

PREA Facility Audit Report: Final

Name of Facility: Cannon Air Force Base Confinement Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 05/30/2023

| Auditor Certification | |
|---|---|
| The contents of this report are accurate to the best of my knowledge. | <input type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input type="checkbox"/> |
| Auditor Full Name as Signed: Amy J Fairbanks | Date of Signature: 05/30/ 2023 |

| AUDITOR INFORMATION | |
|-------------------------------------|---------------------|
| Auditor name: | Fairbanks, Amy |
| Email: | fairbaa@comcast.net |
| Start Date of On-Site Audit: | 01/18/2023 |
| End Date of On-Site Audit: | 01/18/2023 |

| FACILITY INFORMATION | |
|-----------------------------------|--|
| Facility name: | Cannon Air Force Base Confinement Facility |
| Facility physical address: | 122 East Cochran Avenue , Cannon Air Force Base , New Mexico - 88103 |
| Facility mailing address: | |

| Primary Contact | |
|--------------------------|---------------------------|
| Name: | TSgt Andrew J Norris |
| Email Address: | andrew.norris.2@us.af.mil |
| Telephone Number: | 575-784-4928 |

| Warden/Jail Administrator/Sheriff/Director | |
|---|---------------------------|
| Name: | Andrew Norris |
| Email Address: | andrew.norris.2@us.af.mil |
| Telephone Number: | 5757844928 |

| Facility PREA Compliance Manager | |
|---|---------------------|
| Name: | Randy Jim |
| Email Address: | randy.jim@us.af.mil |
| Telephone Number: | O: 575-784-1608 |

| Facility Characteristics | |
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| Designed facility capacity: | 4 |
| Current population of facility: | 1 |
| Average daily population for the past 12 months: | 2 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| Which population(s) does the facility hold? | Males |
| Age range of population: | 18-46 |
| Facility security levels/inmate custody levels: | Minimum, Medium, Maximum |
| Does the facility hold youthful inmates? | No |

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| Number of staff currently employed at the facility who may have contact with inmates: | 7 |
| Number of individual contractors who have contact with inmates, currently authorized to enter the facility: | 0 |
| Number of volunteers who have contact with inmates, currently authorized to enter the facility: | 0 |

| AGENCY INFORMATION | |
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| Name of agency: | United States Air Force |
| Governing authority or parent agency (if applicable): | Department of Defense |
| Physical Address: | 1690 Air Force Pentagon, Washington, Dist. Columbia - 20330 |
| Mailing Address: | |
| Telephone number: | 2109250845 |

| Agency Chief Executive Officer Information: | |
|--|---------------------------|
| Name: | Edward Outlaw |
| Email Address: | edward.outlaw.2@us.af.mil |
| Telephone Number: | 210-925-7733 |

| Agency-Wide PREA Coordinator Information | | | |
|---|---------------|-----------------------|---------------------------|
| Name: | Marcus Sidney | Email Address: | marcus.sidney.1@us.af.mil |

| Facility AUDIT FINDINGS |
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| Summary of Audit Findings |
| The OAS automatically populates the number and list of Standards exceeded, the number of |

Standards met, and the number and list of Standards not met.

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

Number of standards exceeded:

0

Number of standards met:

45

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

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| 1. Start date of the onsite portion of the audit: | 2023-01-18 |
| 2. End date of the onsite portion of the audit: | 2023-01-18 |

Outreach

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

AUDITED FACILITY INFORMATION

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| 14. Designated facility capacity: | 9 |
| 15. Average daily population for the past 12 months: | 2 |
| 16. Number of inmate/resident/detainee housing units: | 3 |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

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

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

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| 36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: | 1 |
| 38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit: | 0 |
| 39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit: | 0 |
| 42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit: | 0 |

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| <p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p> | <p>0</p> |
| <p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p> | <p>0</p> |
| <p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p> | <p>0</p> |
| <p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p> | <p>0</p> |
| <p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p> | <p>No text provided.</p> |
| <p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p> | |
| <p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p> | <p>6</p> |
| <p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p> | <p>0</p> |

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

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

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

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

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

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

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| <p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>He was the only confinee present on the day of the onsite visit.</p> |
| <p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |

