy on page 9 establishes, " Facility staff shall not search or physically examine a transgender, intersex, or gender non-conforming prisoner for the sole purpose of determining the prisoner's genital status. Upon initial receipt and prior to search, if the prisoner's genital status is unknown, it may be determined during conversations with the prisoner, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical officer. Furthermore, the transgender, intersex, or gender non-conforming prisoner may be asked which gender staff member they would be most comfortable with conducting the search; such preference, shall be considered along with all information available; in clearly questionable situations medical personnel are authorized to conduct the search regardless of gender."</p> <p>During the onsite portion of this audit, this auditor interviewed the PREA Compliance Manager and random staff. The staff indicated that per policy and training they were prohibited from searching or physically examining a transgender, intersex, or gender non-conforming prisoner for the sole purpose of determining the prisoner's genital status. The PREA Compliance Manager indicated to the auditor if the facility was ever to receive a transgender prisoner, they are prepared to manage the prisoner according to the requirements of this standard.</p> <p>115.215(f):</p> <p>During the pre-onsite portion of this audit, the Facility indicated compliance with this provision in its PAQ responses. The PREA policy on page 9 establishes, "The Training Chief shall ensure annual training of all security staff in conducting exigent cross-gender frisk searches, and searches of transgender and intersex prisoners, in a professional and respectful manner, and in the least intrusive manner possible consistent with security needs." The Facility reported 100% of staff received training on cross-gender and transgender frisk searches.</p> <p>During the onsite portion of this audit, this auditor conducted Random staff interviews. All staff reported that they recently attended training on cross-gender and transgender searches. This was further corroborated through the Auditor interviews with the Training Chief and review of provided training log-sheets of staff competition and training curriculum. This training is provided annually and meets the requirements of this standard.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with all provisions of this standard.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. Naval Consolidated Brig Pearl Harbor (Brig) Completed Pre-Audit Questionnaire (PAQ)
 - b. Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
 - c. BRIG Prison Rape Elimination Act Standard Operating Procedures (SOP) 2023
 - d. Memorandum for the Record
2. Interviews:
 - a. PREA Compliance Manager
 - b. Agency Head
 - c. Random Staff (18)
 - d. Random Inmates (4)
3. Site Review Observations:
 - a. Observations during on-site review of physical plant

115.16(a):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision in its PAQ responses and reported the facility has policy and procedures to provide disabled inmates 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. The PREA policy on page 10 establishes, "(a) The Programs Chief is responsible to identify prisoners with qualifying disabilities under the Americans with Disabilities Act (ADA) and shall consult with the AOIC to ensure appropriate steps are executed so that prisoners with disabilities (e.g., prisoners who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the 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 who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Written materials shall be provided when necessary in formats or through methods that ensure effective communication with prisoners with disabilities, including prisoners who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The facility is not required to take actions that would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the ADA, 28 CFR 35.164 . Access to such services and materials shall be provided in the Prisoner Rules and Regulations, in printed materials or posted within the housing units."

During the on-site portion of the audit, the Auditor interviewed the Agency Head and PREA Compliance Manager, who elaborated on the procedures and mechanisms that are in place to provide disabled prisoners an 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. When the Programs Chief identifies prisoners as deaf, hard of hearing to the point the prisoner phone system is not sufficient, special phone access via caption phone will be made available. Caption phone lines are not recorded, and legal calls and other privileged calls, including reporting of sexual abuse and sexual harassment, are not supervised. The Programs Chief will consult with the PREA Compliance Manager to ensure such prisoners have commensurate phone access (for PREA reporting) as those without disability. There were no limited English, deaf, hard of hearing, blind or low vision, intellectual, psychiatric, or speech disabilities prisoners at the Brig during the site visit.

115.16(b):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision in its PAQ responses and reported the facility has policy and procedures to provide inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The PREA policy on page 10 establishes, "Reasonable steps shall be taken to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment involving prisoners who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Linguistic services may be accessed via Military One Source via <http://militaryonesource.mil> or call 1-(800)342-9647."

During the on-site portion of the audit, the Auditor interviewed the Agency Head and PREA Compliance Manager, who further corroborated the agency has established procedures to provide inmates with limited English proficiency 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. The PREA Compliance Manager reported that the Brig accepts only active duty military members in to confinement. Under no circumstances have any civilians ever been confined in this facility. U. S. Military policy restricts entrance to the U. S. Armed Forces to those who not are English language proficient; hence, the possibility of Brig confining inmates who are not English proficient is nil. Though all prisoners/inmates here are considered English proficient, we recognize that we do have occasional prisoners who speak English as a second language; and whose families and visitors may not speak English. The vast predominance of prisoner who speak languages other than English as their first language, primarily speak either Spanish or Tagalog. The Brig has PREA information in these two languages. During the on-site audit random inmates were interviewed, none require the use of any interpretive service. The facility provides the necessary steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment involving prisoners who are limited English proficient, including steps to provide interpreters who can interpret.

115.16(c):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision in its PAQ responses. The PREA policy on page 10 establishes, "Prisoner

	<p>interpreters, prisoner readers, or other types of prisoner assistants are prohibited except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the prisoner's safety, the performance of first-response duties under paragraph 8.e.(4), or the investigation of the prisoner's allegations. "In the past 12 months, the facility reported no instances where prisoner interpreters, readers, or other types of prisoner assistants have been used.</p> <p>During the on-site portion of the audit, the Auditor interviewed the PREA Compliance Manager and random staff who confirmed that prisoner interpreters, prisoner readers, or other types of prisoner assistants are prohibited except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the prisoner's safety, the performance of first-response duties,</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions this standard.</p>
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115.17	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Naval Consolidated Brig Pearl Harbor (Brig) Completed Pre-Audit Questionnaire (PAQ) b. Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD c. BRIG Prison Rape Elimination Act Standard Operating Procedures (SOP) 2023 d. Employee files e. Prison Rape Elimination Act (PREA) Questionnaire f. Memorandum for the Record 2. Interviews: <ol style="list-style-type: none"> a. AOIC/Human Resources Officer 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings:</p> <p>115.17(a) & (f):</p> <p>During the pre-onsite portion of this audit, the Facility indicated compliance with these provisions and provided this auditor with their Policy and Procedure Manual in support of their compliance with this standard in its PAQ responses. The Policy and Procedure manual on pages 10 and 11 establishes, "(a) The facility shall not employ, or promote anyone who may have contact with prisoners, and shall not enlist the services of any contractor who may have contact with prisoners, who;</p> <ol style="list-style-type: none"> 1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);

2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
3. Has been civilly or administratively adjudicated 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.

(f) All applicants and staff who may have contact with prisoners are asked about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The Agency and the Brig imposes a continuing affirmative duty to disclose any such misconduct; enclosure (10) is completed by all new staff prior to assuming duties. NAVCONBRIG Miramar's Executive Officer shall review all proposed staff assignments in advance for standards compliance. Military members deemed unqualified per the provisions of paragraph (a) above shall not be recommended for promotion/advancement."

Submitted with the PAQ and while onsite, the auditor reviewed employee files of persons hired in the past 12 months to determine whether questions regarding past conduct were asked and answered. The auditor found that the facility is utilizing a PREA questionnaire form for all new employees to complete prior to being assigned any training or correctional duties which meets the requirement of this provision. During the on-site audit, the auditor interviewed the Human Resource Officer. He confirmed the aforementioned procedures and also indicated the Brig did not promote anyone or have any contractors during the audit period.

115.17(b):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with their Policy and Procedure Manual in support of their compliance with this standard in its PAQ responses. The Policy and Procedure manual on pages 11 establishes, "The facility shall consider any incidents of sexual harassment in determining whether to hire, retain, promote anyone, or to enlist the services of any contractor, who may have contact with prisoners." During the onsite portion of this audit, this auditor interviewed Human Resource Officer. He confirmed that the Facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

115.17(c-d):

During the pre-onsite portion of this audit, the Facility indicated compliance with these provisions and provided this auditor with their Policy and Procedure Manual in support of their compliance with this standard in its PAQ responses. The Policy and Procedure manual on pages 11 establishes," (c) Before hiring new employees who may have contact with prisoners, the Shared Services Officer shall:

1. Conduct a National Crime Information Center (NCIC) criminal background records check); and
2. Consistent with Federal, State, and local law, make 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.
(d)The brig liaison shall conduct a criminal background records check (NCIC), via Miramar, before the facility enlists the services of any contractor who may have contact with Prisoners.”

Submitted with the PAQ and while onsite, the auditor reviewed employee files of persons hired in the past 12 months to determine whether proper criminal record background checks have been conducted. Per the PAQ, the facility hired 17 new staff in the past 12 months. Documentation was provided that indicated background checks were completed for all 17 hires. None of the new hires had prior institutional work experience. There were no promotions or any contractors hired during the audit period.

115.17(e):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with their Policy and Procedure Manual in support of their compliance with this standard in its PAQ responses. The Policy and Procedure manual on pages 11 establishes,” (e) NAVCONBRIG Miramar’s Operations Officer shall conduct criminal background records checks at least every five years of current staff, contractors and volunteers who may have contact with prisoners, or have in place a system for otherwise capturing such information for current staff. These checks may be initiated by NCBMDETPH’s liaison.”

During the onsite portion of this audit, this auditor interviewed the Human Resource Officer and he stated, the Brig conducts criminal background checks on all existing employees every five years. This Staff person further stated there was only one employee that was at the Brig for five years. The auditor reviewed that employee’s personnel file and confirmed the agency conducts a five year background check.

115.17(g):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with their Policy and Procedure Manual in support of their compliance with this standard in its PAQ responses. The Policy and Procedure manual on pages 11 establishes, “(g) Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Appropriate administrative or disciplinary actions shall be referred to the applicable civilian or military activity for action.”

During the onsite portion of this audit, this auditor interviewed Human Resource Officer. This staff person confirmed the procedure and was not aware of any personnel action regarding this provision. .

115.17(h):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with their Policy and Procedure Manual in support of their compliance with this standard in its PAQ responses. The Policy and Procedure manual on pages 11 establishes,” (h) Unless determined prohibited by law, NAVPERSCOM (PERS-00D) shall provide information on substantiated allegations of

	<p>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. The Director, Bureau of Naval Personnel (BUPERS) Total Force Human Resource Office (BUPERS-05) and NAVPERSCOM Office of Legal Counsel (PERS-00J) will review and notify NAVPERSCOM (PERS- 00D) of any laws prohibiting disclosure of the information on all cases. Upon receiving the request for that information from the institutional employer, this facility will forward it to NAVPERSCOM (PERS- 00D) via NAVCONBRIG Miramar, BUPERS-05, and PERS-00J, respectively.”</p> <p>During the onsite portion of this audit, this auditor interviewed Human Resource Officer. This staff person confirmed the procedure and was not aware of any such requests.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions this standard.</p>
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115.18	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Brig Completed Pre-Audit Questionnaire (PAQ) b. Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD c. BRIG Prison Rape Elimination Act Standard Operating Procedures (SOP) 2023 d. MEMORANDUM FOR THE RECORD 2. Interviews: <ol style="list-style-type: none"> a. PREA Compliance Manager b. Agency Head 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>115.18 (a-b):</p> <p>During the pre-onsite portion of this audit, the Facility acknowledged compliance with this provision in its PAQ response and indicated that they have not acquired a new facility or made a substantial expansion or modification to existing facilities nor installed or updated a video monitoring since the last PREA audit. Agency PREA policy establishes,“ When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the Architectural Review Board and NAVFAC Design Staff shall consider the effect of the design, acquisition, expansion, or modification upon the facility's ability to protect prisoners from sexual abuse. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the OIC and AOIC shall consider how such technology may enhance the facility's ability to protect prisoners from sexual abuse.</p>

	<p>Facilities and technology upgrades must be coordinated with NAVCONBRIG Miramar's Facilities Management, Information Technology, and Financial Management.”</p> <p>During the onsite portion of this audit, the auditor interviewed the Agency Head and PREA Compliance Manager. They confirmed the response provided in the PAQ and that they consider the effect of the design, acquisition, expansion, or modification upon the facility's ability to protect prisoners from sexual abuse per the Agency PREA policy. They indicated the Brig is in the design plan phase for updating the facility's video monitoring system. The Auditor was provided with documentation that reflected what the facility considered for overall safety, including protecting inmates from sexual abuse in planning this technology upgrade.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with all provisions of this standard.</p>
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115.21	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Naval Consolidated Brig Pearl Harbor (Brig) Completed Pre-Audit Questionnaire (PAQ) b. Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD c. BRIG Prison Rape Elimination Act Standard Operating Procedures (SOP) 2023 d. Training certificate e. Memorandum for the Record 2. Interviews: <ol style="list-style-type: none"> a. PREA Compliance Manager b. Medical staff c. Safe/Sane representative d. SAPR Coordinator e. Facility Investigator f. random staff 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>115.21(a):</p> <p>During the pre-onsite portion of this audit, the Facility indicated this provision is not applicable to this facility as an outside investigator (NCIS) is responsible for conducting sexual abuse investigations and provided this auditor with their Policy and Procedure Manual in support in its PAQ responses. The Policy and Procedure manual on pages 12 establishes,”1. Allegations regarding sexual abuse and sexual harassment shall be referred to the Naval Criminal Investigative Service (NCIS) in</p>

accordance with reference (h). NCIS will follow its protocols for collection of evidence. Facility staff shall secure the scene, if applicable, until investigators arrive. The referral shall be documented, at a minimum, by email with a reply.

2. §115.21(a)-1) is not applicable to this facility because NCIS (outside agency) is responsible for investigating all allegations of sexual abuse; NCIS may bump sexual harassment claims to the facility, usually or cases they consider non-criminal complaints; to this extent, which the facility is responsible for investigating allegations of sexual harassment, the Command

Investigators shall follow PREA, NCIS, and Navy Bureau of Medicine and Surgery (BUMED)

protocols for evidence collection and medical examinations for administrative proceedings and

criminal prosecutions in accordance with reference (g).”

During the onsite portion of this audit, this auditor interviewed the PREA Compliance Manager, Facility Investigator and random staff. They all confirmed the above mentioned procedure. There were no sexual abuse allegations or investigations during the three-year audit cycle.

