

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report April 26, 2019

Auditor Information

Name: Thomas Eisenschmidt	Email: Tome8689@me.com
Company Name: Click or tap here to enter text.	
26 Waterford Lane	City, State, Zip: Auburn, New York 13021
Telephone: 315-730-7980	Date of Facility Visit: March 13-14, 2019

Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
Navy Personnel Command		United States Government	
Physical Address: 5720 Integrity Drive, Naval Support Activity Mid-South Lassen Building		City, State, Zip: Millington, TN 38055	
Mailing Address: Same		City, State, Zip: Click or tap here to enter text.	
Telephone: (901) 874-4569		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input checked="" type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission:			
Agency Website with PREA Information: https://www.public.navy.mil/bupers-npc/support/correctionprograms/Pages/PREA.aspx			

Agency Chief Executive Officer

Name: Timothy Purcell	Title: Deputy Director
Email: timothy.purcell1@navy.mil	Telephone: (901) 874-4452

Agency-Wide PREA Coordinator

Name: John Pucciarelli	Title: Branch Head, Corrections Operations
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Email: john.pucciarelli@navy.mil		Telephone: (901) 874-4569	
PREA Coordinator Reports to: Timothy Purcell, Director		Number of Compliance Managers who report to the PREA Coordinator Click or tap here to enter text.	
Facility Information			
Name of Facility: Transient Personnel Unit/Pre-Trial Confinement Facility Jacksonville			
Physical Address: BLDG 409, Naval Air Station (NAS) JACKSONVILLE, FL 32212-0086			
Mailing Address (if different than above): PO BOX 86, BLDG 409, NAS JACKSONVILLE, FL 32212-0086			
Telephone Number: (904) 542-2575			
The Facility Is:	<input checked="" type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Jail	<input type="checkbox"/> Prison	
Facility Mission: Transient Personnel Unit/Pre-Trial Confinement Facility (TPU/PCF) Jacksonville. The TPU/PCF Jacksonville mission is to provide Sailors who are transiting or transitioning expeditious processing, and to provide a safe and secure environment through procedural compliance for multi-service prisoners awaiting trial, release, or transfer during their confinement.			
Facility Website with PREA Information: https://www.cnic.navy.mil/regions/cnrse/installations/nas_jacksonville/om/transient_personnel_unit			
Warden/Superintendent			
Name: CWO3 BYRON RIOS		Title: Brig Officer	
Email: byron.rios1@navy.mil		Telephone: (904) 542-4450	
Facility PREA Compliance Manager			
Name: ABE1 DEMOND WARRIOR		Title: PREA COMPLIANCE MANAGER	
Email: demond.q.warrior@navy.mil		Telephone: (904) 542-3314	
Facility Health Service Administrator			
Name: Lt. Lennon		Title: Brig Medical Officer	
Email: courtney.l.lennon.mil@mail.mil		Telephone: 904.546.7107	
Facility Characteristics			
Designated Facility Capacity: 42		Current Population of Facility: 6	
Number of inmates admitted to facility during the past 12 months			53

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			22		
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			53		
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			0		
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 19-39			
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:			0		
Average length of stay or time under supervision:			Under 30 days		
Facility security level/inmate custody levels:			Level 1, Level 1		
Number of staff currently employed by the facility who may have contact with inmates:			55		
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			0		
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			0		
Physical Plant					
Number of Buildings: 1		Number of Single Cell Housing Units: 2 (1-females/ 1-males)			
Number of Multiple Occupancy Cell Housing Units:		0			
Number of Open Bay/Dorm Housing Units:		2-males			
Number of Segregation Cells (Administrative and Disciplinary):		10			
<p>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</p> <p>The NAS Pretrial Detention Facility has 14 surveillance cameras throughout the facility. Camera recordings are retained for 30 days at the servers.</p>					
Medical					
Type of Medical Facility:		Naval Hospital Jacksonville, FL			
Forensic sexual assault medical exams are conducted at:		Naval Hospital Jacksonville, FL			
Other					
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:			0		
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			0		

Audit Findings

Audit Narrative

Pre-Audit Activities:

Notice of PREA Audit: The PREA notice for the Transient Personnel Unit/Pre-Trial Confinement Facility (TPU/PCF) Jacksonville in Jacksonville, Florida was provided to Thomas Eisenschmidt DOJ certified PREA auditor via email on January 13, 2019 with a time stamp as posted January 11, 2019 from the facility Brig Officer Byron Rios. As a condition of serving in the military the individual must speak and understand English. Notices (English) were posted in common areas, the entrance to the facility and prisoner living units approximately eight weeks prior to the site visit. These postings were verified by personal observation by the auditor while on site and the one prisoner interview conducted. The auditor did not receive any correspondence from a prisoner prior to arrival.

PRE-Audit Questionnaire and Documentation Review:

The auditor reviewed the Pre-Audit Questionnaire (PAQ) and documentation for each of the 43 standards approximately seven weeks prior to the onsite visit. This information was provided by the Brig Officer. The auditor reviewed policy and procedures, documents and files during the pre-audit, onsite audit, and post-audit phases as related to each PREA standard to include secondary documentation submitted both onsite and post audit. Reviewing the agency's PAQ and supporting documentation the auditor found information provided neatly organized and accentuated allowing for ease of auditing. The auditor communicated with the facility's Brig Officer and the facility PREA Compliance Managers on all matters relating to the audit via the telephone and email.

Onsite Audit Activities:

An entrance briefing was held on Wednesday March 6, 2019 with the following individual in attendance: CWO3 BYRON RIOS (Warden), ABE1 DEMOND WARRIOR (PREA Compliance Manager), John Pucciarelli (PREA Coordinator) and the Warden's Executive staff.

After introductions the auditor discussed the PREA audit process for the onsite phase of the audit and explained the triangulation methodology he would utilize to obtain evidence through observing facility practices; review of written policies and procedures; facility tour observations; staff and prisoner interviews, and additional documentation review to confirm practice. The Auditor explained that a PREA audit process is much more invasive than a typical correctional audit and that the association between facility staff and the auditor should be a collaborative undertaking to ensure the TPU/PCF achieves full compliance with each of the PREA Standards. He also advised those present that the Department of Justice (DOJ) expects that some corrective action will be necessary and is a normal part of the audit process and should not be viewed adversely. Since the first PREA audit was held in 2016 the auditor informed

those present that requirements including interviews and documentation review would be more extensive due to additional guidance provided by DOJ. The auditor began a tour of the entire facility. The TPU/PCF is an adult male and female minimum-security facility located on the Naval Air Station (NAS) Jacksonville, Florida. The NAS Pretrial Confinement Facility (PCF) opened in August of 2010 and maintains both pretrial and post-trial prisoners with a typical time spent at the facility of 30 days or less. On the first day of the audit there were 6 adult males confined and no females. The Transient Personnel Unit side of the building is not a confinement facility. This part of the building is used to prepare Military personnel that are either being deployed to another assignment or leaving the Navy.

Upon arrival at TPU/PCF, all staff and visitors must enter through the front entrance to the building. Those individuals entering the PCF side of the building must sign in and provide a legitimate reason for entering. This building houses the visitor and staff check in stations which has metal detectors positioned at the manned security post to screen all staff and visitors. The single-story building has three separate living areas. Two for males and one for females. The two male areas consist of the Alpha (A) living area consisting of 5 single cells and an open dorm area keeping pretrial and post-trial separated by a cinderblock wall. Each side has sixteen double bunks with a capacity of 32 prisoners. The 5 single cells are typically used for medical isolation, until a completed risk assessment, discipline and one cell set up with a camera for suicide watch. The camera is set up to provide the prisoner privacy while utilizing the toilet. The female living quarters part of the building is the Bravo (B) quarters. This like the male A-quarters is made up of 5 single bunk cells. This unit also has one of the cells designated as a suicide cell equipped with a camera. As with the male unit the auditor viewed the monitoring capabilities and found no privacy issues. Throughout the facility the auditor observed numerous signage and PREA educational posters advising prisoners of their right to be free of sexual abuse and harassment and the means to report allegations of sexual abuse and harassment. The auditor placed a test reporting call to the anonymous private/public agency Bureau of Navy Personnel (BUPERS) Office of Inspector General (OIG), not associated with TPU/PCF, that can be used by prisoners and documented in the posters throughout the facility. The test call was made Wednesday March 13, 2019 and was received by the TPU/PCF two hours later. While touring the auditor informally interviewed and questioned random staff concerning their knowledge of PREA. The tour continued though the laundry, library, control room, prisoner dining/visiting, kitchen, intake sally port/processing area, medical (no beds), outdoor recreation fields with exercise equipment. The auditor was able to verify through Brig Duty Officer reports, that unannounced rounds are being conducted by supervisors to deter sexual abuse. The auditor observed opposite gender staff announcing their presence upon entering prisoner housing.

The Auditor requested the facility provide randomly selected files, records and documents. These included: 10 staff background checks; 4 medical/mental health PREA-specialized training documentation; 10 staff PREA training records to include (pat search training); (10) prisoner risk screenings for sexual victimization/abuse to include reassessments within 30 days of arrival to the facility: and (10) documents demonstrating inmates' received the required PREA comprehensive education within 30 days of arrival to facility. The auditor also requested to view samples of PREA prisoner education materials to include if provided: Inmate handbook, posters, brochures; examples of documentation for the monitoring of retaliation of

sexual abuse & harassment investigations (staff and prisoner); copies of all sexual assault reviews conducted during the past 12 months for completed investigations of sexual abuse, excluding unfounded cases.

Staff Interviews:

Category of Staff	Number of Interview
Random Staff (Total)	12
Specialized Staff* (Total):	16
Total Staff Interviewed	28
Breakdown of Specialized Staff Interviews:	
▪ Agency contract administrator	1
▪ Intermediate- or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment	3
▪ Line staff who supervise youthful inmates - N/A	N/A
▪ Education staff who work with youthful inmates – N/A	N/A
▪ Program staff who work with youthful inmates – N/A	N/A
▪ Medical staff	1
▪ Mental health staff	1
▪	
▪ Non-Medical staff involved in cross-gender strip or visual searches - N/A	N/A
▪ Administrative (human resources) staff	1
▪ SAFE and/or SANE staff - N/A	1
▪ Volunteers who have contact with inmates	0 (none onsite)
▪ Contractors who have contact with inmates	0
▪ Investigative staff – agency level	1
▪ Investigative staff – facility level	1
▪ Staff who perform screening for risk of victimization and abusiveness	1
▪ Staff who supervise inmates in segregated housing	1
▪ Staff on the sexual abuse incident review team	1
▪ Designated staff member charged with monitoring retaliation	1
▪ First responders, security staff	1
▪ First responders, non-security staff	0
▪ Intake staff	1
Total Specialized Staff Interviews*	16

Inmate Interviews:

Based upon the prisoner population of 6 at the facility on the first day of the onsite phase of the audit, the auditor planned on interviewing all 6. After the first interview the remaining 5 prisoners refused to be interviewed. The PREA Compliance Manager and other staff facilitated the interview with the prisoner in a private setting location.