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| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>He was the only confinee present on the day of the onsite visit.</p> |
| <p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p> | <p>No text provided.</p> |
| <p>Staff, Volunteer, and Contractor Interviews</p> | |
| <p>Random Staff Interviews</p> | |
| <p>71. Enter the total number of RANDOM STAFF who were interviewed:</p> | <p>5</p> |
| <p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p> | <p> <input type="checkbox"/> Length of tenure in the facility <input type="checkbox"/> Shift assignment <input type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None </p> |
| <p>If "Other," describe:</p> | <p>All staff available were interviewed.</p> |
| <p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p> | <p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p> |

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| <p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p> | <p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p> |
| <p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p> | <p>No text provided.</p> |
| <p>Specialized Staff, Volunteers, and Contractor Interviews</p> | |
| <p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p> | |
| <p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p> | <p>8</p> |
| <p>76. Were you able to interview the Agency Head?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |

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

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

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

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| | <input type="checkbox"/> Other |
| If "Other," provide additional specialized staff roles interviewed: | Supervisor of SART program. |
| 81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 83. Provide any additional comments regarding selecting or interviewing specialized staff. | No text provided. |
| SITE REVIEW AND DOCUMENTATION SAMPLING | |
| Site Review | |
| <p>PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.</p> | |
| 84. Did you have access to all areas of the facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |

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

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| 85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 88. Informal conversations with staff during the site review (encouraged, not required)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations). | No text provided. |
| Documentation Sampling | |
| Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record. | |
| 90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation? | <input checked="" type="radio"/> Yes <input type="radio"/> No |

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

No text provided.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

| | |
|--|--|
| 98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled: | 0 |
| a. Explain why you were unable to review any sexual abuse investigation files: | There were no sexual abuse or sexual harassment allegations in the previous 12 months. |

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

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| <p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p> |
| <p>Sexual Harassment Investigation Files Selected for Review</p> | |
| <p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>a. Explain why you were unable to review any sexual harassment investigation files:</p> | <p>There were no sexual abuse or sexual harassment allegations in the previous 12 months.</p> |
| <p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p> |
| <p>Inmate-on-inmate sexual harassment investigation files</p> | |
| <p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |

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

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

- Yes
- No

Non-certified Support Staff

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

- Yes
- No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

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

| 115.11 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
|---------------|--|
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Air Force Manual 31-115 Volume 1 Department Of The Air Force Corrections System · 27th SOSFS PREA Guidance · Organization Charts · Interview with the PREA Coordinator · Interview with the Director of Air Force Corrections · Interview with the Defense Force Commander (DFC) · Appointment to PREA Manager by the Commander |

- Observations during the audit

- FAQ

The following acronyms are used throughout this report:

Department of Air Force (DAF)

Defense Force Commander (DFC)

Department of Defense (DoD)

Air Force Base (AFB)

Non-commissioned Officer (NCO)

Confinement Facility (CF)

Restrictive Housing (RH)

Sexual Assault Response Program (SARP)

Sexual Assault Response Coordinator (SARC)

Military Criminal Investigative Organizations (MCIOs)

Confinee Treatment File (CTF)

Base Defense Operations Center (BDOC)

Office of Special Investigation (OSI)

Security Forces Investigator (S2I)

Pre-Audit Questionnaire (PAQ)

Frequently Asked Questions (FAQ)

PREA Compliance Manager (PCM)

The following policy excerpts demonstrate the facility's commitment to the requirements of zero tolerance for sexual abuse and harassment as well as an outline for preventing, detecting, and responding to allegations of sexual harassment and abuse.

Air Force Manual 31-115

Designate Air Force-level PREA coordinator with authority to develop, implement, and oversee DAF-wide efforts to comply with PREA standards. Works with DoJ sanctioned PREA Non-Governmental Organizations, PREA offices assigned to federal, state, or local agencies, DoD's PREA offices, and PREA compliance managers at facilities under the DAF Corrections System to ensure service-wide PREA compliance.

The DFC designates a facility PREA compliance manager with sufficient time and authority to coordinate facility efforts to comply under PREA. The facility-level PREA compliance manager follows the administrative lead of the DAF-level PREA coordinator in order to share information and effort to ensure satisfactory inspection compliance. The PREA compliance manager serves as the point of contact within the facility for all PREA-related issues and works with the DAF PREA coordinator on matters within the CF. The PREA compliance manager's duties include: collaborating with the Confinement NCO to ensure prevention, detection, and adequate response to sexual abuse in confinement; maintaining (or can easily locate) unit 27th SOSFS PREA Guidance and documentation (as required by the PREA standards of facility-based operations such as; unannounced rounds, staff/confinee training, practices, investigations, etc.); and observing operations within the squadron's CF to assess compliance.