115.21(b):

During the pre-onsite portion of this audit, the Facility indicated this provision is not applicable to this facility as an outside investigator (NCIS) is responsible for conducting sexual abuse investigations and provided this auditor with their Policy and Procedure Manual in support in its PAQ responses. The Policy and Procedure manual on pages 12 establishes,” (b) §115.21(b)-1 is not applicable to this facility because neither this facility nor the agency is responsible for investigating sexual abuse claims by youthful prisoners. For youthful prisoners, NCIS follows appropriate uniform evidence protocols that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

During the onsite portion of this audit, this auditor interviewed the PREA Compliance Manage. This staff member confirmed the above mentioned procedure and further indicated there has never been youthful offender housed In the Brig.

115.21(c):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision in its PAQ responses as the Brig offer all victims of sexual abuse access to forensic medical examinations, The PREA policy on pages 12 and 13 establishes, “(c) The Brig shall offer all victims of sexual abuse access to forensic medical examinations at an outside qualified medical facility, without financial cost, where evidentiary or medically appropriate. The facility shall refer all prisoners of sexual abuse to Tripler Army Medical Center (TAMC) where qualified practitioners are available in accordance with BUMEDINST 6310.11A. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners; in such cases the facility shall documented the efforts to first provide SAFEs or SANEs. The health

care professionals at those facilities will document patient history, injuries, and make a determination if referral to a mental health facility other than the brig is required. The Health Authority shall ensure such documentation is maintained in the prisoner medical record. Counseling for sexually transmitted infection, treatment and follow-up will be conducted as appropriate. Reports of sexual abuse and sexual harassment will be made to the Commanding Officer via the Officer in Charge, to assure separation of the victim from their assailant.”

During the onsite portion of this audit, this auditor interviewed the PREA Compliance Manager and Medical Officer. These staff confirmed the Brig offers all victims of sexual abuse access to forensic medical examinations at an outside qualified medical facility, without financial cost, where evidentiary or medically appropriate. The facility refers all prisoners of sexual abuse to Tripler Army Medical Center (TAMC), where qualified practitioners are available. According to the PREA Compliance Manager, there have been no sexual assaults to have occurred at the facility in the past 36 months, however, prisoners who require forensic medical examinations will be immediately transported to Emergency Room at Tripler Army Medical Center (TAMC) for examination and treatment by a Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiner (SANEs). If returned to the brig, a Discharge summary to include note that prisoner was provided treatment by SAFEs or SANEs will be given to medical personnel for further treatment and management. This auditor also spoke with an executive-level representative at TAMC. This representative informed this auditor that TAMC employs SANEs/SAFEs that would conduct forensic examinations for the prisoners at the BRIG.

115.21(d) (e) (h):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision in its PAQ responses as the Brig offer all victims of sexual abuse access to forensic medical examinations, The PREA policy on pages 12 and 13 establishes, “(d) Upon learning of a sexual assault, the first staff member that receives report of the sexual assault shall immediately notify the respective Service Unit Victim Advocate (UVA) and Response Coordinator (SARC) of the incident in accordance with references (d) and (e). The UVA will subsequently offer support to accompany the victim through the forensic medical exam process and investigatory interviews; the Brig UVA may need to perform this function and will provide necessary support until hand-off to the prisoner’s unit UVA can be executed. Victims may also request emotional support services, crisis intervention, information and referrals anonymously via the Safe Helpline (Operated by the Rape, Abuse & Incest National Network (RAINN)) at (877)995-5247, or those listed in enclosures (5) and (8). The Safe Helpline 24 hour hotline will be made available to prisoners via the prisoner telephone system and shall not be recorded. The PREA Compliance Manager in cooperation with the Shared Services Officer (Miramar) shall make and document (e.g., email, letter, MOU, MOA, etc.) efforts to obtain rape crisis center services in the local community. The PREA Compliance Manager shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

(e) If a rape crisis center is not available, the Uniformed Victim Advocate (UVA) or Sexual Assault Prevention and Response (SAPR) representative shall provide

	<p>emotional support, crisis intervention, information and referrals and document all efforts to support the victim (e.g., email, log, letter, etc.)”</p> <p>The Auditor was provided and reviewed these documents and found that they meet the standards requirements. If a rape crisis center is not available, the Uniformed Victim Advocate (UVA) or Sexual Assault Prevention and Response (SAPR) representative shall provide emotional support, crisis intervention, information, and referrals, and document all efforts to support the victim (e.g., email, log, letter, etc.). When requested by the victim, the uniformed victim advocate (UVA), qualified facility staff member, qualified community-based organization member, or a combination thereof, shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. Policy review and auditor interviews conducted with PREA Compliance Manager and SAPR Coordinator confirmed, a qualified facility staff member is, but is not limited to, a Uniformed Victim Advocate (UVA) or SAPR coordinator. These individuals are screened through the SAPR Program Manager and have received training. Currently the brig has one staff member that completed the training and their completed training certificate was provided and reviewed. While onsite there were no prisoners identified who reported an allegation of sexual abuse to interview.</p> <p>115.21(f):</p> <p>During the pre-onsite portion of this audit, the Facility indicated compliance with this provision in its PAQ responses. The PREA policy on page 13 establishes,” (g) To the extent the facility is not responsible for investigating allegations of sexual abuse and sexual harassment, NAVPERSCOM shall request that the investigating agency follow the requirements of paragraphs (a) through (f) of this section.”</p> <p>During the onsite portion of this audit, this auditor interviewed the PREA Compliance Manager. This staff member confirmed that the request to follow the requirements of this section was submitted to NCIS.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions this standard.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Naval Consolidated Brig Pearl Harbor (Brig) Completed Pre-Audit Questionnaire (PAQ)

- b. Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
- c. BRIG Prison Rape Elimination Act Standard Operating Procedures (SOP) 2023
- d. Administrative Investigation file
- e. Memorandum for the Record
- f. Agency and facility website

2. Interviews:

- a. PREA Compliance Manager
- b. Warden
- c. Agency PREA Coordinator
- d. Facility Investigator

3. Site Review Observations:

- a. Observations during on-site review of physical plant

115.22(a)(b)(c)(d):

During the pre-onsite portion of this audit, the Facility indicated compliance with these provisions and provided this auditor with their Policy and Procedure Manual in support of their compliance with this standard in its PAQ responses. The Policy and Procedure manual on pages 14 establishes, “(2) Policies to ensure referrals of allegations for investigation

(a) All allegations of sexual abuse and sexual harassment, regardless of severity or merit,

will be immediately reported to the NCIS per reference (I) The facility shall document all such referrals in enclosure (10).

(b) The facility’s policy is to ensure that reported allegations of sexual abuse and sexual

harassment are referred to NCIS in accordance with reference (I) for investigation or an appropriate Military Criminal Investigation Organization (MCIO)(§115.22(b)-1). All referrals shall be documented by the command investigators on enclosure (11).

Command Investigators shall assign a sequential case control number in the following format: YYYYMMDD-UIC-####. Should NCIS decline investigative jurisdiction (the case is sexual harassment), the facility shall conduct an investigation using qualified investigators. The OIC shall publish such policy on the facility’s website or make the policy available through other means.

(c) The Memorandum of Agreement between NCIS and the Agency describes the responsibilities of both entities is posted on the agency website.”

During the on-site portion of this audit, the auditor interviewed the Agency PREA Coordinator, Warden, and PREA Compliance Manager/investigator. They all confirmed this procedure and practice. The facility is required to document all referrals. The facility's policy ensures that all reported allegations of sexual abuse and sexual harassment are referred to NCIS for investigation. Should NCIS decline investigative jurisdiction (the case is sexual harassment), the facility shall conduct an investigation using qualified investigators. The Memorandum of Agreement between NCIS and the Agency describes both entities' responsibilities on the agency website

(<https://www.mynavyhr.navy.mil/Support-Services/Corrections-Programs/Brigs/Pearl-Harbor/Prison-Rape-Elimination-Act/>). The auditor reviewed the information posted on the agency website and found that it conforms to standards requirement. In the past

	<p>(36) months, the Brig had zero allegations of sexual abuse. The Brig received one allegation of sexual harassment within the last (12) months. In this case, it was allegations of harassment and not a criminal matter, so an administrative investigation was completed. The auditor was provided with the administrative investigation for review and determined that it was completed per the standards requirement</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions this standard.</p>
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115.31	Employee training
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> Brig Completed Pre-Audit Questionnaire (PAQ) Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD BRIG Prison Rape Elimination Act Standard Operating Procedures (SOP) 2023 Training files Memorandum for the Record Interviews: <ol style="list-style-type: none"> Training Chief PREA Compliance Manager Random Staff (18) Site Review Observations: <ol style="list-style-type: none"> Observations during on-site review of physical plant <p>115.31(a)(b):</p> <p>During the pre-onsite portion of this audit, the Facility indicated compliance with these provisions and provided this auditor with their Policy and Procedure Manual and training documents in support of their compliance with this standard in its PAQ responses. The PREA Policy on page 15 establishes, “(b) Employee training shall include individual completion of the NIC course “PREA: Your Role Responding to Sexual Abuse” at https://nic.learn.com and the supplemental facility specific training. Employees trained by NCTI-based instructors prior to signature of this policy shall adhere to this policy during subsequent refresher training. Facility supplemental training will cover at a minimum the following topics:</p> <ol style="list-style-type: none"> The facility’s zero-tolerance policy for sexual abuse and sexual harassment; How to fulfill staff responsibilities under facility sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; Prisoners’ right to be free from sexual abuse and sexual harassment; The right of prisoners and staff to be free from retaliation for reporting sexual abuse and sexual harassment;

5. The dynamics of sexual abuse and sexual harassment in confinement;
 6. The common reactions of sexual abuse and sexual harassment victims;
 7. How to detect and respond to signs of threatened and actual sexual abuse;
 8. How to avoid inappropriate relationships with prisoners;
 9. How to communicate effectively and professionally with prisoners, including lesbian, gay, bisexual, intersex, transgender or gender nonconforming prisoners; and
 10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
 11. Definitions of sexual abuse and sexual harassment.
 12. Prevention and warning signs.
- (c) Facility training shall be tailored to the gender of prisoners at the facility); our facility is primarily male in terms of prisoner gender; however, we do have female confinement capability and we have both male and female staff. Our training reflects our mixed gender mission and staffing. Staff shall receive additional training if the employee is reassigned from a facility that houses only female prisoners and vice versa.”

During the on-site portion of this audit, the auditor interviewed random staff. When asked if they received PREA training, all staff acknowledged they had and indicated they attended multiple PREA trainings. As a majority of the staff were new to corrections and the Brig, they are required to attend a four week corrections training which included PREA training before reporting to the Brig. Once at the Brig, they go thru an Orientation (In-Doc) and receive facility specific PREA training. This training is facilitated by the PREA Compliance Manager and is an extensive inter-active training. In-Doc training also includes individual completion of the NIC course “PREA: Your Role Responding to Sexual Abuse. The Brig also provides monthly training that at times includes PREA topics. The January 2024 training was on cross-gender and transgender searches. The facility provided this auditor with information on the annual PREA training course that all staff are required to complete. A review of this course reveals that it covers the ten criteria described in the standard. Pre-service training includes a course on mixed gender supervision. All staff were well versed on their PREA related duties and responsibilities. They mentioned that the PREA Compliance Manager emphasizes PREA and are well aware of the significance of PREA.

115.31(c)(d):

During the pre-onsite portion of this audit, the Facility indicated compliance with these provisions and provided this auditor with their Policy and Procedure Manual and training documents in support of their compliance with this standard in its PAQ responses. The PREA Policy on page 15 and 16 establishes, “(d) All staff shall receive training outlined in paragraph (b) above during pre-service training. The facility shall provide each employee with refresher training every year to ensure that all employees know the agency’s current sexual abuse and sexual harassment policies and procedures.

(e) The Training Chief shall document that all staff members understand the training with enclosure (1). A copy of the training certificate and enclosure (1) shall be forwarded to the Training Supervisor and maintained in the individual training records for each

	<p>staff member.”</p> <p>During the on-site portion of this audit, the auditor interviewed the PREA Compliance Manager and Training Chief. They both confirmed PREA training for all staff are mandated annually. The facility's practice in providing PREA training exceeds the standards required of receiving refresher training every two years. The Training Chief confirmed documentation of all staff members understand the training with the PREA Staff Training Acknowledgement form. The Training Chief maintains a copy of the NIC training certificate in the individual training records for each staff member. The auditor verified the above mentioned by reviewing staff training documentation submitted with the PAQ and additional staff training documentation review while onsite and interview conducted with random staff and the Training Chief.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant and exceeded the requirement of this standard.</p>
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Naval Consolidated Brig Pearl Harbor (Brig) Completed Pre-Audit Questionnaire (PAQ) b. Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD c. BRIG Prison Rape Elimination Act Standard Operating Procedures (SOP) 2023 d. Volunteer training files e. Memorandum for the Record 2. Interviews: <ol style="list-style-type: none"> a. Training Chief b. Volunteer (1) 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>115.32(a)(b)(c):</p> <p>During the pre-onsite portion of this audit, the Facility indicated compliance with these provisions and provided this auditor with their Policy and Procedure Manual and training documents in support of their compliance with this standard in its PAQ responses. The PREA Policy on page 16 establishes, “All official visitors (legal, commands, chaplains, elected officials), personal visitors, volunteers, and contractors who have contact with prisoners shall be trained on their responsibilities under the facility’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. This training shall be provided by a qualified instructor per</p>