Category of Inmates ¹	Number of Interviews
Random Inmates (Total)	1
Targeted Inmates* (Total):	0
Total Inmates Interviewed	1
Breakdown of Targeted Inmate Interviews: ²	
▪ Youthful Inmates	N/A
▪ Inmates with a Physical Disability	N/A
▪ Inmates who are Blind, Deaf, or Hard of Hearing	N/A
▪ Inmates who are LEP	N/A
▪ Inmates with a Cognitive Disability	0
▪ Inmates who Identify as Lesbian, Gay, or Bisexual	0
▪ Inmates who Identify as Transgender or Intersex	0
▪ Inmates in Segregated Housing for High Risk of Sexual Victimization	N/A
▪ Inmates Who Reported Sexual Abuse	0
▪ Inmates Who Reported Sexual Victimization During Risk	0
Total Targeted Inmate Interviews*	0

Allegation Breakdown:

There were no allegations made at the PCF during the last three years.

Onsite Visit Closeout:

The auditor conducted an exited briefing on March 14, 2019 with: CWO3 BYRON RIOS (Warden), ABE1 DEMOND WARRIOR (PREA Compliance Manager), John Pucciarelli (PREA Coordinator) and the Warden's Executive staff. The Auditor could not give an outcome of the audit but did provide some insight into his preliminary findings. The Auditor thanked facility staff and commended them on their hard work and commitment to the Prison Rape Elimination Act.

Facility Characteristics

The Naval Air Station (NAS) Pretrial Confinement Facility, Jacksonville is located on board NAS Jacksonville, Florida. The NAS Pretrial Confinement Facility (PCF) opened in August of

2010 and provides direct supervision of prisoners with a rated capacity for 42 prisoners. The PCF prides itself on the professionalism and dedication of its entire staff. Their professionalism is immediately evident based on the cleanliness of the facility and the overall orderliness of the environment. Staff members are polite, professional and courteous in their interaction with prisoners while maintaining a safe and secure facility. Housing units were clean, quiet and well maintained. The mission of the NAS Pretrial Confinement Facility is to provide a safe and secure environment for multi-services prisoners awaiting trial, release, or transfer.

The NAS Pretrial Confinement Facility has one open bay housing area with 32 beds for males, Cell Block "A" which houses male prisoners with a max of 5 single bed cells, and Cell Block "B" which houses female prisoners with a max of 5. Cell Block B was closed at the time of the site visit because there were no female prisoners currently being housed at the PCF.

The Pretrial Confinement Facility has a library and it is also used for everything from legal counseling to a quiet place for private phone calls. Meals for the prisoners are delivered each day from the base galley and served in the facility dining hall. The facility offers no programming as the time spent at the PCF is typically less than 30 days. The guards work twelve hour shifts with three days on duty and 2 days off, swapping every two months between day and night shifts.

There is one main control room where all of the electronic surveillance systems are monitored twenty-four hours a day seven days a week. This control room also controls movement throughout the facility.

Orientation for the prisoners is handled by the brig counselor or alternate within the first 72 hours of being confined. Orientation consists of PREA, rules and regulations, visitor policy, telephone policy, red cross policy, inspections, jobs available, and daily schedules/routines.

The prisoners have access to a pay phone for normal phone calls in their living quarters and in both cell blocks A and B. They are permitted one phone call every other day from 5 minutes to 20 minutes. Also, on weekends and holidays, prisoners are permitted up to two phone calls both of the same time limits. Prisoners also have access to a phone located in the library for private phone calls to their attorney.

Prisoner daily routine consists of reveille at 0500 weekdays and 0600 weekends and holidays. They have Physical Training (PT) until 0550. After showering they eat breakfast and prepare for their inspections. At 0810 until lunch they clean the facility starting with quarters. During the winter hours outside recreation time happens at 1400-1500 daily. Recreation time happens from 1900-2000 during the summer.

Prisoner personal property is secured by a small group of Petty Officers in the back of booking in a locked safe. The Funds and Valuables program keeps track of everything the prisoners have at the facility that they cannot possess in their living quarters locker including any money they bring with them.

Medical Services for prisoners at PCF are limited. Prisoners have access to the brig corpsman who comes twice daily for medication call and acts as a liaison between the prisoners and the brig doctor. Most appointments are handled by the base branch health clinic with all emergencies and some special appointments at Naval Hospital Jacksonville, located on base. In the case of an emergency inside the facility, the Brig Duty Officer would ensure that the emergency hospital number is called, and an ambulance is sent to pick up the prisoner(s). PCF has one mental health doctor assigned from the branch medical clinic. She makes in house calls every week on Wednesdays. Prisoners are informed at orientation that they can call the doctor or let the brig corpsman know during medication call if they need an appointment see her in needed out of the normal schedule.

All staff at PCF are trained as a first responder to sexual assault. Their priorities are to take immediate action to separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request/recommend the victim not take any actions that could compromise or destroy any evidence such as washing, brushing teeth, changing clothing, etc. They shall also ensure the alleged abuser does not take any of the above actions that could destroy evidence and immediately notify medical and mental health staff.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category**. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Number of Standards Exceeded: 2

115.31, 115.64

Number of Standards Met: 41

115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401

Number of Standards Not Met: 0

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Summary of Corrective Action (if any)

The auditor received staffing reviews for 2019, 2018, The facility was unable to locate the review conducted in 2017. The Command of the facility changed and all staff currently working at the PCF were not there in 2017. The auditor recommends that the current command maintain staff review records for each year that one is performed.

(SOP)-104 (Prison Rape Elimination Act) July 3, 2018 when revised in 2018 inadvertently left off the word transgender when discussing the risk assessment for standard 115.41. When brought to the attention of the facility it was immediately added. This same standard requires a second assessment be accomplished within the prisoners first 30 days by the mental health clinician. This is being done however the auditor recommends that the meeting record notes clearly reflect the meeting with the prisoner is to reassess his/her risk.

Standard 115.17 (f)(g) requires by policy that all staff report previous sexual abuse misconduct, impose an affirmative duty to disclose the same and material omissions about this type misconduct or providing false information be grounds for termination. Staff interviewed were aware of their obligations outlined in the standard. The auditor recommended that the facility document in writing staff awareness. The facility produced a document prior to the report being published.

PREVENTION PLANNING

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

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

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

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?

☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Standard Operating Procedure (SOP)-104 (Prison Rape Elimination Act) July 3, 2018 section (3) on page 2 states the purpose of the policy is to provide policies and procedures to implement guidance to prevent, detect, and respond to prison rape under the Prison Rape Elimination Act (PREA). This document as well as BUPERSINST 1640.23 dated June 13, 2014 prohibits sexual misconduct among prisoners and staff, contractors and volunteers and defines in detail the prohibited acts. These documents outline at a minimum the following areas: prevention planning; response planning; training and education; screening for risk of sexual victimization and abusiveness; reporting; official response following a report; investigations; discipline; and medical and mental health care.

(b) The auditor had the opportunity to interview Mr. Timothy Purcell, Director Navy Corrections and Programs. During the interview he described how he has committed the Agency to provide a safe environment for staff and prisoners by insuring the PREA standards remain a top priority in the day-to-day operation of the 5 brigs and 3 private facilities under his command. He informed the auditor that any expansion or major facility modifications would continue to take into account the PREA Standards when considering design, entering into a contract or installing additional video equipment. Mr. John Pucciarelli Deputy Director Navy Corrections and Programs was appointed the Agency PREA

Coordinator in January 2016. His position is found in the Executive Organizational Chart. He has 5 Institutional Compliance Managers within each of the Brigs and two office staff that oversee compliance at the three contract facilities. His interview confirmed he had sufficient time and authority to coordinate the Agency efforts to comply with each of the PREA standards. His position is found on the Agency organizational chart and he has direct access to the Director and meets regularly with him specifically to discuss PREA matters and issues. The facility PREA Compliance Manager indicated that they had enough time to perform the duties of PREA Compliance Manager.

Policy, Materials, Interviews and Other Evidence Reviewed

- Standard Operating Procedure (SOP)-104 (Prison Rape Elimination Act) July 3, 2018
- BUPERSINST 1640.23 dated June 13, 2014
- PREA Coordinator Appointment Letter
- Corrections and Programs Office Organizational Chart
- Interview (Agency Director)
- Interview (PREA Coordinator)
- Interview (PREA Compliance Manager)

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

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

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(b) Mr. John Pucciarelli, Deputy Director for Corrections and Programs is the individual who oversee the four private prisons within the Agency. During his interview he indicated he oversees all the operational practices, contract practices, and day to day operations of the contracted facilities through staff in his office. One of their primary responsibilities in monitoring is to make sure that each of these contracted facilities is PREA compliant and following Navy Corrections Policies and Procedures. The agency has included in all contracts (4) the requirement to adopt and comply with the PREA standards. All four facilities are currently PREA audited and compliant.

Policy, Materials, Interviews and Other Evidence Reviewed

- Interview (Deputy Director)
- Review (PAQ)

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining

the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

115.13 (b)

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

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(b) (SOP)-104 (Prison Rape Elimination Act) July 3, 2018, section 4 (a) on page 10 requires the Operations Officer/PREA compliance Manager 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 video monitoring the PCF shall consider: any judicial findings of inadequacy, any findings of inadequacy from Federal investigative agencies, any findings of inadequacy from internal or external oversight bodies, all components of the facility's physical plant including "blind-spots" or areas where staff or prisoners may be isolated, the composition of the prisoner population, the number and placement of supervisory staff, institution programs occurring on a particular shift, any applicable State or local laws, regulations, or standards, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors. The auditor interviewed the Brig Officer (Warden) and he stated that section (c) of this policy requires the Brig Duty Officer (BDO), Watch Commander, document and report to the Warden any time there is a deviation from the plan. The interview with the BDO confirmed this requirement and indicated the facility has not deviated from the plan in the last 12 months

(c) (SOP)-104 (Prison Rape Elimination Act) July 3, 2018, section c (1-3) on page 12 requires the PCF not less than annually, in consultation with the NAVPERSCOM (PERS-00D) PREA Coordinator, the brig to assess, determine, and document whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section; the brig's deployment of video monitoring systems and other monitoring technologies and the resources the brig has available to commit to ensure adherence to the staffing plan. The Warden and the PREA Coordinator confirmed during their interviews that PCF performs annual staff reviews in compliance with the standard. The auditor received reviews for 2019, 2018, The facility was unable to locate the review conducted in 2017. The Command of the facility changed and all staff currently working at the PCF were not there in 2017. The auditor recommends that the current command maintain staff review records for each year that one is performed.