Sexual abuse and harassment are prohibited. This behavior interferes with individual performance and creates an intimidating, hostile, and offensive environment. Whether a detainee, inmate, or staff member, sexual abuse and harassment denies the individual respect and dignity. It is contrary to the mission.

27th SOSFS PREA Guidance provides the following:

PURPOSE. The Air Force Corrections System is committed to zero tolerance of any form of sexual abuse and sexual harassment in facilities it operates directly or with which it holds contracts for the incarceration of confines and detainees. The purpose of this guidance is to outline the approach to preventing, detecting, and responding to sexual abuse.

ZERO TOLERANCE POLICY. The 27 SOSFS has a zero tolerance policy towards all forms of sexual abuse and sexual harassment. This policy is directed by 28 Code of Federal Regulations (C.F.R.) Part 115, Department of the Air Force Manual (DAFMAN) 31-115, Volume 1 and reaffirmed in this guidance for the enforcement prevention, detection, and response to such conduct.

The 27th SOSFS PREA Guidance provides the following definitions:

Sexual Abuse:

- Sexual abuse of a confinee by another confinee. Sexual abuse includes any of the following acts, if the victim does not consent is coerced into such an act by overt or implied threats of violence, or is unable to consent or refuse (confinees can't consent):*
- Contact between the penis and the vulva or the penis and the anus, including penetration, however slight.*
- Contact between the mouth and the penis, vulva, or anus.*
- Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument.*

- *Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.*
- *Sexual abuse of a confinee by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the confinee (confinees can't consent):*
 - *Contact between the penis and the vulva or the penis and the anus, including penetration, however slight.*
 - *Contact between the mouth and the penis, vulva, or anus.*
 - *Contact between the mouth and any body part where the staff member, contractor, volunteer or penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire.*
 - *Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire.*
 - *Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs 2.1.1.1.- 2.1.1.4. of this section.*
 - *Any display by a staff member, contractor, or volunteer of their uncovered genitalia, buttocks, or breast in the presence of a confinee.*
 - *Voyeurism by a staff member, contractor, or volunteer means an invasion of privacy of a confinee showering or performing bodily functions by staff, unrelated to official duties, or any form of voyeurism by staff is prohibited. Such viewing incidental to routine cell checks is considered official duty. Initial or subsequent strip searches for cause are considered official duties. If related to maintaining constant observation under suicide watch same gender staff will be utilized.*

Sexual Harassment:

- *Sexual harassment of a confinee by another confinee which includes repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by a confinee directed toward another.*
- *Sexual harassment of a confinee by a staff member, contractor, or volunteer which includes repeated verbal comments or gestures of a sexual nature to an confinee by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.*

PREA Coordinator: The Air Force Security Forces Center (AFSFC) designates a PREA Coordinator with sufficient time and authority to develop, implement, and oversee its efforts to comply with the PREA standards. The PREA Coordinator works with Department of Justice sanctioned PREA Non-Governmental Organizations, PREA offices assigned to Federal, State, or Local agencies, DoD's PREA offices, and PREA compliance managers at facilities under the Air Force Corrections System to ensure Service wide PREA compliance.

PREA Compliance Manager: The Defense Force Commander (DFC) designates a facility PREA Compliance Manager with sufficient time and authority to coordinate the facilities efforts to comply under PREA. The facility level PREA compliance manager follows the administrative lead of the Air Force level PREA compliance coordinator in order to share information and efforts to ensure satisfactory inspection compliance. PREA Compliance Managers are responsible for day-to-day functions related to PREA implementation and response in their squadron's CF. Due to the size of the Level I Air Force Facilities, the compliance manager position can be staffed as an additional duty. The compliance manager collaborates with the Confinement NCO to ensure the prevention, detection, and adequate response to sexual abuse in confinement. Duties include:

- Oversees PREA compliance efforts within the CF.*
- Serves as the point of contact within the facility for all PREA-related issues.*
- Maintains (or can easily locate) documentation as required by the PREA standards of facility-based operations, such as unannounced rounds, staff/confinee training, practices, investigations, etc.*
- Observes operations within the CF to assess compliance (prevention, detection, response efforts).*
- Works with the AF PREA coordinator on matters within the CF.*

(a) Policy, and the 27th SOSFS PREA Guidance as illustrated above, outline the commitment to, goals for achievement and efforts to prevent, detect and respond to sexual abuse and sexual harassment. Both the AFB Corrections policy and local 27th SOSFS PREA Guidance provide directions on preventing, detecting and responding to sexual abuse and sexual harassment at their operations. Definitions of prohibited behaviors are addressed in this policy to ensure consistency of application.