	<p>paragraph 6.b.(3)(a) above and prior to any contact with prisoners; this facility never allows unescorted contact with prisoners unless approved by the AOIC or higher. The level and type of training provided to volunteers, contractors, and interns shall be based on the services they provide and level of contact they have with prisoners, but all visitors, volunteers, contractors, and interns who have contact with prisoners shall be notified of the facility's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents..... The Training Chief shall maintain documentation confirming that volunteers, contractors and interns (who will have contact with prisoners) have received and understand PREA training."</p> <p>During the on-site portion of this audit, the auditor interviewed the Training Chief. This staff member explained that there are two types of volunteers or contractors at the Brig: Volunteer or Contractor-Prisoner Contact and Volunteer or Contractor-No Prisoner Access. Volunteers and contractors who may have contact with prisoners receive the same level of PREA training that facility staff receive. Volunteers and contractors with -No Prisoner Access receive the basic PREA education on the facility's zero-tolerance policy and procedures. He maintains documentation confirming that volunteers, contractors, and interns (who will have contact with prisoners) have received and understands PREA training within individual training files for each staff member or volunteer with access to prisoners. An electronic copy of the Visitor/ Contractor/Intern training acknowledgment form is forwarded to the PREA Compliance Manager for file backup in case needed for an audit. No volunteer or contractor at the facility shall ever have unsupervised access to prisoners. The auditor verified this practice by reviewing training documents submitted with the PAQ and while onsite, the auditor reviewed additional volunteer training records. There is currently seven volunteers permitted access to the Brig. During the past (12) months, the Brig has not employed any contractors who may have contact with prisoners. During the on-site portion of this audit, the auditor interviewed one volunteer. This volunteered indicated he received PREA training annually and was able to verbalize his responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures and was aware of the facility's zero-tolerance policy.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions this standard.</p>
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115.33	Inmate education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Brig Completed Pre-Audit Questionnaire (PAQ) b. Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD

- c. BRIG Prison Rape Elimination Act Standard Operating Procedures (SOP) 2023
- d. Training documents
- e. Memorandum for the Record
- f. PREA Intake Information Sheet (for prisoners)
- g. Prisoner Rules and Regulations Handbook
- h. PREA Posters

2. Interviews:

- a. Random Inmates (4) 100% of the inmates on site
- b. PREA Compliance Manager
- c. Intake Staff
- d. Counselors (2)

3. Site Review Observations:

- a. Observations during on-site review of physical plant

115.33(a)(b)(c)(e):

During the pre-onsite portion of this audit, the Facility indicated compliance with these provisions and provided this auditor with their Policy and Procedure Manual and training documents in support of their compliance with this standard in its PAQ responses. The PREA Policy on page 17 establishes, “(a) During the intake process, prisoners shall receive information explained orally and in writing, in a language clearly understood by the prisoner, the facility’s zero-tolerance policy regarding sexual abuse and sexual harassment, prevention/intervention, self- protection, how to report incidents or suspicions of sexual abuse and sexual harassment, and treatment and counseling.

(b) Within 30 days of intake, the Programs Chief is responsible to provide comprehensive education to prisoners, either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding facility policies and procedures for responding to such incidents. This training shall be provided by a qualified instructor per paragraph 6b(3)(a) above.

(c) If for any reason a prisoners has not received such education within the first 30 days,

they shall receive the training subsequently; likewise, prisoners shall receive education upon receipt from another facility to the extent that the policies and procedures differ from those of the previous facility this shall be accomplished by requiring transfers to get the exact same training as new confinements.

(e) Upon completion of training, the Programs Chief shall ensure prisoners sign the PREA Prisoner Training Acknowledgement form, enclosure (5), and place the form in the prisoner’s record.”

The PAQ indicated that 57 prisoners (100% of prisoners admitted) received information on the zero-tolerance policy and how to report at intake during the past 12 months. During the site inspection, while in the intake area, the auditor received a comprehensive demonstration of the intake process. The interview with intake staff indicated that the facility provides information related to the zero-tolerance policy and reporting mechanism via the prisoner Rules and Regulations Handbook and PREA Intake Information Sheet. A review of the PREA Intake Information Sheet and the

prisoner Rules and Regulations Handbook confirmed that they includes information on the zero- tolerance policy and the reporting methods. A review of ten prisoner files (current and former prisoner from past 12 months) confirmed prisoners received PREA information which was demonstrated by prisoner signature acknowledging receiving PREA information upon intake. Random prisoners who were interviewed indicated that they received information on the agency's sexual abuse and sexual harassment policies at intake and were required to sign for it.

Within 72 hours of arrival all prisoners meet with their counselors for the indoctrination phase and receive a comprehensive PREA education. A review of the training document 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. A review of ten prisoner files indicated that they had received comprehensive PREA education within 30 days of intake. Interviews with the counselors confirmed that all prisoners receive comprehensive PREA education within 72 hours of arrival. Interviews with random prisoners indicated that they received information on the agency's sexual abuse and sexual harassment policies during orientation.

The PAQ indicated that all prisoners are 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. A review of ten prisoner files corroborated that prisoners received PREA education which was demonstrated by prisoner signature acknowledging receiving PREA education.

115.33(d):

During the pre-onsite portion of this audit, the Facility indicated compliance with these provisions and provided this auditor with their Policy and Procedure Manual and training material in support of their compliance with this standard in its PAQ responses. The PREA Policy on page 17 establishes, "The facility shall provide prisoner education in formats accessible to all prisoners, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to prisoners who have limited reading skills."

The PREA pamphlet is available in Spanish, Tagalog and braille. Based on the requirements for English fluency for all staff acceptance into the United States military, there are no LEP prisoners at the brig.

115.33(f):

During the pre-onsite portion of this audit, the Facility indicated compliance with these provisions and provided this auditor with their Policy and Procedure Manual and PREA information in support of their compliance with this standard in its PAQ responses. The PREA Policy on page 17 establishes, "In addition to providing such education, the Programs Chief shall ensure that key information is continuously and readily available or visible to prisoners in housing units and other communal areas such as the galley through posters, Prisoner Rules and Regulations, or other written formats."

	<p>A review of documentation indicated that the facility had PREA information via the prisoner handbook, the intake pamphlet and through PREA signage, posters and flyers. During the tour, the auditor observed the PREA signage in each housing unit and in common areas. The prisoner handbook provided at intake is kept by the prisoner during the duration of their stay at the brig. During the tour, the auditor observed the prisoner handbook in their cells.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency exceeded the requirements of this standard.</p>
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115.34	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Naval Consolidated Brig Pearl Harbor (Brig) Completed Pre-Audit Questionnaire (PAQ) b. Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD c. BRIG Prison Rape Elimination Act Standard Operating Procedures (SOP) 2023 d. Investigator training files e. Memorandum for the Record 2. Interviews: <ol style="list-style-type: none"> a. Training Chief b. Facility Investigator (2) 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>115.34(a)(b)(c):</p> <p>During the pre-onsite portion of this audit, the Facility indicated this provision is not applicable to this facility as an outside investigator (NCIS) is responsible for conducting sexual abuse investigations and provided this auditor with their Policy and Procedure Manual in support in its PAQ responses. The PREA Policy on page 27 establishes, “(a) As soon as reasonable suspicion of sexual abuse and sexual harassment has occurred the allegations shall be immediately referred to NCIS for investigation.</p> <p>(b) All allegations of sexual abuse and sexual harassment shall be referred to NCIS for investigation. NCIS agents have been trained in conducting sexual abuse investigations</p> <ol style="list-style-type: none"> 1). NCIS may decline investigative jurisdiction for sexual harassment; in this case, facility investigators shall conduct their own investigations into the allegations, and shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Facility investigators shall complete specialized training in sexual abuse investigations pursuant to paragraph 8.b.(6) prior to being

	<p>assigned these investigations.”</p> <p>As noted, the facility does not conduct sexual abuse investigations. All sexual abuse and sexual harassment investigations are reported to NCIS. NCIS will conduct all sexual abuse investigations, review all sexual harassment reports, and determine if there is a criminal element. If not, the facility has two (2) trained investigators who will conduct an administrative investigation of sexual harassment reports. During the on-site portion of the audit, The auditor interviewed the Facility Investigator. This staff member described the specialized training he received. The auditor was provided with completed certificates of training. (PREA: Investigating Sexual Abuse in a Confinement Setting) and (PREA: Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations) through the National Institute of Corrections (NIC). In a review of the provided training curriculum, the auditor determined the specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral and these two courses meet the training requirements for this standard.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions this standard.</p>
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115.35	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Brig Completed Pre-Audit Questionnaire (PAQ) b. Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD c. BRIG Prison Rape Elimination Act Standard Operating Procedures (SOP) 2023 d. Training files e. Memorandum for the Record 2. Interviews: <ol style="list-style-type: none"> a. Training Chief b. Medical and Mental Health Staff (3) 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>115.35(a)(c)(d):</p> <p>During the pre-onsite portion of this audit, the Facility indicated compliance with these provisions and provided this auditor with their Policy and Procedure Manual and training documents in support of their compliance with this standard in its PAQ responses. The PREA Policy on page 18 establishes, “(a) Medical and mental health</p>

	<p>care practitioners who work regularly in the facility shall receive the training mandated for staff under §115.31 and complete the “Medical Health Care for Sexual Assault Victims in a Confinement Setting” and “Behavior Health Care for Sexual Assault Victims” located at http://nic.learn.com, which includes:</p> <ol style="list-style-type: none"> 1. How to detect and assess signs of sexual abuse and sexual harassment; abuse; 2. How to preserve physical evidence of sexual abuse; 3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and 4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. <p>(c) All other part-time medical and mental health care practitioners shall complete the Volunteer/Contractor/Intern training and NIC courses identified above.</p> <p>(d) The Brig Medical Officer shall ensure documentation of completed training in reference to this standard is scanned and forwarded to the Training Chief and PREA Compliance Manager for file, archive and audit.”</p> <p>During the on-site portion of this audit, the auditor interviewed the Medical Officer and Mental Health Supervisor. These staff members acknowledged they completed the required training and their knowledge of PREA and their role when dealing with allegations of sexual abuse and sexual harassment. During the on-site portion of this audit, the auditor interviewed the Training Chief and he confirmed that these staff completed mandated PREA training for all staff as well as the specialized training and that he maintains these documents. Training documents and certificates were provided to the auditor which corroborated their training.</p> <p>115.35(b):</p> <p>During the pre-onsite portion of this audit, the Facility indicated Not Applicable to this provision in its PAQ response. Medical staff employed by this agency do not conduct forensic examinations. Any forensic examinations are conducted by Tripler Army Medical Center (which is not part of the agency), by certified SAFE or SANE nurses only. This was corroborated during the interview with the Medical Officer.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of this standard.</p>
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115.41	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Naval Consolidated Brig Pearl Harbor (Brig) Completed Pre-Audit Questionnaire (PAQ)

- b. Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
- c. BRIG Prison Rape Elimination Act Standard Operating Procedures (SOP) 2023
- d. Memorandum for the Record
- e. Prisoner Confinement order
- f. Screening for Risk of Victimization and Abusiveness form

2. Interviews:

- a. PREA Compliance Manager
- b. Intake Staff
- c. Counselors (2)
- d. Random Inmates (4) 100% of inmates at the facility
- e. PREA Coordinator

3. Site Review Observations:

- a. Observations during on-site review of physical plant

115.41(a) and (b):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision in its PAQ responses and reported the facility has policy and procedures and a copy of its current screening form. The PREA policy on page 19 establishes, "(1) All prisoners shall be assessed within 24 hours of arrival at the facility, utilizing the objective screening instrument (Screening for Risk of Victimization and Abusiveness Form) provided by the BDO, enclosure (6); this applies to new intakes and transfers." During the site inspection, while in the intake area, the auditor received a comprehensive demonstration from intake staff on how a risk screening occurs when a prisoner arrives at the facility. The risk screening is conducted in a private area in intake. During the on-site portion of the audit, the auditor interviewed an intake staff responsible for completing the initial intake screening. This staff member indicated that prisoners are screened using the screening instrument on the day of arrival.

The PAQ indicated that over the past 12 months all 56 inmates (100%) that entered the facility were reported to have been screened within 72 hours of their arrival. During the onsite portion of this audit, this auditor reviewed ten prisoner confidential case files (current and former prisoner during the past 12 months). All ten files indicated that the initial PREA screening was completed on the date of admission to the facility. During the onsite portion of this audit, this auditor interviewed random inmates. They confirmed that they were asked questions on the same day of arrival.

115.41(c):

During the pre-onsite audit phase, the auditor reviewed the updated Screening for Risk of Victimization and Abusiveness Form. After review by this Auditor it was determined facility's screening instrument is objective, standardized, consistently administered to all prisoners, structured using a d scoring mechanism and asks a series of yes or no questions and the results could be reproduced by other staff.

115.41 (d)-(e):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision in its PAQ responses and provided policy and procedure. The PREA policy on page 19 establishes, "(2) The intake screening, at a minimum, considers the following

- criteria to assess prisoners for risk of sexual victimization:
- (a) Whether the prisoner has a mental, physical, or developmental disability;
 - (b) The age of the prisoner;
 - (c) The physical build of the prisoner;
 - (d) Whether the prisoner has previously been incarcerated;
 - (e) Whether the prisoner's criminal history is exclusively nonviolent;
 - (f) Whether the prisoner has prior convictions for sex offenses against an adult or child;
 - (g) Whether the prisoner is, or is perceived, to be lesbian, gay, bisexual, transgender, intersex, or gender nonconforming;
 - (h) Whether the prisoner has previously experienced sexual victimization;
 - (i) The prisoner's own perception of vulnerability; and
 - (j) Whether the prisoner is detained solely for civil immigration purposes.
- (3) The intake screening considers the following criteria to assess prisoners for risk of being sexually abusive:
- (a) Prior acts of sexual abuse;
 - (b) Prior convictions for violent offenses; and
 - (c) History of prior institutional violence or sexual abuse, as known to the facility."

The auditor reviewed the Screening for Risk of Victimization and Abusiveness form and found it meets the prescribed criteria for this provision. The form requires screening staff to assess prisoners using 12 yes or no questions, asking the prisoner their age and physical build and the screener perception of sexual orientation to determine if the prisoner is at risk of victimization. It also includes 7 yes or no questions to determine if the prisoner is at risk of abusiveness.

115.41(f)-(g):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision in its PAQ responses provided the facility policy and procedures manual. The PREA policy on page 19 establishes, " (4) Within 14 days of the arrival at the facility, the Programs Chief will reassess the prisoner's risk of victimization or abusiveness. (5) A prisoner's risk level shall be reassessed by the Programs Chief when warranted due to a referral, request, incident of sexual abuse and sexual harassment, or receipt of additional information, or conviction that bears on the prisoner's risk of sexual victimization or abusiveness."