(d) (SOP)-104 (Prison Rape Elimination Act) July 3, 2018, section (e) on page 11 requires the Brig Officer and Assistant Brig Officer conduct regular and random unannounced rounds to identify and deter staff and prisoner sexual abuse and sexual harassment. The shift BDO is also required to conduct rounds. Such policy and practice shall be implemented for night shifts as well as day shifts. These rounds be documented with the BDO turnover log book and in a daily report turned into the Warden daily. The Auditor reviewed the logs and found the Brig Officer, Assistant Brig Officer and BDO signed in each housing unit as required by the policy and standards,

Policy, Materials, Interviews and Other Evidence Reviewed

- (SOP)-104 (Prison Rape Elimination Act) July 3, 2018
- Interview (PREA Coordinator)
- Interview (Brig Officer)
- Interview (BDO)

- Review (Log Entries)

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

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

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(b)(c) (SOP)-104 (Prison Rape Elimination Act) July 3, 2018, section 5 on page 11 states juveniles shall not be placed in a housing unit in which the juvenile will have sight, sound, or physical contact with any adult prisoner through use of a shared dayroom or other common space, shower area, or sleeping quarters. Juveniles shall be housed separately. Areas outside of living quarters, the PCF shall maintain sight and sound separation between juveniles and adult prisoners and provide direct staff supervision (escort) when juveniles and adult prisoners have sight, sound, or physical contact. The PREA Coordinator and the Warden stated that the PCF has never received a prisoner under the age of 18. Most individuals enlisting at age 17 achieve their 18th birthday upon completion of "boot camp". The only other way any of the services would have someone under the age of 18 would be if the individual lied about their age upon entering into the military.

Policy, Materials, Interviews and Other Evidence Reviewed

- (SOP)-104 (Prison Rape Elimination Act) July 3, 2018
- Interview (PREA Coordinator)
- Interview (Warden)

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? ☒ Yes ☐ No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) ☒ Yes ☐ No ☐ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this

provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☐
Yes ☒ No ☐ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates? ☒ Yes ☐ No

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(b)(c) (SOP)-104 (Prison Rape Elimination Act) July 3, 2018, section 6 (a) on page 12 prohibits facility staff from conducting cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal/genital opening) except in exigent circumstances (to ensure safety or to preserve evidence) or when performed by medical practitioner. All cross-gender strip searches shall be annotated in the facility Brig Log. All cross-gender body cavity searches performed by medical are to be documented in the Brig Log and prisoner medical record. Section (b) of this same policy prohibit cross-gender pat searches except in exigent circumstances. Cross-gender frisk searches shall be documented in the Brig Log and identified as a significant event. The Warden stated that each staff member receives training on conducting all searches and the prohibitions on cross gender searches. Interviews with all the random staff confirmed their training including the prohibition against searching or physically examining a transgender or intersex prisoner for the sole purpose of determining the prisoner's genital status. They further stated that there are always females available to pat down female prisoners if needed. During the conversation with medical staff it was confirmed that there were no body cavity searches performed during the previous 12 months as documented in the PAQ.

(d) Section (c) on page 13 of this same policy requires PCF staff allow prisoners 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 viewing is incidental to routine dorm or cell checks. Facility staff of the opposite gender announce their presence when entering a prisoner housing unit. The auditor observed cross gender staff announce when entering living quarters.

(e)(f) (SOP)-104 (Prison Rape Elimination Act) July 3, 2018, section (d) page 13 prohibits staff at PCF from searching or physically examining a transgender or intersex prisoner for the sole purpose of determining the prisoner's genital status. If the genital status is unknown, it may be determined through conversations with the prisoner or by reviewing medical records. If staff members are unable to determine the prisoner's genital status, the prisoner shall be referred to medical for a broader medical examination conducted in private by a medical practitioner.

Section (e) of this same policy requires all s staff be trained on how to conduct searches of transgender and intersex prisoners are to be done in a professional and respectful manner using the least intrusive means while maintaining consistency with security needs. During the formal interviews with staff the auditor was informed that they are prohibited from searching or physically examining any prisoners to determine their genital status. They also indicated that have received training on conducting searches of transgender and intersex prisoners professionally and respectfully during their pre-service. The auditor reviewed the content of the training and found it addressed the standard requirements of searching transgender and intersex prisoners professionally and respectfully. The auditor also randomly sampled training documents for security staff and found the search training completed for searches in them.

Policy, Materials, Interviews and Other Evidence Reviewed

- (SOP)-104 (Prison Rape Elimination Act) July 3, 2018
- Review (PAQ)
- Interview (Warden)
- Interview (Random Staff)
- Review (Training Curriculum)
- Review (Training Records)
- Personal Observation

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to

prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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(a)(b)(c) (SOP)-104 (Prison Rape Elimination Act) July 3, 2018 section 7 on page 13 requires the Commanding Officer or designee take appropriate steps to ensure 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 are provided 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. According to the Director and Warden Army Regulation 601-270, Military Entrance Processing Station (MEPS), all military service components require English proficiency prior to acceptance of enlistment, commission, or appointment. The PREA Coordinator informed the auditor that PCF has access to interpretive services through Military One Source. They provide interpretive services, sign language, interpretive expertise in written materials, phone help, Telecommunications Device for the Deaf (TDD), written and site help if needed. Staff responsible for "intake" of new prisoners indicated information, in the form of written materials, are provided to every prisoner upon arrival. If the prisoner is incapable of reading information is read to him/her. The auditor only interviewed one prisoner. He stated that information was provided to him upon arrival in a format he could understand.

Policy, Materials, Interviews and Other Evidence Reviewed

- (SOP)-104 (Prison Rape Elimination Act) July 3, 2018
- Regulation 601-270, Military Entrance Processing Station (MEPS)
- Interview (Director)
- Interview (Warden)
- Interview (Intake Staff)

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?
☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.17 (d)

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

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

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

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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(a)(b)(c) (SOP)-104 (Prison Rape Elimination Act) July 3, 2018 and NCBM DETPHINST 1640.23 (PRISON RAPE ELIMINATION ACT COMPLIANCE) detail the prohibition on hiring or promoting anyone or enlisting the services of any contractor: (1) that engaged in sexual abuse in any prison, jail, lockup, community confinement facility, juvenile facility, or other institution; (2) anyone 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. All staff at the PCF is assigned there for a three-year period. The staff is rotated in and out at different times keeping stability in the workforce. During the previous (12) months the PCF received twenty-two (22) new staff. Naval Consolidated Investigative Services (NCIS) conducts the background checks on everyone prior to them being allowed to enter the facility. Any checks coming back with any attempt or any engagement of sexual abuse, coercion regardless of where it happened are not hired according in the case of a civilian or allowed to work in any Correction setting. The interview with the Warden confirmed PCF follows the PRISON RAPE ELIMINATION ACT (PREA); GUIDANCE LETTER# 1 section & (a) on page 4 requiring all Commanding Officers and Detachment Commanders not recommend military members for promotion/advancement who has been convicted of engaging or attempting to engage in sexual harassment.

(d) As noted earlier there are no contractors or volunteers at the PCF.

(e) During the interview with the PREA Coordinator and the Warden the auditor confirmed that everyone assigned at the PCF has no less than three background checks for suitability. These background checks are conducted by Personal Command, prior to assignment of an email address and one conducted by the Facility Administrator. These background checks are conducted prior to working with any prisoners. As noted earlier no one is assigned to the facility beyond 3 years, Rechecks at the five year mark are not conducted here.

(f)(g) NCBM DETPHINST 1640.23 (PRISON RAPE ELIMINATION ACT COMPLIANCE) and SOP-104 both require prior to assignment or hiring all applicants and staff who may have contact with prisoners regarding previous misconduct described in subpart (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. These documents also impose upon staff a continuing affirmative duty to (h) PRISON RAPE ELIMINATION ACT (PREA); GUIDANCE LETTER# 2, dated November 2014 and interview with the Warden confirmed that, unless determined prohibited by law, NAVPERSCOM (PERS-00D) shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee disclose any misconduct described in subpart (a) of the standard. ask directly all applicants and staff who may have contact with prisoners regarding previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. Section (g) on page 2 from NCBM DETPHINST 1640.23 (PRISON RAPE ELIMINATION ACT COMPLIANCE) stipulates 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. Staff interviewed were aware of their obligations outlined in the standard and both these policies. The auditor recommended that the facility document in writing staff awareness. The facility produced a document prior to the report being published.

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.

Policy, Materials, Interviews and Other Evidence Reviewed

- (SOP)-104 (Prison Rape Elimination Act) July 3, 2018
- BUPERSINST 1640.23 dated June 13, 2014
- PRISON RAPE ELIMINATION ACT (PREA); GUIDANCE LETTER# 1 March 2014
- PRISON RAPE ELIMINATION ACT (PREA); GUIDANCE LETTER# 2, November 2014
- Interview (Warden)
- Interview (PREA Coordinator)
- Interviews (Staff)

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

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

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) The Interview with the Director, Warden and the review of the PAQ indicated the PCF has not made any substantial expansion to the existing facility or installed or updated the video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.

Policy, Materials, Interviews and Other Evidence Reviewed

- Interview (Director)
- Interview (Warden)
- Review (PAQ)

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility

(a)(b) (SOP)-104 (Prison Rape Elimination Act) July 3, 2018, section (2) on page 15 requires the PCF to follow Naval Criminal Investigative Services (NCIS) and Navy Bureau of Medicine and Surgery (BUMED) protocols for evidence collection and medical examinations for administrative proceedings and criminal prosecutions. The NCIS Investigator informed the auditor during the interview that the protocols they utilize are based on the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents".