(b) The PREA Coordinator oversees the activities at all AFBs for the agency. Updates and compliance are accomplished through regular web-based meetings and periodic in person visits, individual phone calls, emails and/or video conferences. The interview with the PREA Coordinator assured the auditor that he has sufficient time and authority to accomplish changes needed to ensure compliance with PREA and the FAQ interpretations. There are seventeen (17) PREA compliance managers DAF wide. Currently this office is transitioning to a newly appointed PREA Coordinator. Both staff are currently working together to ensure a seamless transition. A brief interview with the Director Air Force Corrections confirmed of the auditor that the PREA

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| | <p>Coordinator(s) have direct access to him regarding any matters related to PREA compliance.</p> <p>(c) There is an assigned PREA Manager for this facility. There are also two alternatives based on the appointment letter submitted for the audit. During his interview, the PCM indicated he has held this position since 2021. He has regular meetings with the PREA Coordinator and communicates any facility needs to him or the DFC. He indicated he has the full support of the DFC. The auditor addressed this during the interview with the DFC and finds this credible.</p> <p>Summary of evidence to support a finding of compliance: There is an agency policy for the operations of confinement in addition to a local policy specific to requirements of PREA compliance. Policy reinforces the requirements of the provisions of this standard. Interviews with the Director of the Air Force Corrections, the PREA Coordinator, DFC and the PCM provided assurance to the auditor that the law and the requirements to prevent, detect and respond to sexual abuse, sexual harassment and retaliation are an integral part of the operations at this facility. Interview with the PREA Coordinator demonstrated a commitment to compliance with all PREA standards. In accordance with the FAQ clarification, issued by the DOJ, the PREA Coordinator does have access to the Director of the Air Force - Corrections. Changes requested by this auditor demonstrated to the auditor their influence in managing PREA related duties as well as access to all areas of all facilities. Additionally, the facility has an assigned PCM who job duties specifically include PREA Compliance monitoring (monitoring the PREA standards for compliance, ensure staff are trained as required, assuring that pre-employment screening requirements are met (including background checks). Based on this summary of evidence, the auditor finds sufficient evidence to support a finding of compliance.</p> |
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| 115.12 | Contracting with other entities for the confinement of inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Air Force Manual 31-115 · MOU with Roosevelt County Detention · PAQ · Interview with the DFC · Interview with the NCOIC <p><u>Air Force Manual 31-115</u> indicates the following:</p> |

If a military confinement facility is not reasonably available, the installation commander may authorize confinees to be placed into a non-DoD facility used or approved by the US Marshals Service (USMS). If such a facility is not reasonably available, a military confinee may be transferred to a facility accredited by the American Correctional Association (ACA) or a facility accredited by the state in which the confinee is located. Only use or contract with those non-military facilities that are Prison Rape Elimination Act (PREA) compliant or actively seeking PREA compliance.

Agreement or contract standards to be negotiated include, but are not be limited to:

Separation of pretrial detainees from post-trial inmates to the maximum extent possible;

Separation of offenders charged with or who have committed minor offenses from offenders charged with or who have committed serious offenses, as determined by the Defense Force Commander (DFC), to the maximum extent possible;

Ensure obligation for the provider to comply with PREA and allow for compliance monitoring by the installation.

Normally, all transfers internal to the DAF Corrections System are approved and facilitated by AFSFC/FC, unless using a previously AFSFC/FCcoordinated and approved agreement or contract.

(a)(b)At this facility, it only houses male confinees or only female confinees. There is a MOU in place with a local detention facility to house males/females if the need arises. Review of the MOU confirms that they must be compliant with the PREA standards and agency monitoring. Interview with the NCOIC and DFC indicated they have not had to confine anyone at this operation in the past twelve months.