The PAQ indicated that over the past 12 months 21 inmates whose length of stay in the facility was for 30 days or more were reassessed. During the onsite portion of this audit, this auditor reviewed 11 prisoner confidential case files of which all 11 were at the facility for more than 30 days. The review indicated most prisoners are reassessed within 14 days of arrival. During the onsite portion of this audit, this auditor interviewed counselors that complete the reassessments. These staff well-versed in the procedures for performing such a screening and confirmed that they use the same Screening for Risk of Victimization and Abusiveness Form and complete the reassessments typically within 14 days of arrival. They were not aware of any prisoners that needed to be reassessed due to a referral, request or incident of sexual abuse.

	<p>115.41(h):</p> <p>During the pre-onsite portion of this audit, the Facility indicated compliance with this provision in its PAQ responses and provided the facility policy and procedures manual. The PREA policy on page 20 establishes, “(6) Prisoners may not be 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. “ 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.</p> <p>115.41(i):</p> <p>During the pre-onsite portion of this audit, the Facility indicated compliance with this provision in its PAQ responses and provided the facility policy and procedures manual. The PREA policy on page 20 establishes, “(7) The Risk of Victimization and Abusiveness Form shall be maintained within the prisoner record. Dissemination of the information contained within the form shall be on a need to know basis (e.g., OIC, AOIC, etc.) to ensure that sensitive information is not exploited to the prisoner’s detriment by staff or other prisoners.”</p> <p>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.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with all provisions of this standard.</p>
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115.42	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Naval Consolidated Brig Pearl Harbor (Brig) Completed Pre-Audit Questionnaire (PAQ) b. Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD c. BRIG Prison Rape Elimination Act Standard Operating Procedures (SOP) 2023 d. Memorandum for the Record 2. Interviews: <ol style="list-style-type: none"> a. PREA Compliance Manager b. Counselors 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>115.42(a) (b):</p> <p>During the pre-onsite portion of this audit, the Facility indicated compliance with this</p>

provision in its PAQ responses and provided the facility policy and procedures. The PREA policy on page 20 establishes; (1) The Programs Chief shall use information from the risk screening required by paragraph 8.c.(1) to inform housing, cell/bed assignment, work, education, and program assignments with the goal of keeping separate those prisoners at high risk of being sexually victimized from those at high risk of being sexually abusive. This shall be accomplished by including such information on the Classification & Assignment (C&A) for and briefing information to the C&A Board whenever making classification changes or decisions.

(2) The Programs Chief shall make recommendations to the OIC regarding individualized determinations about how to ensure the safety of each prisoner.”

During the on-site portion of this audit, the auditor interviewed the PREA Compliance Manager and staff that are on the C&A Board. The auditor corroborated the aforementioned processes through the review of completed prisoners risk screenings and interviews with these staff members. They stated the goal is to keep prisoners at high risk of victimization and prisoners at high risk of being sexually abusive separated.

115.42(c)(d)(e)(f)(g):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision in its PAQ responses and provided the facility policy and procedures. The PREA policy on page 20 establishes; “(3) NAVPERSCOM (PERS-00D) designates the place of confinement for transgender or intersex prisoners. Upon assignment, the Classification and Assignment Board shall consider, on a case-by-case basis, housing and programming assignments to ensure the transgender or intersex prisoner’s health and safety, and whether the placement would present management or security problems. A transgender or intersex prisoner’s own views with respect to his or her own safety shall be given serious consideration.

(4) Placement and programming assignments for each transgender or intersex prisoner shall be reassessed, using the Risk of Victimization and Abusiveness Form, enclosure (6), 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.

(5) All prisoners shall shower separately in private shower stalls. As such, transgender and intersex prisoners shower separately from other prisoners.

(6) Lesbian, gay, bisexual, transgender, intersex (LGBTI) and gender nonconforming prisoners shall not be housed in dedicated housing units solely on the basis of such identification or status, unless otherwise directed by higher authority.

During the on-site portion of this audit, the auditor interviewed the PREA Compliance Manager. This staff member confirmed the Brig would follow the aforementioned policy and procedures that are in place if the Brig were to receive a transgender prisoner. He further stated there has not been a transgender or intersex prisoner confined in this facility in the last 36 month; hence, there are no process indicators available aside from the policy statement provided. There were no transgender prisoners for the auditor to interview. Agency policy states all prisoners shall shower separately in private shower stalls. As such, transgender and intersex prisoners shower separately from other prisoners. While conducting the facility site inspection,

	<p>the auditor inspected the prisoner shower stalls in all the prisoner living areas and determined they were, in fact, single-person shower stalls. The auditor interviewed one prisoners who identified as gay/bisexual and confirmed he is not separated from the general population based on his identification status.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with all provisions of this standard.</p>
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115.43	Protective Custody
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Naval Consolidated Brig Pearl Harbor (Brig) Completed Pre-Audit Questionnaire (PAQ) b. Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD c. BRIG Prison Rape Elimination Act Standard Operating Procedures (SOP) 2023 d. Memorandum for the Record 2. Interviews: <ol style="list-style-type: none"> a. PREA Compliance Manager b. Segregation Supervisor 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>115.43(a) (b)(c)(d)(e):</p> <p>During the pre-onsite portion of this audit, the Facility indicated compliance with this provision in its PAQ responses and reported the facility has policy and procedures and has never placed an inmate in involuntary restricted housing. The PREA policy on pages 20 and 21 establishes;</p> <p>“(1) Prisoners at high risk for sexual victimization shall not be placed in involuntary Special Quarters unless an assessment by the Classification and Assignment Board 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. If an immediate assessment cannot be made, the prisoner may be held in Special Quarters for no more than 24 hours while the assessment is being conducted.</p> <p>(2) Prisoners placed in Special Quarters for this purpose shall have access to programs, privileges, education, commissary, library, counseling services, religious guidance, recreational, and work opportunities to the extent possible. If access to programs, privileges, education, or work opportunities are restricted, the Programs Chief shall document such restrictions as listed below on the DD Form 509 and Special Handling Letter/Supplemental Form:</p> <ol style="list-style-type: none"> (a) The opportunities that have been limited; (b) The duration of the limitation; and (c) The reasons for such limitations.

	<p>(4) If an involuntary Special Quarters assignment is made pursuant to paragraph (a) of this section, the following shall be documented in the prisoner record or Corrections Management Information System (CORMIS):</p> <ul style="list-style-type: none"> (a) The basis of concern for the prisoner's safety. (b) The reason why no alternative means of separation can be arranged. <p>(5) The Classification and Assignment Board exceeds §115.43(e)-1 requirements by reviewing the status of each prisoner assigned to Protective Custody, to include those pursuant to paragraph (a), every seven calendar days determine whether there is a continuing need for separation from the general population."</p> <p>During the on-site audit, the auditor interviewed the facility PREA Compliance Manager and the segregation supervisor. These staff members confirmed the above-mentioned process would take place if the facility ever needed to place a prisoner in involuntary segregated housing. The PREA Compliance Manager stated the Brig has never placed a prisoner in involuntary segregated housing due to high risk for sexual victimization. Furthermore, no inmates at risk of sexual victimization were held in involuntary segregated housing in the past thirty-six (36) months for less than 24 hours awaiting completion of assessment; and zero inmates in the past (36) months at risk of victimization were involuntary segregated housing for longer than 30 days while awaiting alternative placement.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with all provisions of this standard.</p>
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Brig Completed Pre-Audit Questionnaire (PAQ) b. Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD c. BRIG Prison Rape Elimination Act Standard Operating Procedures (SOP) 2023 d. Memorandum for the Record e. Prisoner Rules and Regulations Handbook f. PREA Intake Information sheet g. PREA Reporting posters 2. Interviews: <ol style="list-style-type: none"> a. PREA Compliance Manager b. Random Staff (18) c. Random Inmates (4) 100% of the inmates at the facility 3. Site Review Observations:

a. Observations during on-site review of physical plant

115.51(a)(b):

During the pre-onsite portion of this audit, the Facility indicated compliance with these provisions and provided this auditor with their Policy and Procedure Manual in its PAQ responses. The PREA Policy on pages 21 and 22 establishes, “(a) Prisoners have multiple internal ways to privately report sexual abuse and sexual harassment, retaliation by other prisoners or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Such reports can be made to a staff member other than the prisoner’s immediate supervisor to include the CMEO, UVA, Chaplain, medical and mental health personnel, etc.; anonymously; through a third party; or by submitting a DD Form 510, Prisoner Request, via the Officer in Charge’s mail box.”

Prisoners have two options to report allegations of sexual abuse: (1) an unrestricted Report, for prisoners who desire an official investigation and command notification in addition to healthcare, victim advocacy, and legal services; or (2) Anonymous Report, for prisoners desiring to privately disclose the allegation. The DoD Safe Helpline, an external entity, is the primary means for prisoners to report sexual abuse and sexual harassment incidents to an outside agency, both unrestricted and anonymously. Prisoners do not have a restricted reporting option afforded active-duty personnel since PREA requires a criminal investigation for every incident of sexual abuse, including anonymous and third-party reports. In accordance with DoD policy, such reports will be forwarded to the Sexual Assault Response Coordinator (SARC). The SARC will notify the MCF commander or designee where the alleged incident occurred as soon as possible. The SARC may also forward any information provided voluntarily by the prisoner through the anonymous reporting process. If the prisoner declines to be connected to the SARC or other appropriate point of contact, DoD Safe Helpline personnel will notify the MCF commander or designee of the anonymous report, based on the information provided by the prisoner. If the prisoner has elected to make an anonymous report, the prisoner’s name, registration number, and social security number shall not be identified. Prisoners also have access to other external entities to make unrestricted reports of sexual abuse and sexual harassment. This information is provided to all prisoners upon intake and through their comprehensive RREA education. The reporting information is also available in the Prisoner rules and regulations handbook. The auditor observed the reporting information posted in multiple areas of the facility to include on bulletin boards and next to prisoner telephones. During the on-site portion of this audit, the auditor interviewed the PREA Compliance manager. This staff member confirmed the above mentioned practice and procedure. During the on-site portion of this audit, the auditor interview with random staff and prisoners indicated to the auditor they are aware of the reporting mechanisms in place for prisoners to report allegations of sexual abuse and sexual harassment. It should be noted the Brig does not detained prisoners solely for civil immigration purposes. While onsite and during the facility inspection the auditor tested and placed a call to the DOD Safe Helpline.

115.51(c)(d):

During the pre-onsite portion of this audit, the Facility indicated compliance with

	<p>these provisions and provided this auditor with their Policy and Procedure Manual in its PAQ responses. The PREA Policy on page 22 establishes,” (d) Staff shall accept reports made verbally, in writing, anonymously, or from third parties. Verbal reports shall be immediately documented (within 12 hours) and forwarded to the BDO or other appropriate supervisor (§115.51(c)-2). If a supervisor is the alleged perpetrator, the staff member shall report to a different supervisor in their chain of command (i.e., Operations Chief, AOIC, etc.).</p> <p>(e) Staff may privately report the sexual abuse and sexual harassment of prisoners via the DoD Safe helpline, SARC, SAPR, or Inspector General (IG).”</p> <p>The auditor confirmed the above stated procedure through interviews with random staff. Staff said they are required to report all allegations of sexual misconduct immediately and shall document the report as well. Staff were aware how to privately report the sexual abuse and sexual harassment of prisoners.</p> <p>Based upon review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this standard.</p>
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115.52	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Brig Completed Pre-Audit Questionnaire (PAQ) b. Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD c. BRIG Prison Rape Elimination Act Standard Operating Procedures (SOP) 2023 d. Memorandum for the Record <p>115.52(a)(b):</p> <p>During the pre-onsite portion of this audit, the Facility indicated non-applicable with this standard and provided this auditor with their Policy and Procedure Manual in its PAQ responses. The PREA Policy on page 22 establishes, “(2) Exhaustion of administrative remedies. Administrative remedy procedures (e.g., grievance) are not appropriate for complaints or allegations of sexual abuse and sexual harassment. Per DOJ guideline, Federal Register Volume 77, No. 119, Wednesday, June 20, 2012/Rules and Regulations, page 37157-37161, §115.52, the Navy is exempt from this standard. Navy Corrections currently lacks such administrative procedures for responding to allegations of sexual abuse and sexual harassment, and per DOJ interpretation is not required to create them. Although exempt, prisoners may use the grievance procedures as provided in the Prisoner Rules and Regulations, Paragraph 5003 "Request for Interview DD Form 510/Request Chit" to report sexual abuse and sexual harassment.”</p> <p>This standard has been reviewed for compliance and the facility has been found to be</p>

	exempt per DOJ interpretation.
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Brig Completed Pre-Audit Questionnaire (PAQ) b. Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD c. BRIG Prison Rape Elimination Act Standard Operating Procedures (SOP) 2023 d. Memorandum for the Record e. Prisoner Rules and Regulations Handbook f. PREA Intake Information sheet g. PREA Reporting posters h. Contract with RAINN i. DOD Safe Helpline poster 2. Interviews: <ol style="list-style-type: none"> a. PREA Compliance Manager b. Random Staff (18) c. Random Inmates (4) 100% of inmates at the facility 3. Site Review Observations: <ol style="list-style-type: none"> a. Posting of Information for Emotional Support and Victim Advocacy Agencies <p>115.53(a):</p> <p>During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with their Policy and Procedure Manual in its PAQ responses. The PREA Policy on page 23 establishes, “(a) Prisoners shall have access to outside victim advocates for emotional support services related to sexual abuse. Mailing addresses and telephone numbers, including the toll-free DoD Safe Helpline, or other local, State, or national victim advocacy or rape crisis organizations shall be available, see enclosures (4) and (7). Reasonable communication between prisoners and these organizations and agencies is permitted in accordance with privileged communications (e.g., counselor’s phone, privilege correspondence, designated unrecorded phone numbers, etc.).”</p> <p>The PAQ indicated that prisoners are provided mailing addresses and phone numbers and the Brig enables reasonable communication with these services in as confidential a manner as possible. During the site inspection, while in the intake area, the auditor received a comprehensive demonstration of the intake process. The intake staff explained that upon intake to the Brig, each prisoner is provided a Prisoner Rules and Regulations Handbook, as well as a PREA Intake Information sheet. During the on-site tour of the facility, the auditor observed that Victim Support fliers are also widely available in many areas throughout the facility and contact information for</p>

confidential rape crisis support services are prolifically displayed throughout the facility and in all incarcerated individual housing areas. Informational signs advising of this service are also posted near all prisoner telephones. The auditor had an opportunity to view all the above resources and documents during the onsite audit phase and had multiple discussions with both staff and prisoners regarding these resources. The auditor found they contain the contact information for numerous confidential support services. These resources indicates reports of sexual abuse/harassment directed to the Safe Help Line or JBPHH SAPR shall be forwarded to the facility OIC for investigation. Reports of sexual abuse/harassment directed to any other outside agency, other than the DoD Safe Helpline, are subject to their governing policy regarding privacy, confidentiality, and/or privilege that apply to such disclosures. Prisoners are advised to address these issues with the outside agency. Calls made to these advocates from the prisoner phones are not recorded or monitored and can be accessed by bypassing the necessity to enter the prisoners pin number. The auditor called the SAPR hotline and discussed services offered. During the on-site portion of this audit, the auditor interviewed the PREA Compliance Manager and random staff to corroborate the above noted policy, procedure and practice.