(c)(d)(e) Section (c) of this same policy on page 15 requires all victims of sexual abuse have access to forensic medical examinations at an outside-qualified medical facility, without financial cost, where evidentiary or medically appropriate. The PCF is required to refer all prisoners of sexual abuse to the local medical facility where forensic examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible and if not available performed by a qualified medical practitioner. The Warden at the PCF confirmed to the auditor that prisoners needing a forensic exam would be taken to Naval Hospital Jacksonville (on base). He further stated it would be at no cost to the prisoner. The facility has trained victim advocates referred to as Sexual Assault Prevention and Response (SAPR) who provide advocate services to alleged victims of sexual assault. These staff people are utilized as well as the base victim advocates whose responsibility is to provide advocate service to all naval personnel assigned to the base as well as prisoners. The auditor interviewed a facility SAPR and reviewed the training each receives. The Base Victim Advocate (Sexual Assault Response Coordinator (SARC) was also interviewed and stated she has both civilian and uniform advocates who have been trained to provide crisis intervention services to alleged victims of sexual violence. The Emergency Room staff person at Naval Hospital Jacksonville was interviewed and stated that their facility would always have a SANE/SAFE Nurse available but in the rare occasion they didn't have one available, a qualified medical practitioner would perform the exam. She further stated that they would notify the SAPR on the arrival of any victim had the facility not already made the notification and the advocate is allowed to stay with the victim if the victim wants them to. The NCIS Investigator confirmed that the advocate could be present during questioning if the victim would like them there.

(f) The Memo of Agreement (MOA) between the Director of Naval Operations Bureau of Medicine and Surgery, and Naval Criminal Investigative Services requires that the investigating entity follow the requirements of paragraphs (a) through (e) of this section.

There were no prisoners available to interview that had been sent out the local hospital for a forensic exam.

Policy, Materials, Interviews and Other Evidence Reviewed

- (SOP)-104 (Prison Rape Elimination Act) July 3, 2018
- Memo of Agreement (MOA) between the Director of Naval Operations Bureau of Medicine and Surgery, and Naval Criminal Investigative Services
- Interview (Warden)
- Interview (NCIS Investigator)
- Interview (PCF Investigator)
- Interview (Facility SAPR)
- Interview (Sexual Assault Response Coordinator)

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

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

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) (SOP)-104 (Prison Rape Elimination Act) July 3, 2018, section 2 (a)(b) requires all allegations of sexual misconduct and/or retaliation be administratively and/or criminally investigated and reported to NCIS. Allegations regarding sexual misconduct are referred to Naval Criminal Investigative Services (NCIS). NCIS Investigators follow Naval Criminal Investigative Services (NCIS) and Navy Bureau of Medicine and Surgery (BUMED) protocols for evidence collection and medical examinations for administrative proceedings and criminal prosecutions. Law Enforcement and Security NTTP 3-07.2.3, August 2011 describes the procedures for crime scenes and evidence collection. The Director, Warden, PCF Investigator and the NCIS Investigator confirmed to the auditor that all allegations of sexual abuse are investigated regardless of how the allegation is received. There were no allegations of sexual abuse reported at PCF during the last 12 months according to the PCF Investigator and review of the PAQ. He further stated that if the allegation evidence does not meet the elements of a crime, as determined by NCIS, the facility conducts an Administrative Investigation.

(b) (SOP)-104 (Prison Rape Elimination Act) July 3, 2018, section 2 (c) on page 18 and the MOA between PCF and NCIS requires all allegations of sexual misconduct be referred for investigation to the NCIS, the agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior.

(c) PCF publishes their investigative policy on its website (https://www.cnic.navy.mil/regions/cnrse/installations/nas_jacksonville/om/transient_personnel_unit/prison_rape_elimination_act_prea.html). The Navy Command and Programs has policy guidance Letter 1 pages 6,7 and policy Guidance Letter 3 page 3 that detail the navy systemwide investigative policy and procedure on their web page https://www.cnic.navy.mil/regions/cnrse/installations/nas_jacksonville/om/transient_personnel_unit/prison_rape_elimination_act_prea.html

There were no reports of sexual abuse for the auditor to review practice.

Policy, Materials, Interviews and Other Evidence Reviewed

- (SOP)-104 (Prison Rape Elimination Act) July 3, 2018
- Law Enforcement and Security NTTP 3-07.2.3, August 2011
- MOU (NCIS)
- Web Site Review
- Interview (NCIS Investigator)
- Interview (Warden)
- Interview (Director)
- Interview (PCF Investigator)
- Review (MOA)

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(b)(c)(d) There are 54 total staff at the PCF with two (2) in pre-service training at the time of the site review. According to one of the training staff, each of the 54 staff must receive preservice training (including Zero Tolerance Training) prior to assuming any duties within the PCF. He also stated the training is tailored to both genders as the PCF receives both male and female prisoners. The (SOP)-104 (Prison Rape Elimination Act) July 3, 2018, section 3 (b) requires the training each receives includes the National Institute of Corrections (NIC) Training titled "Your Role: Responding to Sexual Abuse" as well as training provided by both PREA Compliance Managers. The auditor reviewed the curriculum of both and it includes: (1) SOP-104 zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) A prisoner's right to be free from sexual abuse and sexual harassment; (4) Staff and prisoner's right to be free from retaliation for reporting sexual abuse and sexual harassment; (5) recognizing 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 prisoner's; (9) How to communicate effectively and professionally with prisoner's, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming prisoners; (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities, (11) Definitions of sexual misconduct and (12) Prevention and warning signs. It also provides information about how to perform pat searches of transgender or intersex prisoners in a professional and respectful manner using the least intrusive means. The auditor reviewed the training records for staff at the PCF and all are current with the mandatory PREA training verifying by signature each understood the content. The Age Warden stressed the importance of staff training in providing a safe environment during his interviews. Random staff interviews confirmed that they had received training prior to their assignment that included the topics described in the paragraph above and each staff member described the procedures they would follow if an inmate approached them with an allegation of sexual assault. All those interviewed indicated that their first response would be separating the alleged victim and abuser, secure the area the alleged abuse took place if possible, contact their supervisor and preserve evidence from destruction. As noted earlier the auditor reviewed 10 staff PREA training records). All staff carry a small wallet sized card outlining their responsibilities when responding to allegations of sexual assault.

Policy, Materials, Interviews and Other Evidence Reviewed

- (SOP)-104 (Prison Rape Elimination Act) July 3, 2018
- Review (NIC Training)
- Review (Training Records)
- Interview (Warden)
- Interview (Training Instructor)
- Interview (Random Staff)

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?
☒ Yes ☐ No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(b)(c) There are currently no volunteers or contractors at the PCF. The auditor confirmed this during the site observations and review of the PAQ. (SOP)-104 (Prison Rape Elimination Act) July 3, 2018, section 4 (a)(b)(c) on page 20 requires all volunteers and contractors be trained on their responsibilities regarding sexual misconduct prevention, detection, and response. The level and type of training shall

be based on the services they provide and the level of contact they have with prisoners. The Warden indicated that the PCF has not had volunteers/contractors for the last 12 months. If the PCF were to employee contractors or have volunteers he indicated training would be provided to them as required by this policy.

Policy, Materials, Interviews and Other Evidence Reviewed

- (SOP)-104 (Prison Rape Elimination Act) July 3, 2018
- Interview (Warden)
- Interview (Training Officer)
- Review (Training Curriculum)
- Review (PAQ)

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

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

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received such education? ☒ Yes ☐ No

- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? ☒ Yes ☐ No

115.33 (d)

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

115.33 (e)

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

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(b)(d)(e) As noted earlier there were six (6) prisoners at the PCF at the time of the site visit. All arriving within the last 30 days. (SOP)-104 (Prison Rape Elimination Act) July 3, 2018, section 5 (a)(b)(c) requires all prisoners upon arrival at the PCF receive information, explained orally and in writing, about the facility's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. This policy further requires within 30 days of arrival, the PREA Compliance Manager provide comprehensive education on prisoner 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. The interview with the Intake staff indicated each prisoner receives a pamphlet about PREA titled "Prison Rape Elimination Act" in either English or Spanish upon arrival. As noted in standard 115.16 navy personnel are required to read and understand English as a condition of joining the Navy. The PREA Coordinator informed the auditor that PCF has access to interpretive services through Military One Source. They provide interpretive services, sign language, interpretive expertise in written materials, phone help, written and site help if needed. If a prisoner is incapable of reading information, it is read to him/her. The PREA Manager confirmed that he is responsible to provide this comprehensive education to prisoners. He indicated he typically provides it to them within 72 hours of arrival but no longer that 1 week after arrival at the PCF. He provided documentation demonstrating training is provided and done within 7 days of arrival. The auditor interviewed one prisoner at the PCF who confirmed he was provided PREA information (pamphlet) upon arrival and received the comprehensive training on his fourth day.

(c) Prisoners at PCF are new to the system and have been provided PREA information and comprehensive information.

(f) Section 5 (f) on page 21 of the same policy requires that in addition to providing prisoner education, the PCF 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 handbooks, or other written formats. The auditor during his tour found signage indicating reporting information to staff, NCIS, the Sexual Assault Response Coordinator telephone number and the Department of Defense (DoD) hotline telephone number in each of the housing units, as well as all prisoner access areas.

Policy, Materials, Interviews and Other Evidence Reviewed

- (SOP)-104 (Prison Rape Elimination Act) July 3, 2018
- Interview (Intake Staff)
- Interview (PREA Compliance Manager)
- Interview (Prisoner)
- Review (PREA Pamphlet)
- Review (Prisoner Training Received Documentation)
- Review (Informational Posters)

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(b)(c) (SOP)-104 (Prison Rape Elimination Act) July 3, 2018 section 6 (a)(b) on page 21 requires prior to conducting a PREA investigation, all investigators receive specialized training that includes: conducting investigations in confinement settings; interviewing techniques for sexual abuse victims; proper use of Garrity and Miranda warnings; sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The auditor found this specialized training documented in the PCF Investigators' training file and in the PREA Office file. The training he received was through the National Institution of Corrections (NIC). Completion of the training was documented with a certificate of completion. PCF has only one Facility Investigator. During his interview he informed the auditor that he received this from the National Institute of Correction (NIC) titled "Investigating Sexual Abuse in Confinement Settings". He indicated that course content included interview techniques, evidence collection, use of Garrity warning and criteria and evidence to substantiate administrative cases. The auditor confirmed his course completion and certificate issued. The Memo of Agreement (MOA) between the Director of Naval Operations Bureau of Medicine and Surgery, and Naval Criminal Investigative Services as well as policy NCBM DETPHINST 1640.23 (PRISON RAPE ELIMINATION ACT COMPLIANCE) requires NCIS Investigators receive specialized investigative training. The training each receives must be based on the National Institute of Corrections (NIC) Training "Investigating Sexual Abuse in Confinement Settings. The NCIS Investigator confirmed that he had received this specialized training to conduct, among other things, sexual abuse investigations.