Summary of evidence to support a finding of compliance: The PAQ indicated that there is a MOU for the placement of confinees. Policy provides the written authority and requirements to comply with the requirements of the standard. The auditor reviewed the MOU; it confirms the agreement for PREA compliance and monitoring by the AF staff. Therefore, the auditor finds there is sufficient evidence to support a finding of compliance.

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| 115.13 | Supervision and monitoring |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: <ul style="list-style-type: none"> · Air Force Manual 31-115 |

- 27th SOSFS PREA Guidance
- Interview with the DFC
- Interview with the PREA Coordinator
- Interview with the NCOIC
- Interview with the PCM
- Randomly requested staffing documents
- Interview with the Director of Air Force Corrections
- Interviews with supervisors
- Documentation of unannounced rounds
- Random staff interviews
- Annual Staffing Review
- PAQ

The PAQ indicates that the average daily population since the last PREA audit is two. However, the staffing plan is predicated on a confinee population of four, the facility capacity. The facility reports there have been no deviations.

Air Force Manual 31-115 provides the following written authority to support compliance with the provisions of this standard:

Under PREA, DFC conducts an annual review of the staffing plan, CCTV plan, and policy of documented (blotter) on-duty/off-duty higher level unannounced supervisory visits. DFC includes this information in a signed letter along with the Annual Correctional Report.

DAF Corrections System facility standards are adopted from the American Correction Association Standards for Adult Correctional Institutions.

DFCs conducts an annual review of the staffing plan, which includes (but not limited to) the following: manpower, CCTV coverage, Facility capacity, and policy of documented on-duty/off-duty higher level unannounced supervisory visits. DFC includes this information in a brief signed letter and sends to AFSFC/FC.

27th SOSFS PREA Guidance states,

PREVENTING AND DETECTING SEXUAL ABUSE AND HARRASMENT. The 27 SOSFS adopts and implements the following measures to prevent and detect sexual abuse and sexual harassment in its confinement facility:

Staffing Plan/Video Monitoring: The CF develops, documents, and makes its best effort to comply on a regular basis with the staffing plan. The plan ensures adequate

levels of staffing and video monitoring to protect confinees against sexual abuse. The staffing plan ensures that the following factors are taken into consideration:

Generally accepted detention and correctional practices

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 plan

The composition of the confinee population

The number and placement of supervisory staff

Programs occurring on a particular shift

Any applicable state or local laws, regulations, or standards

The prevalence of substantiated and unsubstantiated incident of sexual abuse

27 SOSFS makes its best efforts to comply with the staffing and video monitoring plan. In circumstances where it is not complied with, the CF will document, justify, and ensure the approval of all deviations by the Confinement Officer.

Under PREA, the DFC conducts an annual review of the staffing plan, CCTV plan, and policy of documented higher level unannounced supervisory visits. The staffing plan along with the Annual PREA Report is sent to AFSFC/FC at afsfc.sfcv.1@us.af.mil NLT 16 Jan CY.

Unannounced Rounds: Upper level squadron leadership conducts and documents unannounced rounds covering all shifts, and all areas of the facility, to identify and deter staff sexual abuse or harassment.

The unannounced rounds will be coordinated by the PREA Compliance Manager and conducted at random, at least once per week, covering all shifts.

Flight Chiefs, SNCOs and Officers responsible for conducting unannounced rounds will be appointed in writing by the DFC.

All rounds will be documented in the blotter. Records are maintained for two years.

(a) The interview with the Defense Force Commander and review of the staffing plan confirmed the following:

(1)The facility uses standards developed by the American Corrections Association for the basis of the correctional operation of the confinement unit. This was evident to the auditor during the tour and site visit. Three supervisory staff have been to the Corrections Academy held at the Naval Base Brigg Miramar.