During the on-site portion of this audit, the auditor interviewed random inmates. Random Inmate interviews indicated that all were aware of the outside services that are available to them and mentioned "posters by the phones." There were no prisoners for the auditor to interview who reported sexual abuse during the previous twelve (12) months. The facility does not detain prisoners solely for civil immigration purposes.

115.53(b):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with their Policy and Procedure Manual in its PAQ responses. The PREA Policy on page 23 establishes, "The facility shall inform prisoners, 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, see enclosure (7). Prisoners are informed via the Prison Rape Elimination Act Intake Information Sheet, Prisoner Rules and Regulations, posters or other printed materials that calls made to the following organizations may be made from any prisoner phone and that the calls are not monitored or recorded."

Interviews with random prisoners indicated that all were familiar with the advocacy information and stated that information is provided to them in the Prisoner Rules and Regulations Handbook, the PREA information sheet provided at intake and orientation as well as Victim Support brochures posted throughout the facility. The above mentioned documents were reviewed by the auditor which corroborated that prior to giving them access to outside confidential support services, it informs them of how such communications will be monitored and the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocate. Most prisoners indicated they believed that any contact with these services would be confidential.

	<p>115.53(c):</p> <p>During the pre-onsite portion of this audit, the Facility indicated compliance with these provisions and provided this auditor with their Policy and Procedure Manual in its PAQ responses. The PREA Policy on page 23 establishes, “(d) The Agency shall maintain or attempt to enter into an MOU or other agreement with community service providers that are able to provide prisoners with confidential emotional support services related to sexual abuse; this is established via the DoD contract agreement with RAINN to operate the DoD Safe Helpline. The Agency shall retain copies of agreements or documentation demonstrating it has entered into such an agreement.”</p> <p>The facility provided a copy of the MOU for emotional support services via the DoD contract agreement with RAINN to operate the DoD Safe Helpline. The auditor reviewed the MOU and confirmed that it is established via the DoD contract agreement with RAINN to operate the DoD Safe Helpline to provide prisoners with confidential emotional support services related to sexual abuse. The Agency maintains copies of this agreement. During the on-site portion of this audit, the auditor interviewed the PREA Compliance Manager. He confirmed that the Agency utilizes the services established via the DoD contract agreement with RAINN.</p> <p>Based upon review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of this standard.</p>
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115.54	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Brig Completed Pre-Audit Questionnaire (PAQ) b. Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD c. BRIG Prison Rape Elimination Act Standard Operating Procedures (SOP) 2023 d. Memorandum for the Record e. Prisoner Rules and Regulations Handbook f. PREA Intake Information sheet g. PREA Reporting posters h. Agency website 2. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>115.54(a):</p> <p>During the pre-onsite portion of this audit, the Facility indicated compliance with these provisions and provided this auditor with their Policy and Procedure Manual in its PAQ responses. The PREA Policy on page 24 establishes, “(a) Procedures for third-party reporting of sexual abuse and sexual abuse and sexual harassment on behalf of</p>

	<p>prisoners shall be posted in the housing unit, visitation area, common areas and on the Command website, see enclosure (7).”</p> <p>Agency policy indicates, and the auditor confirmed through review, procedures for third- party reporting of sexual abuse and sexual abuse and sexual harassment on behalf of prisoners shall be posted in the housing unit, visitation area, common areas, and on the Command website. (https://www.public.navy.mil/bupersnpc/support/correctionprograms/brigs/pearlharbor/Pages/PrisonRapeEliminationAct.aspx)</p> <p>Based upon review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this standard.</p>
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115.61	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Brig Completed Pre-Audit Questionnaire (PAQ) b. Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD c. BRIG Prison Rape Elimination Act Standard Operating Procedures (SOP) 2023 d. General Rules for Staff members e. Training material f. Memorandum for the Record g. Investigative files 2. Interviews: <ol style="list-style-type: none"> a. Random Staff (18) b. Medical and Mental Health Staff (3) c. PREA Compliance Manager d. Warden 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>115.61(a)(b):</p> <p>During the pre-onsite portion of this audit, the Facility indicated compliance with these provisions and provided this auditor with their Policy and Procedure Manual and training documents in support of their compliance with this standard in its PAQ responses. The PREA Policy on page 24 establishes, “(a) Staff shall immediately report to the Brig Duty Officer for immediate action:</p> <ol style="list-style-type: none"> 1. Any knowledge, suspicion, or information regarding an incident of sexual abuse and sexual harassment that occurs in any facility or custodial setting, whether or not it is part of the Navy corrections system. 2. Any retaliation against prisoners or staff who reported such an incident. 3. Any staff neglect or violation of responsibilities that may have contributed to an

incident or retaliation.

(b) Staff shall not reveal any information related to a sexual abuse and sexual harassment

report to anyone other than on a need to know basis in order to make treatment, investigation, and other security and management decisions (e.g., designated supervisors or officials, UVA, OIC, AOIC, etc.).”

During the on-site portion of this audit, the auditor interviewed random staff. The Random staff clearly indicated to the auditor they are aware of the agency's requirement and their reporting duties. The auditor further confirmed this through the review of completed staff training documentation white onsite.

115.61(c):

During the pre-onsite portion of this audit, the Facility indicated compliance with these provisions and provided this auditor with their Policy and Procedure Manual and training documents in support of their compliance with this standard in its PAQ responses. The PREA Policy on page 24 establishes, “(c) Unless precluded by Federal, State or local law, facility medical and mental health practitioners are required to report sexual abuse pursuant to paragraph (a) of this section and to inform prisoners of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services.”

During the on-site portion of this audit, the auditor interviewed Medical and Mental Health staff. These interviews confirmed they are aware of the requirements delineated within this subsection and understand their role as mandatory reporters. The Brig had zero allegations of sexual abuse in the past thirty-six (36) months.

115.61(d):

During the pre-onsite portion of this audit, the Facility indicated compliance with these provisions and provided this auditor with their Policy and Procedure Manual and training documents in support of their compliance with this standard in its PAQ responses. The PREA Policy on page 24 establishes, “(d) If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person’s statute, the facility shall report the allegation under applicable mandatory reporting laws.”

During the on-site portion of this audit, the auditor interviewed the Warden and PREA Compliance Manager. These staff members indicated they have not had a prisoner under the age of 18 or consider a vulnerable adult within the past thirty-six (36) months. However, if such an occurrence were to happen, they would fully comply with the standards requirement.

115.61(e):

During the pre-onsite portion of this audit, the Facility indicated compliance with these provisions and provided this auditor with their Policy and Procedure Manual and training documents in support of their compliance with this standard in its PAQ responses. The PREA Policy on page 24 establishes, “(e) The facility reports ALL allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to NCIS.”

	<p>During the on-site portion of this audit, the auditor interviewed the Warden and PREA Compliance Manager. These staff members confirmed, all allegations of sexual abuse and sexual harassment are referred to NCIS, the Brigs designated investigators. The Brig received two sexual harassment allegation in the past thirty-six (36) months. In reviewing the investigation, the auditor determined the facility followed agency policy and procedures and the standard requirement.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of this standard.</p>
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115.62	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Brig Completed Pre-Audit Questionnaire (PAQ) b. Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD c. BRIG Prison Rape Elimination Act Standard Operating Procedures (SOP) 2023 d. Memorandum for the Record 2. Interviews: <ol style="list-style-type: none"> a. Warden b. PREA Compliance Manager 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>115.62(a):</p> <p>During the pre-onsite portion of this audit, the Facility indicated compliance with these provisions and provided this auditor with their Policy and Procedure Manual and training documents in support of their compliance with this standard in its PAQ responses. The PREA Policy on page 24 and 25 establishes, "Any prisoner who feels at substantial risk of imminent sexual abuse may submit an emergency request to any staff member, orally or in writing, per paragraph 8.d.(1)(a)). All emergency requests shall be forwarded to the BDO who shall take immediate action (e.g. separate victim from alleged abuser, placement on protective custody, etc.) to protect the prisoner and notify the OIC. If the OIC is the subject of the emergency request, the emergency request shall be forwarded to Naval Consolidated Brig Miramar's Commanding Officer for action. The prisoner shall be given an initial response on his/her emergency request within forty-eight (48) hours, and a final decision within five (5) calendar days. The initial response and final decision shall document any determination whether the prisoner is at substantial risk of imminent sexual abuse, and the action taken in response to the emergency request from the Miramar Brig Commander, on the Notification of Investigation Status Form, see enclosure (8). Even if the facility does not believe the prisoner is at substantial risk of imminent sexual abuse, it does</p>

	<p>not relieve the facility from the requirement to respond within the forty eight (48) hour timeframe described herein. Such actions shall be documented in the Brig Log and identified as a significant event (e.g., highlighted, color coded, searchable, etc.), annotated in the BDO Report, documented on a DD Form 2713 Prisoner Observation Report, and filed in the prisoner record and/or CORMIS.”</p> <p>During the on-site portion of this audit, the auditor interviewed the Warden and PREA Compliance Manager. These staff members indicated there have been no instances of the facility learning that a prisoner was at substantial risk of imminent sexual abuse in the last (36) months. The facility takes all allegations of sexual misconduct seriously. There were zero allegations of sexual abuse in the last 36 months.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this standard.</p>
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115.63 Reporting to other confinement facilities	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Brig Completed Pre-Audit Questionnaire (PAQ) b. Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD c. BRIG Prison Rape Elimination Act Standard Operating Procedures (SOP) 2023 d. Memorandum for the Record 2. Interviews: <ol style="list-style-type: none"> a. Warden b. PREA Compliance Manager 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>115.63(a)(b)(c)(d):</p> <p>During the pre-on-site portion of this audit, the Facility indicated compliance with these provisions and provided this auditor with their Policy and Procedure Manual and training documents in support of their compliance with this standard in its PAQ responses. The PREA Policy on page 25 establishes, “(a) Upon receiving an allegation that a prisoner was the victim of sexual abuse or sexual harassment while confined at another facility, the OIC shall notify the head of the facility/agency where the alleged abuse occurred (e.g., email, correspondence, SITREP, etc.)</p> <p>(b) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>(c) The PREA Compliance Manager shall maintain documentation that the OIC has provided such notification. This documentation shall also be recorded within the prisoner record or CORMIS utilizing the 2713 Prisoner Observation Report.</p>

	<p>(d) If the facility receives such notification, allegations shall be investigated in accordance with these standards.”</p> <p>During the on-site portion of this audit, the auditor interviewed the Warden and PREA Compliance Manager. These staff members indicated in the last 36 months, there have been no allegations that a prisoner has been sexually abused while at another confinement facility. If an allegation were received requiring a report to another confinement facility, it would be done so in accordance with Prisoner Rape Elimination Act (PREA) Standard 115.63 and agency policy. These staff members also indicated in the last 36 months, there have been zero allegations of sexual abuse the Brig received from other facilities.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions this standard.</p>
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115.64 Staff first responder duties	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Brig Completed Pre-Audit Questionnaire (PAQ) b. Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD c. BRIG Prison Rape Elimination Act Standard Operating Procedures (SOP) 2023 d. Memorandum for the Record e. First Responder card 2. Interviews: <ol style="list-style-type: none"> a. Random staff (18) b. PREA Compliance Manager 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>115.64(a)(b):</p> <p>During the pre-onsite portion of this audit, the Facility indicated compliance with these provisions and provided this auditor with their Policy and Procedure Manual and training documents in support of their compliance with this standard in its PAQ responses. The PREA Policy on pages 25 and 26 establishes, “(a) All facility staff are designated as first responders. Upon learning of an allegation</p> <ol style="list-style-type: none"> 1. Separate the alleged victim and abuser; 2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; 3. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth,

	<p>changing clothes, urinating, defecating, smoking, drinking, or eating;</p> <p>4. and If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</p> <p>5. Immediately notify the BDO, who will inform the chain of command.</p> <p>(b) If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff or the BDO..</p> <p>(c) All staff shall complete the training identified in paragraph 8.b.(3)(b) above.”</p> <p>During the on-site portion of this audit, the auditor interviewed Random staff (including security and non-security staff). All staff interviewed were able to describe their duties and procedures to follow as first responders. All facility staff are designated as first responders. There were zero allegations of sexual abuse reported within the past 36 months. Therefore there were no allegations that required a staff member to respond. PREA First Responder Cards are given to staff members during per-service and staff are inspected weekly to ensure that the staff member has the card on them.</p> <p>Based upon review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of this standard.</p>
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115.65	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Brig Completed Pre-Audit Questionnaire (PAQ) b. Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD c. BRIG Prison Rape Elimination Act Standard Operating Procedures (SOP) 2023 d. PREA Incident Response Procedures - Document from the SOP and serves as a checklist to ensure and document coordination between 1st responders, medical, mental health, investigators, facility leadership 2. Interviews: <ol style="list-style-type: none"> a. PREA Compliance Manager b. Warden 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>115.65(a):</p> <p>During the pre-onsite portion of this audit, the Facility indicated compliance with these provisions and provided this auditor with their Policy and Procedure Manual in</p>