Policy, Materials, Interviews and Other Evidence Reviewed

- (SOP)-104 (Prison Rape Elimination Act) July 3, 2018
- Review (MOA)
- Interview (NCIS Investigator)
- Interview (PCF Investigator)
- Review (NIC Training)
- Review (Investigator Training Record)

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No

- 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? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) ☐ Yes ☐ No ☒ NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? ☒ Yes ☐ No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) (SOP)-104 (Prison Rape Elimination Act) July 3, 2018, section 7 (a)(b) requires all medical and mental health care practitioners who work regularly in the facility receive the training mandated for all staff but also complete the "Medical Health Care for Sexual Assault Victims in a Confinement Setting" and "Behavior Health Care for Sexual Assault Victims" located at <http://nic.learn.com>, which includes at a minimum how to preserve physical evidence of sexual abuse, how to detect and assess signs of sexual abuse and sexual harassment how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The Clinical Services Director and Medical Branch Head shall ensure documentation of completed training is scanned and forwarded to the Training Officer and PREA Compliance Manager for file, archive and audit. The auditor interviewed two medical/mental health staff while on site. Both indicated they were required to take the all staff training and the additional training as described in subpart (a) above. The auditor also looked at training records for medical/ mental health staff at PCF and found each had completed this required training.

Policy, Materials, Interviews and Other Evidence Reviewed

- (SOP)-104 (Prison Rape Elimination Act) July 3, 2018
- Interview (Mental Health staff)
- Interview (Medical staff)
- Review (NIC Curriculum)
- Review (Training Records)

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No

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

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?

☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(b)(d)(e)(h) (SOP)-104 (Prison Rape Elimination Act) July 3, 2018, section 1 (a)(b)(c) requires all prisoners be assessed for risk of victimization or abusiveness within 72 hours of arrival at the facility, utilizing the objective screening instrument. The PREA Compliance Managers complete the initial risk assessment for every prisoner arriving at the PCF. She confirmed during her interview that the assessment is typically done within two (2) hours of the prisoner's arrival. There is never a time where the prisoner waits more that 48 hours. She indicated the assessment is performed in a private setting and begins by asking the prisoner (1) if he has a mental, physical, or developmental disability; (2) his age; (3) whether the prisoner has previously been incarcerated; (4) whether the prisoner's criminal history is exclusively nonviolent; (5) whether the prisoner has prior convictions for sex offenses against an adult or child; (6) whether the prisoner is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (7) whether the prisoner has previously experienced sexual victimization; (8) for his own perception of his vulnerability; (9) and conducts an assessment of the physical build of the prisoner. This policy also requires PCF consider prior acts of sexual abuse, prior convictions for violent offences and any know history of prior institutional violence or sexual abuse known when assessing a prisoner's risk of being sexually abusive. The PREA Compliance Manager informed the auditor that prisoners are not punished for refusing to answer any of the questions. The auditor interviewed one prisoner who indicated he had his assessment on the day of his arrival. The auditor also reviewed the other 5 prisoners' folders and found initial assessments completed within their first two days of arrival.

(c) The PREA Coordinator was asked about the objectivity of the questions found on the risk assessment. He indicated the questions were developed over time and allow the individual performing the assessment to ask questions without allowing his/her own personal opinions to factor into the assessment. The auditor reviewed the questions and believes that they in fact are objective.

(f) (SOP)-104 (Prison Rape Elimination Act) July 3, 2018, section 1 (d) requires within that within 14 days of the prisoner's arrival at the facility, the Clinical Services Department will reassess the prisoner's risk of victimization or abusiveness. As noted earlier in the report there were only six (6) prisoners at the PCF at the time of the site visit. Only one beyond the 14-day requirement for the reassessment. His file indicated he was seen on the 13th day by the mental health clinician as required by the policy. The auditor would recommend that the record notes clearly reflect the meeting with the prisoner is to reassess his/her risk. (SOP)-104 (Prison Rape Elimination Act) July 3, 2018 when revised in 2018 inadvertently left off the word transgender. When brought to the attention of the facility it was immediately added.

(g) Section (e) on page 23 of this same policy requires a prisoner's risk level shall be reassessed by the Brig Officer/Assistant Brig Officer when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information, or conviction that bears on the prisoner's risk of sexual victimization or abusiveness. The interview with both the Warden and the facility PREA Compliance Manager confirmed that any referral, request, incident of sexual abuse or any information bearing on the prisoner's safety would result in a new assessment. The facility had no reassessments based on any of the above conditions.

(i) Section (g) on page 23 requires the Risk of Victimization and Abusiveness form be maintained within the prisoner record. Dissemination of the information contained within the form shall be on a need to know basis (e.g. Commanding Officer, Executive Officer, Brig Officer, Assistant Brig Officer/PREA Compliance Manager, etc.) to ensure that sensitive information is not exploited to the prisoner's detriment by staff or other prisoners. Interviews with staff indicated that information they become aware of is not to be shared with anyone except in an official capacity by a supervisor or investigator. The auditor found the documents secured under lock in the Wardens Office. Interviews with the Warden and PREA Compliance Manager confirmed that information is shared with staff on a need to know basis for housing and programs assignments. Staff may need to know the inmate's classification but not the reason for it.

Policy, Materials, Interviews and Other Evidence Reviewed

- (SOP)-104 (Prison Rape Elimination Act) July 3, 2018
- Interview (PREA Coordinator)
- Interview (PREA Compliance Manager)
- Interview (Warden)
- Interview (Mental Health)
- Interview (Random Staff)
- Review (Inmate Medical Record)
- Interview (Risk Assessment)
- Review (Initial Assessment)
- Review (Reassessment)
- Interview (Prisoner)

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

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

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? ☒ Yes ☐ No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(b)(c)(d)(e) PCF prisoners are at the facility for a limited time and programming is very limited. Housing at the PCF consists of a secure area (5 cells) for males, a secure area (5 cells) for females and an open bay dorm for men only. (SOP)-104 (Prison Rape Elimination Act) July 3, 2018, section 2 (a) on page 24 requires PCF use information from the risk screening required by paragraph 8.c.(1) to inform housing, cell/bed assignment, and work 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. Interviews conducted with the Warden and facility PREA Compliance Manager confirmed that cells are not punitive and female prisoners are placed in them as it is the only housing available to them. They also indicated that individualized decisions about each prisoner's safety are made prior to placement. Transgender and intersex prisoner's placement decisions are made on a case by case determination to ensure their safety and health. They also stated that the transgender/intersex prisoner's own views with respect to his or her own safety would be given serious consideration. Section (d) on page 25 of the same policy requires all placement and programming assignments for each transgender or intersex prisoner shall be reassessed, using the Risk of Victimization and Abusiveness Form every six months to review any threats to safety experienced by the prisoner. As noted earlier the time spent at the PCF is typically under 30 days. There were no transgender or intersex prisoners under custody at the PCF at the time of the site visit.

(f)(g) (SOP)-104 (Prison Rape Elimination Act) July 3, 2018, section (e)(f) on page 24 states lesbian, gay, bisexual, transgender or intersex prisoners shall not be housed in dedicated housing units solely on the basis of such identification or status, unless otherwise directed by higher authority. The interview with the Warden and PREA Compliance Manager indicated that there are no dedicated housing quarters at the PCF. They also stated that all prisoners are allowed to shower separately. The auditor confirmed that there were no dedicated housing units and observed the individual showers.

Policy, Materials, Interviews and Other Evidence Reviewed

- (SOP)-104 (Prison Rape Elimination Act) July 3, 2018
- Interview (Warden)
- Interview (PREA Compliance Manager)
- Auditor Observations

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(b)(c)(d) There are no segregation/isolation cells/housing quarters at the PCF. The cells in the male and female quarters are set up to use as: general population cells, medical isolation, until a completed risk assessment is performed, discipline and one of these cells is set up with a camera for suicide watch. (SOP)-104 (Prison Rape Elimination Act) July 3, 2018, section 3 (a) indicates prisoners at high risk for sexual victimization are not to be placed in involuntary special quarters unless an assessment by the Classification and Assignment Board 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 restrictive housing for no more than 24 hours while the assessment is being conducted. This board is made up of a Counselor and the Risk Assessment staff. The Warden stated that the PCF has limited space and options for prisoners who may be at high risk for victimization is limited. He indicated that if it became necessary to utilize one of the cells in Alpha or Bravo Unit the prisoner would have access to programs, privileges, library, social services, counseling services, religious guidance, recreational, and work opportunities to the extent possible. If the PCF had to restrict any of these items it would be documented on form 509 indicating the limited opportunity, duration of the restriction and reason for the restriction. He also stated prisoners would only be assigned to involuntary special quarters until an alternative means of separation from likely abusers could be arranged, and such an assignment would not ordinarily exceed a period of 30 days. Section (e) of the same policy requires the Classification and Assignment Board review the status of each prisoner assigned to Protective Custody every 7 calendar days for the first two months and every 30 days thereafter, to determine whether there is a continuing need for separation from the general

population. Neither the male or female cells were used to secure a prisoner at high risk for victimization during the last 12 months.

Policy, Materials, Interviews and Other Evidence Reviewed

- (SOP)-104 (Prison Rape Elimination Act) July 3, 2018
- Interview (Warden)
- Interview (Classification and Assignment Board)
- Site Visit (Secure Quarters)

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☒ Yes ☐ No

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(b)(d) Prisoners at the PCF are not detained for immigration purposes. (SOP)-104 (Prison Rape Elimination Act) July 3, 2018, section D 1 (a)(b) on page 26 states that a prisoner may report allegations of sexual misconduct or retaliation by other prisoners or staff verbally or in writing. In addition, prisoners may report staff neglect or violations of responsibilities that may have contributed to incidents of sexual misconduct. Such reports can be made to a staff member other than the prisoner's immediate supervisor to include the CMEO, SAPR, Chaplain, or by submitting a DD Form 510, prisoner request. It further states that prisoners may report allegations to an outside entity (Department of Defense) that is not part of the PCF by using the phone hotline. The DoD reports the allegations to the Agency PREA Coordinator/designee. Prisoners are given the opportunity to remain anonymous upon request to the outside entity. As noted in standard 115.33 reporting information is continuously and readily available to prisoners through posters, handouts or Prisoner Rules and Regulations 2019. The auditor during his tour found signage indicating prisoner reporting information to staff, NCIS, Sexual Assault Coordinator number and the Department of Defense (DoD) hotline telephone number in each of the housing units, as well as prisoner access areas. Posters for third party reporting (family and friends) were posted the visitation area and front entry building where prisoner visitors are processed. The interview with a prisoner confirmed his knowledge of the signage throughout the facility and how and

whom to report incidents of sexual abuse if he needed to. The auditor placed a test reporting call to the DoD private/public agency, not associated with PCF, that can be used by prisoners and documented in the posters. The test call was made Wednesday March 13, 2019 and was received by the Agency PREA Coordinator March 13, 2019 one hour later.