- (2) There are no judicial findings of inadequacy;
- (3) There are no findings of inadequacy from Federal investigative agencies;
- (4) There are no findings of inadequacy from internal or external oversight bodies. The DFC confirmed that no deficiencies have been noted requiring a change in operations. The confinement operation does undergo a variety of external and internal audits, addressed by the staff responsible for Standards and Operations.
- (5) All components of the facility's physical plant are reviewed. Video monitoring is used; specific information regarding placement of cameras was reviewed during the audit.
- (6) The composition of the confinee population has been the same since the previous PREA audit. In accordance with the Air Force Manual 31-115, the facility primarily houses pre-trial detainees pending a court martial and post-trial inmates serving a court-martial sentence of confinement. All confinees are placed in accordance with a judicial order.
- (7) The number and placement of supervisory staff has been reviewed and determined to be adequate. Review of rounds and staffing occur regularly.
- (8) Institution programs occurring on a particular. Programming does occur; due to the small size of the operation it does not require the need for additional staffing.
- (9) Any applicable State or local laws, regulations, or standards are reviewed. The Air Force operates on the laws applicable to the Air Force, not state or local laws.
- (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse are addressed. This is additionally analyzed in the Annual Report.
- (11) No other relevant factors have been identified.
- (a) The Director of Air Force Corrections stated, "Agencies use Closed, Circuit Television, to observe behavior. Recordings are saved and used for investigations. CCTV follows 27th SOSFS PREA Guidance and records for the purpose of identify, investigating and protecting staff and Confinees. The Confinees' privacy is ensured when viewing the CCTV (toilet and shower area). "
- (b) Through review of randomly requested documentation of staff rounds and observations, the auditor supports that they do not deviate from the staffing plan. Review of the staffing plan for 2022 confirmed that video monitoring, number and placement of supervisors, prevalence of substantiated and unsubstantiated incidents of sexual abuse, and resources are reviewed annually. No changes were implemented, the auditor supports that the analysis was credible to conclude this. During the audit, the auditor observed that the facility has no obvious blind spots, staff were assigned to posts, staff stations provide direct supervision of the housing unit, camera coverage is excellent. The physical plant has remained the same.
- (c) Policy, interviews with the DFC and the PREA Coordinator and review of the Annual

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| | <p>staffing plan confirmed this staffing review is conducted. The Annual Staffing Plan specifically addresses the following: Lieutenant (not part of the day to day operations but the link to the DFC), NCOIC, 2nd NOCIC, and four staff.</p> <p>(d) Documentation of unannounced rounds by Defense Force Squadron are occurring regularly and indicated by observation of the visitor sign in sheet that documented these visits (since May of 2022) and interviews with NCOIC and 2nd NCOIC which support that unannounced rounds are conducted. Technically, the requirement of the standard indicates that the unannounced rounds are conducted by the NCOCI or 2nd NCOIC however they are located in the same office (control room) of the security staff and therefore are always able to directly supervise when present. Th additional rounds by Security Forces staff are added evidence of this requirement. Finally, the operation is viewed by the BDOC staff via video monitoring in a separate area of the Defense Force operation. This provided evidence to the auditor that staff are appropriately randomly supervised by unannounced visits.</p> <p>Summary of evidence to support a finding of compliance: Review of the policies, staffing plan, and random selection staffing rounds (documentation of 24-hour supervision) support compliance. Interviews with staff such as confinement officers, supervisors, DFC, NCOIC, 2nd NCOIC and PCM all supported a finding of compliance. Overall observations during the audit process did not lead to any evidence that would indicate non-compliance.</p> |
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| 115.14 | Youthful inmates |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Air Force Manual 31-115 · 27th SOSFS PREA Guidance · Interview with the PREA Coordinator <p>(a)(b)(c) <u>Air Force Manual 31-115</u></p> <p><i>Juveniles (Under 18-years old). In the rare situation a military member under the age of 18 is confined, use the following processes: Juveniles are not to be placed in RH. In response to behavior that poses a serious and immediate risk of physical harm to any person, separate the juvenile from others briefly This is designed to be a “cool down” period and done only in consultation with a licensed mental health provider.</i></p> <p><u>27th SOSFS PREA Guidance</u> states, Youthful Confinees: <i>Very few military members in the Service are under 18 years of age, however with</i></p> |

parental approval, enlistment could occur at age 17. If this situation occurs, and the CF currently has adult confinees, the confinement NCOIC will request that the youthful confinee be transferred to a facility that does not house adults or is properly equipped to house youthful confinees. If sexual victimization is discovered by medical or mental health practitioners, informed consent is not needed by the treatment staff to report this information to the confinement staff per PREA.

Youthful confinees shall not be allowed to have sight, sound or physical contact with any adult confinee when using showers, dayrooms, sleeping quarters, or common areas where adult confinees are present in the housing unit.

Youthful confinees will be escorted at all times when outside of their housing unit.