	<p>support of their compliance with this standard in its PAQ responses. The PREA Policy on page 26 establishes, “(5) Coordinated response. This SOP serves as the written institutional plans to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>During the on-site portion of this audit, the auditor interviewed the Warden and PREA Compliance Manager. These staff members confirmed that the facility does have a coordinated response plan in effect, and staff receives refresher training annually on the plan. A PREA Incident Response checklist was also developed and is used. The auditor reviewed the facility-specific coordinated response plan and found that it meets the standard requirement.</p> <p>Based upon review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this standard.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Brig Completed Pre-Audit Questionnaire (PAQ) b. Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD c. BRIG Prison Rape Elimination Act Standard Operating Procedures (SOP) 2023 d. Memorandum for the Record 2. Interviews: <ol style="list-style-type: none"> a. PREA Compliance Manager b. Warden 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>115.66(a):</p> <p>During the pre-onsite portion of this audit, the Facility indicated compliance and provided this auditor with their Policy and Procedure Manual in support of their compliance with this standard in its PAQ responses. The PREA Policy on page 26 establishes, “(5) Coordinated response. During the pre-onsite portion of this audit, the Facility indicated compliance with these provisions and provided this auditor with their Policy and Procedure Manual in support of their compliance with this standard in its PAQ responses. The PREA Policy on page 26 establishes, “(6) Preservation of ability to protect prisoners from contact with abusers. NCBMDETPH has no collective bargaining unit and follows Federal regulations issued by the Office of Personnel Management in the management of civilian employees. Military staff members are</p>

	<p>not eligible for membership in a collective bargaining unit.”</p> <p>Per agency and facility policy alleged staff sexual abusers shall be removed from contact with inmates pending the outcome of an investigation and disposition of the investigation. The employees at Naval Consolidated Brig Miramar have neither a union nor a collective bargaining unit; hence, there is no agreement is possible that would limit the agency’s ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether or to what extent discipline is warranted. During the on-site portion of this audit, the auditor interviewed the Warden and PREA Compliance manager. These staff members confirmed the above mentioned practice.</p> <p>115.66(b): The Auditor is not required to audit this provision.</p> <p>Based upon review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this standard.</p>
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Brig Completed Pre-Audit Questionnaire (PAQ) b. Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD c. BRIG Prison Rape Elimination Act Standard Operating Procedures (SOP) 2023 d. Memorandum for the Record e. Investigative file/monitoring documentation 2. Interviews: <ol style="list-style-type: none"> a. PREA Compliance Manager b. Warden c. Agency Head 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>115.67(a)(b): During the pre-onsite portion of this audit, the Facility indicated compliance with these provisions and provided this auditor with their Policy and Procedure Manual in its PAQ responses. The PREA Policy on page 26 establishes, “(7) Agency protection against retaliation. (a) All prisoners and staff who report sexual abuse and sexual harassment or cooperate with sexual abuse and sexual harassment investigations are protected from retaliation by other</p>

prisoners or staff. The PREA Compliance Manager is charged with monitoring retaliation. The facility shall act immediately (within 12-hours) to document allegations of retaliation; inquiries, disposition, and remedies shall be carried out promptly.

(b) The facility shall employ multiple protection measures, such as housing changes or transfers for prisoner victims or abusers, removal of alleged staff or prisoner abusers from contact with victims, and emotional support services for prisoners or staff that fear retaliation for reporting sexual abuse and sexual harassment or for cooperating with investigations. Cautionary administrative measures in response to sexual abuse and sexual harassment allegations, like temporary duty reassignments, in no way indicate a belief by the facility or agency as to guilt, responsibility, truthfulness or otherwise. Allegations will be treated as such until properly investigated and disposed of in accordance with agency policy.”

During the on-site portion of this audit, the auditor interviewed the Agency Head, Warden and PREA Compliance Manager. These staff members confirmed that The PREA Compliance Manager is the designated staff member charged with monitoring retaliation. They cited the above policy regarding the Agency protection against retaliation and described the multiple protection measures available to protect prisoners and staff.

115.67(c)(d):

During the pre-onsite portion of this audit, the Facility indicated compliance with these provisions and provided this auditor with their Policy and Procedure Manual in its PAQ responses. The PREA Policy on page 26 establishes, “(c) For at least ninety (90) days following a report of sexual abuse and sexual harassment, the PREA Compliance Manager shall monitor the conduct and treatment of prisoners or staff who reported the sexual abuse and sexual harassment and of prisoners who were reported to have suffered sexual abuse and sexual harassment to see if there are changes that may suggest possible retaliation by prisoners or staff. The PREA Compliance Manager shall notify the OIC of such retaliation for resolution. Items the PREA Compliance Manager should monitor are prisoner disciplinary reports, housing or program changes, negative performance reviews, or reassignments of staff. The PREA Compliance Manager shall continue such monitoring beyond ninety (90) days if the initial monitoring indicates a continuing need.

(d) The PREA Compliance Manager shall monitor prisoners to include periodic status checks (i.e., disciplinary actions, housing assignments, work, education, and program assignments, etc.) to ensure retaliation does not occur.”

The facility provided as evidence to the auditor, retaliation monitoring documentations. The facility monitored for retaliation in one harassment allegation in the last (36) months. The allegation was made on 8/4/2022 and was determined to be substantiated. The auditor reviewed the completed investigation for the monitoring of retaliation and determined it was conducted per agency policy and procedures and in accordance with the PREA standards requirement. The Brig employs the right for legal counsel for the alleged victim during the PREA investigation. This is a protective measure in place for all prisoners. Investigation documentation and interview with the PREA Compliance Manager, who is responsible for the monitoring of retaliation

	<p>corroborated, such monitoring also includes periodic status checks.</p> <p>115.67(e)(f):</p> <p>During the pre-onsite portion of this audit, the Facility indicated compliance with these provisions and provided this auditor with their Policy and Procedure Manual in its PAQ responses. The PREA Policy on page 26 establishes, “(e) If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate actions shall be taken to protect that individual against retaliation. These measures shall be documented and maintained by the PREA Compliance Manager.”</p> <p>During the interview with the PREA Compliance Manager, This staff member confirmed if any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate actions will be taken to protect that individual against retaliation. These measures would be documented and I would maintain them in the investigative file. Monitoring shall terminate if the investigating entity determines that the allegation is unfounded.</p> <p>Based upon review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of this standard.</p>
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115.68 Post-allegation protective custody	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Brig Completed Pre-Audit Questionnaire (PAQ) b. Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD c. BRIG Prison Rape Elimination Act Standard Operating Procedures (SOP) 2023 d. Memorandum for the Record e. Investigative file/monitoring documentation 2. Interviews: <ol style="list-style-type: none"> a. PREA Compliance Manager b. Warden 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>115.68(a):</p> <p>During the pre-onsite portion of this audit, the Facility indicated compliance with these provisions and provided this auditor with their Policy and Procedure Manual in its PAQ responses. The PREA Policy on page 20 establishes, “(8) Post-allegation protective custody. Any use of Special Quarters to protect a prisoner who is alleged to have suffered sexual abuse/harassment shall be subject to the requirements of paragraph 8.c.(3). All post-allegation protective measures shall be recorded.”</p>

	<p>Agency policy states post-allegation protective custody and any use of restrictive housing to protect a prisoner who is alleged to have suffered sexual abuse, and sexual harassment shall be subject to the requirements of 115.43. All post-allegation protective measures shall be recorded by the Programs Chief within the prisoner record or CORMIS. During the on-site portion of this audit, the auditor interviewed the Warden and PREA Compliance manager. These staff members indicated since the last PREA audit, there has been zero allegation of sexual abuse and two allegations of sexual harassment; in this case, per policy, no use of segregated housing was used to protect those who alleged sexual harassment. The facility standard procedure and practice to achieve separation of the alleged abuser(s) from the alleged victim(s) is to segregate the alleged abuser(s) when such is a prisoner. There were zero number of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months, for one to 24 hours awaiting completion of assessment. In the past 12 months, there were zero number of inmates who allege to have suffered sexual abuse who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement. The facility did not have any prisoners who in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse, nor did the auditor note any such occurrences while conducting the facility site inspection.</p> <p>Based upon review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this standard.</p>
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Naval Consolidated Brig Pearl Harbor (Brig) Completed Pre-Audit Questionnaire (PAQ) b. Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD c. BRIG Prison Rape Elimination Act Standard Operating Procedures (SOP) 2023 d. Investigative files e. Memorandum for the Record 2. Interviews: <ol style="list-style-type: none"> a. PREA Compliance Manager b. Facility Investigator 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>115.71(a)(b):</p> <p>During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with their Policy and Procedure Manual and</p>

investigative documents in support of their compliance with this standard in its PAQ responses. The PREA Policy on page 27 establishes, "(a) As soon as reasonable suspicion of sexual abuse and sexual harassment has occurred the allegations shall be immediately referred to NCIS for investigation.

(b) All allegations of sexual abuse and sexual harassment shall be referred to NCIS for investigation. NCIS agents have been trained in conducting sexual abuse investigations.

1). NCIS may decline investigative jurisdiction for sexual harassment; in this case, facility investigators shall conduct their own investigations into the allegations, and shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Facility investigators shall complete specialized training in sexual abuse investigations pursuant to paragraph 8.b.(6) prior to being assigned these investigations."

During the on-site portion of this audit, the auditor interviewed the PREA Compliance Manager and Facility Investigator. These staff members confirmed that as soon as reasonable suspicion of sexual abuse and sexual harassment has occurred, all allegations shall be immediately referred to NCIS for investigation. NCIS agents have been trained in conducting sexual abuse investigations. NCIS may decline investigative jurisdiction for sexual harassment; in this case, facility investigators shall conduct their own investigations into the allegations and shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Facility investigators have completed specialized training in sexual abuse investigations as referenced in §115.34. They stated and was further corroborated by reviewing the two allegations of sexual harassment reported in the past 36 months, that all allegations of sexual harassment were immediately referred to the NCIS for investigation. There were no allegations of sexual abuse in the past 36 months. The auditor reviewed two sexual harassment investigations in the past 36 months and found that they were completed per the standards requirement.

115.71(c)(d):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with their Policy and Procedure Manual and investigative documents in support of their compliance with this standard in its PAQ responses. The PREA Policy on page 27 establishes, "(c) NCIS Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator according to their protocols. Should NCIS decline investigative jurisdiction, facility investigators shall complete the above tasks.

(d) When the quality of evidence appears to support criminal prosecution, the investigative agency or facility investigators shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution."

115.71(e):

During the pre-onsite portion of this audit, the Facility indicated compliance with this

provision and provided this auditor with their Policy and Procedure Manual in support of their compliance with this standard in its PAQ responses. The PREA Policy on page 27 establishes, “(e) Investigating agencies shall assess the credibility of an alleged victim, suspect, or witness on an individual basis and not by the person’s status as a prisoner or staff. Prisoners who allege sexual abuse and sexual harassment shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation.”

115.71(f)(g)(h):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with their Policy and Procedure Manual and investigative documents in support of their compliance with this standard in its PAQ responses. The PREA Policy on pages 27 and 28 establishes, “(f) Administrative investigations:

1. Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and
2. Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.
3. The format for administrative investigations shall be consistent with an officially approved format designated by the Model Manager.

(g) Criminal investigations shall be documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence, and attach copies of all documentary evidence where feasible.”

During the on-site portion of this audit, the auditor interviewed the PREA Compliance Manager and Facility Investigator. They both confirmed they follow the policy in regard to administrative investigations and that a written report is completed for all criminal and administrative investigations. The auditor reviewed the two administrative reports and determined they were handled appropriately and per the standards requirement. There have been no criminal investigation since the last PREA audit; hence, none were referred for prosecution.

115.71(i)(j)(l):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with their Policy and Procedure Manual and investigative documents in support of their compliance with this standard in its PAQ responses. The PREA Policy on pages 28 establishes, “(i) The PREA Compliance Manager shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the facility, plus five years. All staff and departments are required to provide the PREA Compliance Manager all documentation for file, archive, and audit.

(j) The departure of the alleged abuser or victim from the employment or control of the facility shall not provide a basis for terminating an investigation.

(l) When outside agencies (e.g., NCIS, OSI, CID, IG, etc.) investigate sexual abuse and sexual harassment, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.”

	<p>During the on-site portion of this audit, the auditor interviewed the PREA Compliance Manager and Facility Investigator. They both confirmed that the departure alleged abuser or victim from the employment or control of the facility shall not provide a basis for terminating an investigation and the facility does cooperate with outside investigators and remain informed about the progress of the investigation. Per policy record retention meets the requirement of this standard.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions this standard.</p>
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115.72	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Naval Consolidated Brig Pearl Harbor (Brig) Completed Pre-Audit Questionnaire (PAQ) b. Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD c. BRIG Prison Rape Elimination Act Standard Operating Procedures (SOP) 2023 d. Investigative files e. Memorandum for the Record 2. Interviews: <ol style="list-style-type: none"> a. PREA Compliance Manager b. Facility Investigator 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>During the pre-onsite portion of this audit, the Facility indicated compliance with these provisions and provided this auditor with their Policy and Procedure Manual and investigative documents in support of their compliance with this standard in its PAQ responses. The PREA Policy on page 28 establishes, "The facility shall not impose an evidentiary standard higher than a preponderance of evidence in determining whether allegations of sexual abuse and sexual harassment are substantiated; in fact, preponderance of evidence is the standard for making all disciplinary and PREA determinations at the Pearl Harbor brig."</p> <p>During the on-site portion of this audit, the auditor interviewed the PREA Compliance Manager and Facility Investigator. These staff members confirmed that preponderance of evidence is the evidentiary standard used in determining whether allegations of sexual abuse and sexual harassment are substantiated. The auditor reviewed two administrative investigative files of inmate-on-inmate sexual harassment that were substantiated. Both reports clearly indicated preponderance of evidence was the evidentiary standard used in determining that the allegations were</p>

	<p>substantiated.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this standard.</p>
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115.73	Reporting to inmates
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination: The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Naval Consolidated Brig Pearl Harbor (Brig) Completed Pre-Audit Questionnaire (PAQ) b. Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD c. BRIG Prison Rape Elimination Act Standard Operating Procedures (SOP) 2023 d. Investigative files e. Memorandum for the Record 2. Interviews: <ol style="list-style-type: none"> a. PREA Compliance Manager b. Facility Investigator 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>115.73(a)(b):</p> <p>During the pre-onsite portion of this audit, the Facility indicated compliance with these provisions and provided this auditor with their Policy and Procedure Manual and investigative documents in support of their compliance with this standard in its PAQ responses. The PREA Policy on page 28 establishes,” (a) Following an investigation into a prisoner’s allegation that they suffered sexual abuse and sexual harassment in the facility, the prisoner shall be informed in writing on the Notification of (9)) as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded . This determination shall be made, by a preponderance of the evidence, by the OIC; this is a non-delegable responsibility. If the alleged incident occurred at another facility, notification shall be made via NAVPERSCOM (PERS-00D).</p> <p>(b) If the facility did not conduct the investigation, it shall request the relevant information from the investigative agency (e.g., NCIS, OSI, CID, IG, etc.) in order to inform the prisoner.”</p> <p>During the on-site portion of this audit, the auditor interviewed the PREA Compliance Manager and Facility Investigator. These staff members confirmed that prisoners are informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. This is done for all allegations of sexual abuse and</p>

sexual harassment and if the facility did not conduct the investigation, it requests the relevant information from the NCIS in order to inform the prisoner. The facility/Brig had zero investigations completed for allegations of sexual abuse and two investigations completed for sexual harassment within the past 36 months. The two sexual harassment investigations were completed by facility investigators and found to be substantiated. The auditor reviewed the two investigative reports and found that the Brig has a form it uses for notifying the prisoner. In each of these cases the prisoner was notified of the outcome and signed for receipt of it. While onsite, there were no prisoners who reported sexual harassment for the auditor to interview.