(c)(d) (SOP)-104 (Prison Rape Elimination Act) July 3, 2018, sections (d)(e) on page 26 requires staff accept reports made verbally, in writing, anonymously, or from third parties. The policy further requires all verbal reports shall be immediately documented and forwarded to the Brig Duty Officer or other appropriate supervisor. Staff may privately report sexual abuse and sexual harassment of prisoners via the DoD Safe helpline, SARC, SAPR, Inspector General. The random staff interviews confirmed their responsibility to receive and report all allegations of sexual misconduct, retaliation by other prisoners or staff verbally or in writing, and staff neglect or violations of responsibilities

Policy, Materials, Interviews and Other Evidence Reviewed

- (SOP)-104 (Prison Rape Elimination Act) July 3, 2018
- Prisoner Rules and Regulations 2019
- Interview (PREA Coordinator)
- Review (Informational Posters)
- Review (PREA Pamphlet)
- Interview (Prisoner)
- Interview (Staff)
- Test Call

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☐ Yes ☐ No ☒ NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

115.52 (c)

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

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
☐ Yes ☐ No ☒ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☐ Yes
☐ No ☒ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No
☒ NA

115.52 (g)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
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- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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NCBM DETPHINST 1640.23 (PRISON RAPE ELIMINATION ACT COMPLIANCE) June 13, 2014 indicates administrative remedy procedures (grievances) are not the appropriate process for filing allegations of sexual misconduct. The Warden indicated during his interview that although the prisoner could report an allegation to the Grievance office it would be handled in the same manner as if it were reported to any staff member. It would not be processed by the Grievance Office. Therefore, the PCF is exempt from this standard.

Policy, Materials, Interviews and Other Evidence Reviewed

- NCBM DETPHINST 1640.23 (PRISON RAPE ELIMINATION ACT COMPLIANCE) June 13, 2014
- Interview (Warden)

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☒ Yes ☐ No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(b)(c) (SOP)-104 (Prison Rape Elimination Act) July 3, 2018, section 3 (a) on page 29 requires PCF to provide prisoners access to an outside victim advocate for emotional support services related to sexual abuse. The Department of the Navy PREA Guidance Memo issued March 20, 2014 gave direction to all Navy briggs that the DoD Safe Helpline, operated by the Rape Abuse and Incest National Network (RAINN), offers sexual assault support to the DoD community and is considered a community service provider to be utilized by prisoners if needed. The PREA Compliance Manager indicated that prisoners are provided this unmonitored toll-free number through signage throughout the brig. He further stated that prisoners are also provided contact information through posters of the base 24-hour Sexual Assault Prevention Advocate (SAPR) program through the NAS Jacksonville Fleet and Family Support Center. The advocacy program opportunities for prisoners was also confirmed and discussed during the SARC interview. Advocacy contact information is also available to prisoners in the Prisoner Rules and Regulations 2019. The auditor viewed the informational signage throughout the PCF. Included in these postings is information to the prisoners alerting them to the extent to which the phone

and mail is monitored. The one prisoner that was interviewed was aware of the support service provided by DoD.

Policy, Materials, Interviews and Other Evidence Reviewed.

- (SOP)-104 (Prison Rape Elimination Act) July 3, 2018
- Department of the Navy PREA Guidance Memo issued March 20, 2014
- Prisoner Rules and Regulations 2019
- Interview (PREA Compliance Manager)
- Interview (SARC)
- Interview (Prisoner)

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) (SOP)-104 (Prison Rape Elimination Act) July 3, 2018 section 4 (a) on page 29 require the PCF to provide information on third party reporting of sexual abuse and sexual harassment on behalf of a prisoner in the housing unit, visitation area, common areas and on the Command website. During the tour the auditor observed, in the area where prisoner visitors are processed as well as in the facility visiting room, posters alerting prisoner families and friends of their ability to make a sexual abuse allegation of sexual harassment allegation of behalf of the prisoner. These posters inform them of

contact information where they can report these allegations. During the interview with the one prisoner he indicated he was aware of having a family member or friend report an allegation of sexual abuse on his behalf.

Policy, Materials, Interviews and Other Evidence Reviewed.

- (SOP)-104 (Prison Rape Elimination Act) July 3, 2018
- Review (Signage)
- Interview (Prisoner)

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(b) Policy NCBM DETPHINST 1640.23 (PRISON RAPE ELIMINATION ACT COMPLIANCE) June 13, 2014, clearly defines the mandate and the requirement to every staff member, volunteer, medical, mental health practitioners and contractor to immediately report any knowledge, suspicion, or information regarding incidents of sexual abuse or sexual harassment that occurred anytime that they become aware of. (SOP)-104 (Prison Rape Elimination Act) July 3, 2018, section e (1)(2)(3) on page 29 mandates these same requirements to staff about reporting. The MOA between the Navy and NCIS also requires the immediate reporting of knowledge, suspicion, or information regarding incidents of sexual abuse or sexual harassment that occurred anytime that they become aware of as well. All of these documents require staffs to not reveal any information they become aware of related to sexual abuse to anyone except in an official reporting capacity. The staff confirmed during interviews that their reporting responsibility is emphasized in their training and also not discussing any information they become aware of except to a supervisor or during the course of an investigation. The auditor found the reporting information and confidentiality of information in the provided staff-training curriculum.

(c) (SOP)-104 (Prison Rape Elimination Act) July 3, 2018, section e 2 (c) requires that unless otherwise precluded by federal, state, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to this section and inform prisoners of the practitioner's duty to report and the limitations of confidentiality at the initiation of services. The auditor interviewed both a medical practitioner and mental health practitioner while at PCF. Each indicated their responsibility on reporting allegations of sexual abuse and their responsibility to inform inmates about the limits of confidentiality prior to services.

(d) As noted in standard 115.14 the PREA Coordinator and the Warden stated that the PCF has never received a prisoner under the age of 18. If ever it was determined the alleged victim is considered a vulnerable adult the PCF would report the allegation to Navy Command and to State Officials. The Warden indicated in his interview that he would be responsible to make this notification. There have been no incidents of sexual abuse of a vulnerable adult the last 12 months according to the PAQ and the Warden.

Policy, Materials, Interviews and Other Evidence Reviewed.

- (SOP)-104 (Prison Rape Elimination Act) July 3, 2018
- Policy NCBM DETPHINST 1640.23 (PRISON RAPE ELIMINATION ACT COMPLIANCE) June 13, 2014
- Memo of Agreement (MOA) between the Director of Naval Operations Bureau of Medicine and Surgery, and Naval Criminal Investigative Services
- Review (Training Curriculum)
- Interview (Mental Health)
- Interview (Medical)
- Interview (PREA Coordinator)
- Interview (Warden)

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) (SOP)-104 (Prison Rape Elimination Act) July 3, 2018, section e (2) on page 30 requires, when it is discovered a prisoner is subject to a substantial risk of imminent sexual abuse, the Senior Brig Duty Officer shall be notified and take immediate action to protect the prisoner and notify the CO via the Brig Officer (§115.62(a)-1). Such actions shall be documented in the Brig Log and identified as a significant event (e.g., highlighted, color coded, searchable, etc.) and documented on a DD Form 2713 Prisoner Observation Report and filed in the prisoner record and/or Correction Management Information System (CORMIS-the nationwide prisoner identification system). The interviews with the random staff were specific on questioning their response to prisoners who may be at substantial risk of sexual abuse. Each indicated the safety of the prisoner at risk would be their priority concern. Their first course of action would be to seek out the prisoner, isolate him and notify their supervisor. The Warden indicated the safety of the prisoners would be priority and his options would be determined on the situation but initially he would place the prisoner in the Alpha Quarters (single cell) for males and Beta Quarters for females and conduct an investigation. To date the facility has not reported any incidents of inmates at substantial risk.

Policy, Materials, Interviews and Other Evidence Reviewed.

- (SOP)-104 (Prison Rape Elimination Act) July 3, 2018
- Interview (Warden)
- Interview (Random Staff)

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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(a)(b)(c)(d) (SOP)-104 (Prison Rape Elimination Act) July 3, 2018, section 3 (a-d) on page 31 requires, upon receiving an allegation that an inmate was sexually abused while confined at another institution/facility, the Commanding Officer at PCF to notify the head of the institution/facility or appropriate office of the agency where the alleged abuse occurred. This notification is to be made within 72 hours after being informed of the abuse through email, correspondence, SITREP, and is to be investigated in accordance with applicable provisions of the policy. Interviews with the Warden and PREA Compliance Manager and review of the PAQ confirmed that the PCF had no incidents reported to them occurring at other facilities or received notifications of allegations from other facilities of incidents occurring at the PCF. If there had been notifications, according to them, the facility would have been made notifications in writing within 72 hours of becoming aware.

Policy, Materials, Interviews and Other Evidence Reviewed.

- (SOP)-104 (Prison Rape Elimination Act) July 3, 2018
- Interview (Warden)
- Interview (PREA Compliance Manager)
- Review (PAQ)

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(b) All staff at PCF is trained as first responders to allegations of sexual abuse regardless of their title or position. (SOP)-104 (Prison Rape Elimination Act) July 3, 2018 section 4 (a) (1-5) on page 31 requires security staff upon learning of an allegation that a prisoner was sexually abused to: separate

the victim and abuser; preserve scene and evidence not allowing any washing, brushing of teeth, urinating, changing clothes, defecating, drinking or eating. The policy further requires the first non-security staff to separate the victim and abuser request the alleged victim not take any actions that could destroy physical and notify the security shift supervisor. The auditor interviewed security first responders as there were no non-security staff working or assigned to the PCF. Although staff responses differed somewhat in the sequence of actions each would take, they would immediately separate and secure the alleged victim. After that each informed the Auditor that their actions would include: asking if the alleged victim needs medical attention, try and secure the area, contact the PREA Compliance Manager, and do not allow the alleged victim to eat, wash, brush their teeth or do anything that might destroy evidence stated they would follow the responses required of them as outlined in Appendix "D" of this policy. Each staff member carries a small credit card sized document outlining their responsibilities in the event of a sexual abuse allegation.