115.73(c)(d):

During the pre-onsite portion of this audit, the Facility indicated compliance with these provisions and provided this auditor with their Policy and Procedure Manual and investigative documents in support of their compliance with this standard in its PAQ responses. The PREA Policy on pages 28 and 29 establishes, "Following a prisoner's allegation that a staff member has committed sexual abuse against a prisoner, the prisoner shall subsequently be informed in writing, unless the facility has determined that the allegation is unfounded, whenever

1. The staff member is no longer posted within the prisoner's unit. The term "unit" is defined to mean any area where the alleged staff member and prisoner would be co-located. Subsequent staff posting or prisoner housing/work/programmatic assignments shall not result in co-location, depending on the nature of the allegation;

2. The staff member is no longer employed at the facility;

3. The staff member has been formally charged, or

4. The staff member has been convicted on a charge related to sexual abuse within the facility. Following a prisoner's allegation that they have been sexually abused by another prisoner, the alleged victim shall be notified in writing whenever

1. The alleged abuser has been charged, or

2. The alleged abuser has been convicted on a charge related to sexual abuse within the facility."

During the on-site portion of this audit, the auditor interviewed the PREA Compliance Manager and Facility Investigator. These staff members confirmed that prisoners would be notified per policy above. The facility had zero investigations regarding sexual abuse in the past 36 months. Therefore while on-site, there were no prisoners who reported sexual abuse for the auditor to interview.

115.73(e):

During the pre-onsite portion of this audit, the Facility indicated compliance with these provisions and provided this auditor with their Policy and Procedure Manual and investigative documents in support of their compliance with this standard in its PAQ responses. The PREA Policy on page 29 establishes, " (e) All such notifications or attempted notifications shall be documented on the Notification of Investigation Status Form, enclosure (9), and a DD Form 2704, Victim/Witness Notification for all cases resulting in a sentence to confinement in accordance with reference(c)."

During the on-site portion of this audit, the auditor interviewed the PREA Compliance

	<p>Manager and Facility Investigator. These staff members confirmed that all notifications would be documented on the form referenced in policy. Review of the two investigative files corroborated the notifications are documented.</p> <p>115.73(f): The Auditor is not required to audit this provision.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this standard.</p>
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115.76	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Brig Completed Pre-Audit Questionnaire (PAQ) b. Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD c. BRIG Prison Rape Elimination Act Standard Operating Procedures (SOP) 2023 d. Memorandum for the Record e. Directive – Personal Conduct of Naval Brig Pearl Harbor Staff 2. Interviews: <ol style="list-style-type: none"> a. PREA Compliance Manager b. Warden 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>115.76a)(b)(c)(d):</p> <p>During the pre-onsite portion of this audit, the Facility indicated compliance with these provisions and provided this auditor with the Memorandum for the record and their Policy and Procedure Manual in its PAQ responses. The PREA Policy on pages 29 and 30 establishes, “(a) Staff shall be subject to disciplinary action up to and including termination for violating sexual abuse or sexual harassment policies. The term “termination” for civilians means removal from federal employment, after due process. For military, termination means processing for separation from military service, after due process. For contractors and volunteers, termination means cessation of any further relationship with the facility. In any case where an allegation of sexual abuse or sexual harassment is substantiated, but does not result in termination, discipline shall include removal of the staff member from working in any naval confinement facility.</p> <p>(b) Termination shall be the presumptive disciplinary action for staff who have engaged in sexual abuse.</p> <p>(c) Disciplinary actions for violations of policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate</p>

	<p>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.</p> <p>(d) 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing or endorsement bodies (e.g., nursing board, education board and institutions, credentialing organization, or religious endorsing agencies, etc.). The Legal Advisor shall make these notifications."</p> <p>During the on-site portion of this audit, the auditor interviewed the PREA Compliance Manager and Warden. These staff members indicated there had been zero staff from this facility who have violated agency sexual abuse or sexual harassment policies over the last 36 months. Zero staff from the facility have been terminated (or resigned before termination) for violating agency sexual abuse or sexual harassment policies, as no violations have occurred over the last 36 months. In the past 36 months, zero staff from the facility have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies, as no violations have occurred over the last 36 months. Also, there have been no 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 had occurred, that the facility is aware of and would comply with, the requirement to report to law enforcement agencies unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>Based upon review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions this standard.</p>
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115.77	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Brig Completed Pre-Audit Questionnaire (PAQ) b. Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD c. BRIG Prison Rape Elimination Act Standard Operating Procedures (SOP) 2023 d. Memorandum for the Record e. Volunteer/Contractor (PRISONER CONTACT) PREA Training Acknowledgement Form 2. Interviews: <ol style="list-style-type: none"> a. PREA Compliance Manager b. Warden

	<p>3. Site Review Observations:</p> <p>a. Observations during on-site review of physical plant</p> <p>115.77a)(b):</p> <p>During the pre-onsite portion of this audit, the Facility indicated compliance with these provisions and provided this auditor with the Memorandum for the record and their Policy and Procedure Manual in its PAQ responses. The PREA Policy on page 30 establishes, “(a) Any volunteer, contractor, or intern who engages in sexual abuse shall be prohibited from contact with prisoners and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing or endorsement bodies (e.g., nursing board, education board or institutions, credentialing organization, or religious endorsing agencies, etc.).</p> <p>(b) For cases involving violations of sexual abuse or sexual harassment policies by a volunteer, contractor or intern, appropriate remedial measures shall be taken including prohibition of further contact with prisoners and reporting, as appropriate, the violation to the volunteer or intern’s host organization. The PREA Compliance Manager shall maintain copies of all remedial measures documentation for file, archive and audit purposes”</p> <p>Per the PAQ, in the past 36 months, there have been no instances of contractor or volunteer PREA violations. Zero number of contractors or volunteers who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates. Zero number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates; and, because no incidents or allegations occurred, there was no evidence of remedial measures and considerations as to whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. During the on-site portion of this audit, the auditor interviewed the PREA Compliance Manager and Warden. These staff members indicated they have not been required to take the appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. However, they would if the situation warranted.</p> <p>Based upon review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions this standard.</p>
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <p>a. Brig Completed Pre-Audit Questionnaire (PAQ)</p>

- b. Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
- c. BRIG Prison Rape Elimination Act Standard Operating Procedures (SOP) 2023
- d. Memorandum for the Record
- e. Prisoner Rules and Regulations Handbook
- f. ADMINISTRATIVE DISCIPLINARY MEASURES

2. Interviews:

- a. PREA Compliance Manager
- b. Warden

3. Site Review Observations:

- a. Observations during on-site review of physical plant

115.77a)(b)(c)(d)(e)(f)(g):

During the pre-onsite portion of this audit, the Facility indicated compliance with these provisions and provided this auditor with the Memorandum for the record and their Policy and Procedure Manual in its PAQ responses. The PREA Policy on pages 30 and 31 establishes,

“(a) Prisoners shall be subject to disciplinary actions pursuant to Discipline SOP 5001 following an administrative finding of guilt that the prisoner engaged in sexual abuse and sexual harassment specifically including prisoner-on-prisoner sexual abuse or following a criminal finding of guilt for prisoner-on-prisoner sexual abuse.

(b) Actions shall be commensurate with the nature and circumstances of the abuse committed, the prisoner’s disciplinary history, and the actions imposed for comparable offenses by other prisoners with similar histories.

(c) Should a prisoner have mental disabilities or a mental illness which may have contributed to his or her behavior as documented by medical or mental health practitioners, the disciplinary board shall take these factors into consideration when determining what type of action, if any, should be imposed (§115.78(c)-1). This information shall be documented on the DD Form 2714, Disciplinary Report, by the Discipline and Adjustment (D&A) Board Chair.

(e) Disciplinary action may be imposed on a prisoner for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

(f) For the purpose of disciplinary action, a report of sexual abuse and sexual harassment made in good faith, based upon a reasonable belief that the alleged conduct occurred, shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

(g) All sexual activity between prisoners is prohibited and prisoners will face disciplinary action for such misconduct. Such activity does not constitute sexual abuse if determined that the activity is not coerced.”

Per the PAQ, in the past 12 months, there have been no administrative or criminal findings of guilt of inmate-to-inmate sexual abuse occurred at the Pearl Harbor Brig.

During the on-site portion of this audit, the auditor interviewed the PREA Compliance Manager and Warden. These staff members confirmed in the past 36 months, there have been no administrative or criminal findings of guilt of inmate-to-inmate sexual abuse occurred at the Brig. Hence, there have been no instances in which the D&A Board needed to consider the mental disorder or mental disabilities of a prisoner accused of violating a brig rule of UCMJ offense at this facility. Further, if a D&A Board

	<p>for such an incident were convened, the board would give full consideration to the causes of the adverse behavior, the setting and the circumstances in which it occurred, the individual's accountability, the correctional treatment goals, and the existence of any impacting mental or emotional issues. The Brig does offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.</p> <p>There have been no cases of prisoners having sexual contact with a staff member at this facility. If a prisoner had sexual contact with a staff member, the facility would discipline the prisoner only upon finding that the staff member did not consent to such contact. Finally, there have been no cases of disciplinary action for a report of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred.</p> <p>Based upon review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions this standard.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Brig Completed Pre-Audit Questionnaire (PAQ) b. Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD c. BRIG Prison Rape Elimination Act Standard Operating Procedures (SOP) 2023 d. Memorandum for the Record e. Completed – Screening for risk of victimization and Abusiveness 2. Interviews: <ol style="list-style-type: none"> a. PREA Compliance Manager b. Intake staff c. Medical and Mental Health staff 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>115.81(a)(c):</p> <p>During the pre-onsite portion of this audit, the Facility indicated compliance with these provisions and provided this auditor with the Memorandum for the record and their Policy and Procedure Manual in its PAQ responses. The PREA Policy on page 31 establishes, “(a) If the screening pursuant to paragraph 6.c.(1) indicates that a prisoner has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, medical and mental health staff shall ensure that the prisoner is offered a follow-up meeting with a medical or mental health practitioner within fourteen (14) days of the intake screening. These prisoners are identified, monitored, and counseled. Medical and Mental Health staff shall maintain</p>

	<p>secondary documentation (e.g., clinical/medical notes, log, etc.) documenting compliance with the aforementioned standard."</p> <p>During the on-site portion of this audit, the auditor interviewed the Intake staff who conduct the initial risk screening. This staff member was very knowledgeable of the standards requirements and confirmed to the auditor that all standard elements are being completed. He was not aware of any risk screening in which a prisoner disclosed prior sexual victimization but was aware of the referral requirement if needed. The auditor reviewed completed risk screenings for prisoners and did not find any that disclosed prior sexual victimization.</p> <p>115.81(b): This provision is not applicable to this facility. This facility is categorized as a jail.</p> <p>115.81(d)(e): During the pre-onsite portion of this audit, the Facility indicated compliance with these provisions and provided this auditor with their Policy and Procedure Manual in its PAQ responses. The PREA Policy on page 31 establishes, "(c) Any 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 (e.g., OIC, AOIC), to assign treatment plans, security and management decisions to include housing, cell/bed assignment, work, education, and program assignments, or as otherwise required by Federal, State, or local law. (d) Medical and mental health practitioners shall obtain informed consent from prisoners before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the prisoner is under the age of 18."</p> <p>During the on-site portion of this audit, the auditor interviewed the PREA Compliance Manager and Medical and Mental Health staff. Agency policy states and was further confirmed through completed risk assessments and interviews any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary (e.g., OIC, AOIC), to assign treatment plans, security and management decisions to include housing, cell/bed assignment, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Medical and mental health practitioners obtain informed consent from prisoners before reporting information about prior sexual victimization that did not occur in an institutional setting unless the prisoner is under the age of 18.</p> <p>Based upon review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions this standard.</p>
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. Brig Completed Pre-Audit Questionnaire (PAQ)
 - b. Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
 - c. BRIG Prison Rape Elimination Act Standard Operating Procedures (SOP) 2023
 - d. Memorandum for the Record
 - e. Completed – Screening for risk of victimization and Abusiveness
2. Interviews:
 - a. PREA Compliance Manager
 - b. First Responders
 - c. Medical and Mental Health staff
3. Site Review Observations:
 - a. Observations during on-site review of physical plant

115.82(a)(b)(c)(d):

During the pre-onsite portion of this audit, the Facility indicated compliance with these provisions and provided this auditor with the Memorandum for the record and their Policy and Procedure Manual in its PAQ responses. The PREA Policy on page 32 establishes,

“(a) Prisoner victims of sexual abuse shall receive timely, unimpeded access to emergency treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment . Medical and mental health staff shall maintain secondary materials (notes, forms, logs) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. Enclosure (11) is shall be completed by brig non-medical staff to supplement and assist in timeline documentation.