Policy, Materials, Interviews and Other Evidence Reviewed.

- (SOP)-104 (Prison Rape Elimination Act) July 3, 2018
- Interview (PREA Compliance Manager)
- Interview (Staff)

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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(a) (SOP)-104 (Prison Rape Elimination Act) July 3, 2018 serves as the facility policy detailing the coordinated actions to be taken in response to an incident of sexual abuse, among staff first

responders, medical and mental health practitioners, investigators, and facility leadership. The auditor interviewed the Warden, medical staff, mental health staff, PREA Compliance Manager, facility Investigator and multiple supervisors during the site visit. Each confirmed they were aware of their specific duties in response to an incident of sexual abuse as required by this policy.

Policy, Materials, Interviews and Other Evidence Reviewed.

- (SOP)-104 (Prison Rape Elimination Act) July 3, 2018
- Interview (Warden)
- Interview (Medical)
- Interview (Mental Health)
- Interview (PREA Manager)
- Interview (Investigator)
- Interview (Watch Commander)

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) (SOP)-104 (Prison Rape Elimination Act) July 3, 2018 section 6 (a) on page 32 states the facility shall not enter into or renew any collective bargaining agreement or other agreement that limits the facility's ability to remove alleged staff sexual abusers from contact with any prisoners pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The Warden confirmed that the PCF has no collective bargaining units and Military staff members are not eligible for membership in a collective bargaining unit. Nothing limits the facility or Agency to remove any alleged staff sexual abusers from contact with any prisoners pending the outcome of an investigation. Staff interviews confirmed each was not part of any collective bargaining unit.

Policy, Materials, Interviews and Other Evidence Reviewed.

- (SOP)-104 (Prison Rape Elimination Act) July 3, 2018
- Interview (Warden)
- Interview (Staff)

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

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

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? ☒ Yes ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(SOP)-104 (Prison Rape Elimination Act) July 3, 2018 requires prisoners and staff who report sexual abuse or sexual harassment or cooperate with any sexual abuse or sexual harassment investigations be protected from retaliation by other prisoners or staff. This policy also sets up the minimum time of 90 days unless the situation requires more time. The monitoring must be documented and periodic. The individual designated at the PCF to monitor staff and prisoner retaliation is the PREA Compliance Manager. During his interview he confirmed that retaliation monitoring begins at the time the allegation is made and typically continues for at least 90 days unless circumstances warrant an extension, or the investigations determines the allegation was unfounded or prisoner is transferred in which case the monitoring ceases. He indicated he initiates periodic contact with the prisoner or staff member and the contact is documented and maintained by his office. He also indicated that while monitoring prisoners he would look at the prisoners' work assignments, any disciplinary reports, evaluations, and any bed changes. He informed the auditor he would meet with them individually to discuss any concerns they might have. When monitoring staff, he stated he would look at the employee's work assignments, time off requests, transfers, and performance evaluations. The facility has had no PREA allegations over the previous three years and no retaliation monitoring.

Policy, Materials, Interviews and Other Evidence Reviewed.

- (SOP)-104 (Prison Rape Elimination Act) July 3, 2018
- Interview (PREA Compliance Manager)

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) (SOP)-104 (Prison Rape Elimination Act) July 3, 2018 section 8 on page 34 requires the use of special quarters (Alpha Unit cell) for victims of sexual assault is only until alternative means of separation from likely abusers can be arranged and shall not ordinarily exceed thirty (30) calendar days. As noted in standard 115.43 the auditor interviewed the Warden who stated that the PCF has limited space and options for prisoners. Only as a last resort would he place a victim of sexual assault in special quarters. He indicated that if it became necessary the prisoner would have access to programs, privileges, library, social services, counseling services, religious guidance, recreational, and work opportunities to the extent possible. If the PCF had to restrict any of these items it would be documented on form 509 indicating the limited opportunity, duration of the restriction and reason for the restriction. He confirmed that no prisoner has been placed in segregation (special quarters) within the last three years.

Policy, Materials, Interviews and Other Evidence Reviewed.

- (SOP)-104 (Prison Rape Elimination Act) July 3, 2018
- Interview (Warden)

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the

agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (c)

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

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.71 (h)

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

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(b)(c)(d)(e)(f)(g)(h)(i)(j)(l) (SOP)-104 (Prison Rape Elimination Act) July 3, 2018 section F 1 (B)C 7 on pages 34 requires when the PCF conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations including third-party and anonymous reports. A criminal or administrative investigation must be done on every allegation of sexual abuse that is received or the facility becomes aware of. This is the requirement found in the MOA with the NCIS as well. As confirmed in standard 115.34 and required in this same policy, the PCF utilizes only specially trained investigators in sexual abuse investigations. Section (c) of this same policy requires investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence, electronic monitoring data, interview of all involved and review prior complaints and report involving the alleged perpetrator. Should NCIS decline to investigative jurisdiction, CID or facility investigators shall complete the above tasks. When such evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors. Section (d) of the policy requires investigating agencies 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 member. Prisoners who allege sexual abuse are not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. The auditor interviewed both the NCIS Investigator and the PCF Investigator. Their interviews were conducted separately. The NCIS Investigator confirmed all reports of sexual abuse are immediately referred to NCIS regardless of the how the allegation is received. He makes a determination based on the facts and information he receives if elements of a crime exist. If they do he proceeds with a criminal investigation to present to prosecutors. He stated that regardless of what the individual's status is everyone is treated the same as it pertains to credibility. He stated that under no circumstances would he ever compel a victim to submit to any truth telling device. He informed the auditor that each case is assigned a case number and he initiates a case file to document and collect all evidence associated with the incident. He stated that during the investigation he would keep the facility up to date with information and provide the facility Investigator the findings of the investigation at its conclusion. Neither the departure of the employee or the prisoner from the custody of the PCF would end his investigation. Once started in must be finished. If the case is not considered criminal it is referred back to the facility for an Administrative Investigation by the PCF Investigator. The auditor interviewed the PCF Investigator who detailed the investigative process. He stated that cases involve gathering and preserving any available physical and DNA evidence and any available electronic monitoring data, interviews with alleged victims, suspected perpetrators, and witnesses, and also includes reviewing any prior complaints and reports of sexual abuse involving the suspected perpetrator. Determining whether staff actions or failures to act contributed to the alleged abuse is one

of the details he tries to determine during his investigation. He also stated that the departure of the alleged abuser or victim from the employment or control of PCF or the Navy does not provide a basis for terminating any investigation. The auditor had no case files to review as no incidents of sexual abuse have been reported at the PCF.

Policy, Materials, Interviews and Other Evidence Reviewed.

- (SOP)-104 (Prison Rape Elimination Act) July 3, 2018
- Memo of Agreement (MOA) between the Director of Naval Operations Bureau of Medicine and Surgery, and Naval Criminal Investigative Services
- Interview (NCIS)
- Interview (PCF Investigator)

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report 115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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(a) (SOP)-104 (Prison Rape Elimination Act) July 3, 2018, section F (2) on page 36 requires the PCF impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual misconduct are substantiated. The facility Investigator stated that "preponderance" is threshold he utilizes when to determine case outcome. There were no case files for the auditor to review.

Policy, Materials, Interviews and Other Evidence Reviewed.

- (SOP)-104 (Prison Rape Elimination Act) July 3, 2018

- Interview (PCF Investigator)

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.73 (b)

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

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently

inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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(a)(b)(d)(f) (SOP)-104 (Prison Rape Elimination Act) July 3, 2018, section F (3) requires the PCF following an investigation into a prisoner's allegation that they suffered sexual abuse in the facility, the

prisoner shall be informed in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. This document shall be drafted by the Legal Advisor and forwarded to the CO for signature before delivery to the prisoner. If the facility did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the prisoner. Section (d) of this policy also requires following a prisoner's allegation that they have been sexually abused by another prisoner, the alleged victim shall be notified in writing whenever the alleged abuser has been charged; or the alleged abuser has been convicted on a charge related to sexual abuse within the facility. All such notifications or attempted notifications shall be documented on the Prisoner Notification Form and a DD Form 2704. The interview with the NCIS Investigator, the PCF Investigator and the PREA Compliance Manager each confirmed the notification requirements to the prisoner and stated that their obligation to report to the prisoner terminates if the prisoner is released from custody. The facility has had no allegations or investigations in the last three years for the auditor to review for notifications.

(c)(e) (SOP)-104 (Prison Rape Elimination Act) July 3, 2018, section F 3 (c) requires following a prisoner's allegation that a staff member has committed sexual abuse against a prisoner, the prisoner shall be informed in writing, unless the facility has determined that the allegation is unfounded, whenever 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; the staff member is no longer employed at the facility; the staff member has been formally charged; or the staff member has been convicted on a charge related to sexual abuse within the facility.

Policy, Materials, Interviews and Other Evidence Reviewed.

- (SOP)-104 (Prison Rape Elimination Act) July 3, 2018
- Interview (NCIS Investigator)
- Interview (PCF Investigator)
- Interview (PREA Compliance Manager)

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

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

115.76 (b)

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

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility

(a)(b)(c)(d) (SOP)-104 (Prison Rape Elimination Act) July 3, 2018, section G (1) on page 37 requires staff be subject to disciplinary action up to and including termination for violation of PREA Standards. The term "termination" for civilians means removal from federal employment, after due process. For military staff, termination means separation from military service, after due process. Termination shall be the presumptive disciplinary action for staff who have engaged in sexual abuse. The Warden stated that disciplinary actions for violations of policies relating to sexual abuse or sexual harassment, different from actual sexual abuse would be commensurate with the nature and circumstances of the acts committed; the staff member's disciplinary history; and the sanctions imposed for comparable offenses by other staff with similar histories. He also stated that he would be the individual responsible for reporting to law enforcement agencies and to any relevant licensing bodies all terminations or resignations by staff that would have been terminated for violations of the PCF zero tolerance policy. As

noted earlier there were no allegations made at the PCF against staff or other prisoners during the last three years.

Policy, Materials, Interviews and Other Evidence Reviewed.

- (SOP)-104 (Prison Rape Elimination Act) July 3, 2018
- Interview (Warden)

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

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

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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(a)(b) (SOP)-104 (Prison Rape Elimination Act) July 3, 2018, section G (2) on page 38 requires 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. The Warden and PREA Compliance Manager confirmed that any allegations involving violations of sexual abuse or sexual harassment policies by a volunteer, contractor or intern, would result in the prohibition of further contact with prisoners by them. As noted earlier the PCF does not have contractors, volunteers or interns. If they were to have them SOP-104 would be enforced with them.