(b) If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to paragraph 6.e.(2), immediately notify the Brig Duty Officer who shall immediately notify Emergency Medical Services for evaluation and transport TAMC. The BDO will then notify the UVA, NCIS, OIC, and AOIC.

(c) Prisoner victims of sexual abuse shall be offered information about and access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

(d) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser(s) or cooperates with any investigation arising out of the incident.”

There have been no reports of sexual abuse requiring emergency medical treatment during the past 36 months. There have also been no instances of inmate victims of sexual abuse that have required emergency medical treatment and crisis intervention. Prisoners who require protection will be immediately reported to the

	<p>BDO for referral to medical and mental health services and offered information about and access to emergency contraception and sexually transmitted infections prophylaxis. Prisoners who require emergency medical treatment and crisis intervention will receive timely unimpeded access; such treatment is always free of charge to military inmates. During the on-site portion of this audit, the auditor interviewed the PREA Compliance Manager and Medical and Mental Health staff. These staff members confirmed the above mentioned policy and practices would be followed.</p> <p>Based upon review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions this standard.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Brig Completed Pre-Audit Questionnaire (PAQ) b. Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD c. BRIG Prison Rape Elimination Act Standard Operating Procedures (SOP) 2023 d. Memorandum for the Record 2. Interviews: <ol style="list-style-type: none"> a. PREA Compliance Manager b. Medical and Mental health staff 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>115.83(a)(b)(c)(d)(e)(g)(h):</p> <p>During the pre-onsite portion of this audit, the Facility indicated compliance with these provisions and provided this auditor with the Memorandum for the record and their Policy and Procedure Manual in its PAQ responses. The PREA Policy on page 32 establishes,</p> <p>“(a) The Brig Medical Officer shall offer medical and mental health evaluation and, as appropriate, treatment to all prisoners who have been victimized by sexual abuse in any prison, jail, lock- up or juvenile facility.</p> <p>(b) The evaluation and treatment of such victims shall 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.</p> <p>(c) Victims shall be provided medical and mental health services consistent with the community level of care.</p> <p>(d) Prisoner victims of sexually abusive vaginal penetration while incarcerated shall</p>

	<p>be offered pregnancy tests. Any allegation from a female prisoner involving vaginal penetration by a penis shall precipitate the offering of a pregnancy test.</p> <p>(e) If pregnancy results from the conduct described in paragraph (d) above, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services.</p> <p>(f) Prisoner victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.”</p> <p>There have been no ongoing medical and mental care requirements for sexual abuse victims and abusers during the past 36 months. During the on-site portion of this audit, the auditor interviewed the PREA Compliance Manager and Medical and Mental Health staff. These staff members confirmed there have been no sexual abused victims in the past 36 months. There have also been no instances of inmate victims of sexual abuse that have required ongoing medical or mental health services. Prisoners who require protection will be immediately reported to the BDO for referral to medical and mental health services per policy.</p> <p>115.83(f): This provision is not applicable to this facility. This facility is categorized as a jail.</p> <p>Based upon review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions this standard.</p>
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115.86 Sexual abuse incident reviews	
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Brig Completed Pre-Audit Questionnaire (PAQ) b. Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD c. BRIG Prison Rape Elimination Act Standard Operating Procedures (SOP) 2023 d. Memorandum for the Record e. Incident Review 2. Interviews: <ol style="list-style-type: none"> a. PREA Compliance Manager b. Warden 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>115.86(a)(b)(c)(d)(e): During the pre-onsite portion of this audit, the Facility indicated compliance with these provisions and provided this auditor with the Memorandum for the record and their Policy and Procedure Manual in its PAQ responses. The PREA Policy on page 33</p>

establishes, “(a) A PREA Incident Review Board shall convene within thirty (30) days of the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded. An investigation is concluded when a substantiated, unsubstantiated, or unfounded determination is made by the facility OIC.

(b) The PREA Incident Review Board shall include the AOIC, Senior Enlisted Advisor, and Operations Chief with input from relevant personnel, BDOs, investigators, and medical or mental health practitioners..

(c) The PREA Incident Review Board shall:

1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse and sexual harassment;

2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, intersex or gender nonconforming identification status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;

3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

4. Assess the adequacy of staffing levels in that area during different shifts;

5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

6. PREA Incident Review Board chair shall prepare a report of its findings, including but not necessarily limited to determinations made pursuant to section (d)(1)-(d)(5) of this section, and any recommendations for improvement. This report shall be submitted to the OIC, the PREA Compliance Manager, and the NAVPERSCOM (PERS-00D) PREA Coordinator. The PREA Compliance Manager shall maintain this documentation for file, archive and audit.”

7. The facility shall implement the recommendations for improvement or document its reasons for not doing so in the PREA Annual Report. All staff will provide any and all documents to the PREA Compliance Manager for file, archive, and audit.

During the on-site portion of this audit, the Warden and PREA Compliance Manager were interviewed. These staff members confirmed they are aware of the standards requirement for conducting an after- incident review for allegations of sexual abuse determined to be substantiated or unsubstantiated and are prepared to do so when the need arises. The PREA Compliance Manager provided the auditor with documentation delineating the facility’s PREA Board members, consisting of upper-level management of the facility: Assistant Officer in Charge (also serves as facility PREA compliance manager, Senior Enlisted Advisor, and Operations Supervisor. From the facility’s last PREA audit to the present, there have been no substantiated or unsubstantiated incidents of sexual abuse at the Brig; hence, no sexual abuse incident reviews have been conducted. There have been two substantiated sexual harassment incidents in the past 36 months. Though incident reviews are not required for sexual harassment investigations, the Brig exceeded the standard by completing and the incident reviews, which was conducted within 30 days of the conclusion of the investigation. The auditor was provided the reviews and found them to meet the requirements of this standard.

Based upon review and analysis of all the available evidence, the auditor has

	determined that the agency exceeded the requirements of this standard.
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115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Brig Completed Pre-Audit Questionnaire (PAQ) b. Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD c. BRIG Prison Rape Elimination Act Standard Operating Procedures (SOP) 2023 d. Navy Personnel Command (PERS-OOD) PRISON RAPE ELIMINATION ACT (PREA); GUIDANCE LETTER# 1 e. Memorandum for the Record f. PREA Annual Report CY23 g. Completed SSV report 2. Interviews: <ol style="list-style-type: none"> a. PREA Compliance Manager 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>115.87(a)(b)(c)(d)(f):</p> <p>During the pre-onsite portion of this audit, the Facility indicated compliance with these provisions and provided this auditor with the Memorandum for the record and their Policy and Procedure Manual in its PAQ responses. The PREA Policy on page 34 establishes, “(a) The facility shall collect accurate, uniform data for every allegation of sexual abuse and sexual harassment using a standardized instrument and set of definitions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.</p> <p>(b) The PREA Compliance Manager shall aggregate the incident-based sexual abuse data and forward the results to the NAVPERSCOM (PERS-00D) PREA Coordinator annually.</p> <p>(c) The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the SSV.</p> <p>(d) The PREA Compliance Manager shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>(e) The PREA Compliance Manager shall provide by 30 June, all such data from the previous calendar year to NAVPERSCOM (PERS-00D), who will forward the data to the Department of Justice as required.</p> <p>During the on-site portion of the audit, the PREA Compliance Manager was interviewed. This staff member confirmed data is collected and provided the auditor</p>

	<p>with documentation. The documentation submitted with the PAQ was reviewed by the auditor and found that it supported all required elements of the standard.</p> <p>115.87(e): This provision is not applicable to this facility. This facility does not contract with private facilities for the confinement of prisoners.</p> <p>Based upon review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions this standard.</p>
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Brig Completed Pre-Audit Questionnaire (PAQ) b. Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD c. BRIG Prison Rape Elimination Act Standard Operating Procedures (SOP) 2023 d. Agency Website e. Memorandum for the Record f. PREA Annual Report CY23 2. Interviews: <ol style="list-style-type: none"> a. PREA Compliance Manager b. Agency Head c. PREA Coordinator 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>115.88(a)(b)(c)(d): During the pre-onsite portion of this audit, the Facility indicated compliance with these provisions and provided this auditor with the PREA Annual Report their Policy and Procedure Manual in its PAQ responses. The PREA Policy on page 34 establishes, “(a) The PREA Compliance Manager shall review data collected and aggregated pursuant to paragraph 6.i.(2) in order to assess and improve the effectiveness of the facility’s sexual abuse prevention, detection, and response policies, practices, and training, including:</p> <ol style="list-style-type: none"> 1. Identifying problem areas; 2. Taking corrective action on an ongoing basis; and 3. Preparing an Annual PREA Report of its findings and corrective actions and forwarding the report to PERS-00D via NAVCONBRIG Miramar for correlation as an agency. This reporting requirement is minimally satisfied by the submission of the SSV4 and SSV-IA forms. Additional supporting documentation and review materials may also be submitted to PERS-00D in support of an annual report.

	<p>(b) Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the facility's progress in addressing sexual abuse.</p> <p>(c)The PREA Annual Report shall be forwarded to NAVPERSCOM (PERS-000) for consolidation in order to make it readily available to the public through its website or through other means.</p> <p>(d)The facility shall defer to NAVPERSCOM (PERS-000) regarding redaction of specific material from the reports when publication would present a clear and specific threat to the safety and security of the facility, but must indicate the nature of the material redacted."</p> <p>During the on-site portion of the audit, the Agency Head, PREA Coordinator and the PREA Compliance Manager were interviewed. The interviews with these staff members and through review of the Agency website and provided documentation and reports corroborated that the Facility and Agency data collection and review is completed per the above mentioned policy.</p> <p>Based upon review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions this standard.</p>
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115.89	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Brig Completed Pre-Audit Questionnaire (PAQ) b. Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD c. BRIG Prison Rape Elimination Act Standard Operating Procedures (SOP) 2023 d. Agency Website e. Memorandum for the Record f. PREA Annual Report CY23 2. Interviews: <ol style="list-style-type: none"> a. PREA Compliance Manager b. PREA Coordinator 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>115.89(a)(b)(c)(d):</p> <p>During the pre-onsite portion of this audit, the Facility indicated compliance with these provisions and provided this auditor with the PREA Annual Report their Policy and Procedure Manual in its PAQ responses. The PREA Policy on page 34 establishes, "(a)The Agency (Navy Corrections and Programs PERS-00D) and the PREA Compliance Manager shall ensure that data collected pursuant to paragraph 6.i.(2) is securely</p>

	<p>retained..</p> <p>(b) All aggregated sexual abuse data shall be forwarded to NAVPERSCOM (PERS- 00D) for consolidation in order to make it readily available to the public annually through its website or through other means.</p> <p>(c) Before submitting aggregated sexual abuse data to NAVPERSCOM (PERS-00D), the facility shall remove all personal identifiers.</p> <p>(d) The Agency (NPC, PERS-00D) and the PREA Compliance Manager shall maintain sexual abuse data (to include, incident reports, investigative reports, offender information, case disposition, and evaluation finding) collected pursuant to paragraph 6.i.(s) for at least 10 years after the date of the initial collection unless legally required otherwise. All staff and departments will forward any and all PREA related documentation and sexual abuse data to the PREA Compliance Manager for file, archive, and audit.”</p> <p>During the on-site portion of the audit, the PREA Coordinator and PREA Compliance Manager were interviewed. The interviews with these staff members and through review of the Agency website and provided documentation and reports corroborated that the Facility and Agency data storage, publication, and destruction is completed per the above mentioned policy.</p> <p>Based upon review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions this standard.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Agency website b. Prior PREA Audit Reports 2. Pre/Onsite/Post-Audit Observations <ol style="list-style-type: none"> a. General observations during the audit process <p>Findings:</p> <p>115.401(a-b):</p> <p>The Agency has five confinement facilities. This is the fourth PREA audit of the Naval Consolidated Brig Pearl Harbor. A review of the agency’s website revealed that Final PREA Audit Reports for each facility were posted. During the prior three-year audit period, the agency ensured that each facility it operates was audited at least once.</p> <p>115.401(h):</p> <p>During the onsite portion of this audit, this auditor had access to, and the ability to observe, all areas of the audited facility. The facility provided this auditor with unfettered access to the facility and its staff and residents.</p>

	<p>115.401(i): During the pre-audit, onsite, and post-onsite portion of this audit this auditor was permitted to request and received copies of any relevant documents that this auditor requested, including but not limited to: facility logs, resident files, personnel files, policy and procedure manuals, postings, resident handbooks, intake and classification documents, etc.</p> <p>115.401(m): During the onsite portion of this audit this auditor was permitted to conduct private interviews with inmates and staff at the facility. The rooms did not have video or voice recording capabilities.</p> <p>115.401(n): During the pre-audit portion of this audit inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. While onsite this auditor asked all inmates interviewed whether they were made aware of and saw this auditor's notices that were displayed throughout the facility. Most inmates interviewed informed this auditor that the postings have been displayed. The auditor received no correspondence from staff or inmates.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of this standard.</p>
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115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Agency Website: b. Prior PREA Final Audit Reports 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator <p>Findings:</p> <p>115.403(f): A review of the Agency's website reveals that the Final PREA Audit Report for Naval Consolidated Brig Pearl Harbor was posted to its website. The agency website and has a page for each Brig dedicated to the posting of PREA-related information (https://www.mynavyhr.navy.mil/Support-Services/Corrections-Programs/Brigs/Pearl-Harbor/Prison-Rape-Elimination-Act/) During the onsite portion of this audit, this auditor interviewed the PREA</p>

	<p>Coordinator. The PREA Coordinator informed this auditor that all Final Audit Reports are posted on the Agency website.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>
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Appendix: Provision Findings**115.11 (a) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
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Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
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115.11 (b) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Has the agency employed or designated an agency-wide PREA Coordinator?	yes
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Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
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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
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115.11 (c) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
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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
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115.12 (a) Contracting with other entities for the confinement of inmates

If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na
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115.12 (b) Contracting with other entities for the confinement of inmates

Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	na
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	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	no
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

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

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

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

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

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

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	no
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	

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

(f)	
	<div data-bbox="320 185 1273 555"> <p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p> </div> <div data-bbox="1302 185 1353 219">yes</div>