Policy, Materials, Interviews and Other Evidence Reviewed.

- (SOP)-104 (Prison Rape Elimination Act) July 3, 2018
- Interview (Warden)
- Interview (PREA Compliance Manager)

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.78 (f)

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

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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(a)(b)(c)(d) BUPERS INSTRUCTION 1640.22, March 2011 and (SOP)-104 (Prison Rape Elimination Act) July 3, 2018 require Uniform administrative disciplinary process, procedures, and authorized disciplinary and management actions within the naval corrections program consistent with the provisions of these policies. (SOP)-104 (Prison Rape Elimination Act) July 3, 2018, section G (3) on page 38 requires all prisoners be subject to disciplinary actions following an administrative finding that the prisoner engaged in prisoner-on-prisoner sexual abuse or following a criminal finding of guilt for prisoner-on-prisoner sexual abuse. 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. The Warden confirmed that any inmate found guilty of sexual abuse shall be given appropriate programming and interventions if determined to be necessary by mental health services. He further stated that prisoners with mental disabilities or a mental illness,

which may have contributed to his/her conduct, would be given consideration by the disciplinary board. There have been incidents involving prisoner on prisoner sexual abuse during the last three years.

Policy, Materials, Interviews and Other Evidence Reviewed.

- BUPERS INSTRUCTION 1640.22
- (SOP)-104 (Prison Rape Elimination Act) July 3, 2018
- Interview (Warden)

MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions,

including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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(a)(b)(c) SOP)-104 (Prison Rape Elimination Act) July 3, 2018, section H (1) on page 39 requires if the risk assessment screening indicates that a prisoner has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the PCF must ensure that the prisoner is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. If the screening indicates that a prisoner has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the prisoner is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening as well. The auditor interviewed the staff person who conducts the risk assessment. She confirmed that any prisoner with a history of any victimization or abusiveness is noted on the risk form and referred to medical and mental health staff. The auditor interview with both the medical and mental health practitioners indicated prisoners with either a history of abusiveness or victimization are referred to them for follow up and they are seen within 14 days of arrival at the PCF.

(d) SOP)-104 (Prison Rape Elimination Act) July 3, 2018, section H 1 (c) mandates that all information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to allow for informed decisions for treatment plans, security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. The PREA Compliance Manager, Mental Health Practitioner and the Medical Practitioner interviews indicated that all information is shared only on a need to know basis.

Policy, Materials, Interviews and Other Evidence Reviewed.

- (SOP)-104 (Prison Rape Elimination Act) July 3, 2018
- Interview (Medical)
- Interview (Mental Health)
- Interview (Risk Assessment)

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? ☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

Instructions for Overall Compliance Determination Narrative

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(a)(c)(d) (SOP)-104 (Prison Rape Elimination Act) July 3, 2018, section H (2) requires prisoner victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The interviews with the medical and mental health staff confirmed that the nature and scope of service provided by them are based on their professional judgment. All treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The medical practitioner confirmed victims of sexual abuse are offered timely information and timely access to sexually transmitted infections prophylaxis and pregnancy information.

(b) Section H 2 (b) of this same policy on page 40 states that If no qualified medical or mental health practitioners are on duty at the time a report of abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to paragraph and immediately notify the Senior Brig Duty Officer who shall immediately notify Emergency Medical Services for evaluation and transport. The auditor interviewed the facility BDO who verified the notification and transport process if an allegation of sexual assault is made when there is no qualified mental health or medical practitioners are present at the facility.

Policy, Materials, Interviews and Other Evidence Reviewed.

- (SOP)-104 (Prison Rape Elimination Act) July 3, 2018
- Interview (Mental Health)
- Interview (Medical)
- Interview (BDO)

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

115.83 (f)

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

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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(a)(b)(c)(g) SOP-104 (Prison Rape Elimination Act) July 3, 2018, section H (3) on page 40 requires the health authority 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. Interviews with both the medical and mental health practitioners confirmed that their victim evaluations and treatments of include: follow-up services if needed, treatment plans, and referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. They also stated that the level of care at PCF was consistent or better than the community level of care and treatment services are provided to victims without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

(d)(e)(f) Sections (d)(e)(f) of this same policy on page 41 requires prisoner victims of sexually abusive vaginal penetration while incarcerated be offered pregnancy tests and receive timely and comprehensive information about all lawful pregnancy-related medical services. The medical practitioner stated that female prisoners would be provided this information either by facility staff or staff at the hospital. She also stated that both male and female victims of sexual assault would be offered tests for sexually transmitted infections as medically appropriate. The facility has had no incidents of sexual assault within the last three years.

Policy, Materials, Interviews and Other Evidence Reviewed

- (SOP)-104 (Prison Rape Elimination Act) July 3, 2018
- Interview (Mental Health)
- Interview (Medical)

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(b)(c) (SOP)-104 (Prison Rape Elimination Act) July 3, 2018, section I (1) requires that the PCF Incident Review Board convene within 30 days of the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded. The Warden confirmed the PCF Review Board consists of the Commanding Officer, Executive Officer, Brig Officer, Asst. Brig Officer, and the PREA Compliance Manager with input from relevant personnel, supervisors, investigators, and medical or mental health practitioners when needed. The auditor also interviewed a member of the team who confirmed that the team review must be thorough with a follow up written report. The report must consider: events leading up to and following the incident; whether the actions taken were consistent with agency policies and procedures; whether the allegation or investigation indicates a need to change policy or practice to better detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility; an examination of the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; an assessment of the adequacy of staffing levels in that area during different shifts; an assessment as to whether monitoring technology should be deployed or augmented to supplement supervision by staff. The team is responsible to submit recommendations if warranted to the Commanding Officer, the PREA Compliance Manager, and the NAVPERSCOM (PERS-00D) PREA Coordinator. The PREA Compliance Manager informed the auditor that the facility shall implement the recommendations for improvement if made or document its reasons for not doing so in the PREA Annual Report. There have been no incident reviews conducted at the PCF during the last three months.

Policy, Materials, Interviews and Other Evidence Reviewed

- (SOP)-104 (Prison Rape Elimination Act) July 3, 2018
- Interview (Warden)
- Interview (Review Team Member)
- Interview(PREA Compliance Member)

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?
☒ Yes ☐ No

115.87 (b)

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

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

115.87 (e)

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

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility

(a)(b)(c)(d)(e)(f) (SOP)-104 (Prison Rape Elimination Act) July 3, 2018, section 2 (a) on page 42 requires the facility collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions from the most current version of the DOJ SSV form. This policy requires the Brig Officer (Warden) and PREA Compliance Manager aggregate all incident-based sexual abuse data and forward the results to the NAVPERSCOM (PERS-00D) PREA Coordinator from the previous calendar year by 15 March. The PREA Manager stated all incident-based data submitted by him includes the information needed to complete the standardized instrument Survey of Sexual Violence 2017 (SSV4) to the Department of Justice. This was confirmed by the auditor with the review of the 2018 SSV4 from the PCF. The agency PREA Coordinator informed the auditor that he is responsible to aggregate all agency provided incident based information from all facilities, including the private facilities and upon request provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Policy, Materials, Interviews and Other Evidence Reviewed

- (SOP)-104 (Prison Rape Elimination Act) July 3, 2018
- Interview (PREA Coordinator)
- Interview (PREA Compliance Manager)
- Review of 2018 SSV4

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its

findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(b)(c)(d) NCBM DETPHINST 1640.23 (PRISON RAPE ELIMINATION ACT COMPLIANCE) policy requires the agency review all incident-based sexual abuse data in order to assess and improve the effectiveness of the sexual abuse prevention, detection, and response policies, procedures, and training. This is accomplished by identifying problematic areas, taking corrective action on an ongoing basis and preparing the annual report of findings and corrective actions for each facility, as well as the agency as a whole. The interview with the Agency PREA Manager confirmed that the U.S. Navy-Corrections and Programs Office collects, maintains, and reviews from all available incident-based

documents, including reports, investigation files, and sexual abuse incident reviews from each of its' facilities including the four private facilities it contracts with. The PCF provides sexual abuse statistics to Central Office to assist them in creating the PREA Annual Report. This report documents trends, concerns etc. within the agency aggregate total. The document is available at <https://www.public.navy.mil/bupers-npc/support/correctionprograms/Pages/PREA.aspx>

Policy, Materials, Interviews and Other Evidence Reviewed

- NCBM DETPHINST 1640.23 (PRISON RAPE ELIMINATION ACT COMPLIANCE)
- Interview (PREA Coordinator)
- Review of Annual Report 2018

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

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

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes
☐ No

115.89 (c)

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

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☐ Yes ☐ No

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) SOP)-104 (Prison Rape Elimination Act) July 3, 2018, section 4 on page 44 requires all case records associated with allegations of sexual misconduct or retaliation including incident reports, investigation reports, prisoner information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be securely retained in accordance with the Navy records retention schedule. The agency PREA Coordinator/designee must ensure all aggregated sexual misconduct data received from private facilities with which it contracts is readily available to the public at least annually through the Navy internet site. The PREA Coordinator confirmed the information he is required to collect and aggregate from each facility within the agency, including privates (4) in order to author the agency annual report. He further stated all personal identifiers must be removed from publicly available data as required by policy. The auditor reviewed the annual report (2018 Annual Internal Report on Sexual Assault Data) found on the agency web page. <https://www.public.navy.mil/bupers-npc/support/correctionprograms/Pages/PREA.aspx>

Policy, Materials, Interviews and Other Evidence Reviewed

- SOP)-104 (Prison Rape Elimination Act) July 3, 2018
- Interview (PREA Coordinator)
- Review of Annual Report

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) ☒ Yes ☐ No

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency ensured that its operated facilities were audited at least once during the prior three-year audit period. The auditor had access to, and the ability to observe, all areas of the audited facility. The auditor requested and received copies of any relevant documents (including electronically stored information). The auditor was permitted to conduct private interviews with prisoners and staff. Prisoners were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor received no correspondence from staff or inmates.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Previous Reports are published on this site along w/ 4 PREA Guidance Letters including Hiring Process: <https://www.public.navy.mil/bupers-npc/support/correctionprograms/Pages/PREA.aspx>

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PCF format to ensure accessibility to people with disabilities. Save this report document into a PCF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

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April 26, 2019

Auditor Signature

Date _____

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PCF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.