Youthful confinees shall have access to all programs available to general population confinees and access to any assigned work details. Restrictive housing will only be used for housing youthful confinees if the following conditions exist:

- *Reception*
- *Investigation*
- *Violation of facility rules*
- *Medical observation*
- *No available space in the general housing unit to accommodate youthful confinees without violating the PREA standards.*

(a)(b)(c)(d) The interview with the DFC, NCOIC and 2nd NCOIC all confirmed they have not had a confinee under the age of 18.

Summary of evidence to support a finding of compliance: Policy excerpts noted above and interviews provided the auditor with sufficient evidence to support that they have not had a confinee under the age of 18. In the event this occurred, staff indicated they would ensure compliance with the requirements of the youthful offender to be out of sight and sound or physical contact. Based on the physical plant, they could house one temporarily that would be out of sound and sight of other confinees as the security staff control all movement, until a determination of placement would be made (i.e. transfer, or analysis of the current confinee population). While in the dayroom, the youthful confinee would have direct supervision and would again be out of sight and sound of other confinees. All movement is controlled by the staff, noting they would not have other confinees out (if present) during the movement of the youth. While confined, movement of other confinees would be feasible to not view the youthful confinee. Any sounds directed toward the confinee would have to loud and would result in disciplinary action.

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| 115.15 | Limits to cross-gender viewing and searches |
| | Auditor Overall Determination: Meets Standard |

Auditor Discussion

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

- Air Force Manual 31-115
- Interview with the PREA Coordinator
- Interviews with random staff
- Interviews with NCOIC
- Interviews with female security staff (two)
- Observations of living areas
- Observations of strip search areas
- Observations of the shower
- Review of video monitoring
- Training curriculum (Inmate searches)
- Demonstration of a confinee intake search process
- PAQ
- Frequently Asked Questions - Clarification of Application to PREA Standards Provisions (FAQ)

The PAQ indicates that there has been no cross-gender strip or cross-gender visual body cavity searches of confinees, no cross-gender strip or cross-gender visual body cavity searches of confinees; 100% of security staff have been trained.

The following policy excerpts support compliance with the provisions of this standard:

Air Force Manual 31-115 Person Searches. Use the technique most relevant to the situation at hand; either a standing or prone search. Person Searches are necessary to prevent the removal of items from the facility or the introduction of contraband into the facility by use of a frisk search. (Note: Also check materials, e.g., leaf through notebooks, looking for contraband). Use same gender for frisk searches unless in exigent circumstances. Even in same gender frisk search, it is a safety best practice to have another same gender person to observe. Only medical authorities can conduct invasive body cavity searches; however, staff can request to view into an open mouth, e.g., prevent hiding something or to ensure a pill was swallowed.

Invasion of privacy of a confinee showering or performing bodily functions by staff, unrelated to official duties, or any form of voyeurism by staff is prohibited. Such viewing incidental to routine cell checks is considered official duty. Initial or subsequent strip searches for cause are considered official duties. If related to

maintaining constant observation under suicide watch use same gender staff. Do not delay emergency responses in the interest of confinee privacy regardless of gender.

Staff may not search or physically examine a confinee, per PREA, for the sole purpose of determining gender. If in question, use established medical or personnel records for answer or, seek determination from a medical practitioner. (It is noteworthy that the auditor confirmed via policy and interviews that all confinees receive a pre confinement exam by medical staff to determine if fit for placement in a confinement setting).

Pursuant to PREA, this arrangement may not result in undue viewing or invasion of confinee privacy. The staff may not view hygiene activity, dressing, etc., or breasts, buttocks, or genitalia, except in emergency circumstances or when such viewing is incidental to routine cell checks. Conducted Strip and frisk searches of confinees by same gender staff, except in emergency circumstances. Visual cavity searches of anal or genital openings are to be done by a medical practitioner. The DAF considers undue viewing of the opposite gender to include viewing on Closed Circuit Television (CCTV) monitors. Same gender staff shall monitor CCTV used for acclimation-period segregation, suicide watch, or violent behavior observation. CCTV is not authorized in the shower or toilet areas. If the cell can be converted from segregation cell to general population cell, when used as a general population cell the camera lens must be covered.

Opposite gender concerns. When opposite gender staff enters a cell area, they must announce their presence.

All opposite gender exigent searches must be documented in the SF Blotter and the Confinement Blotter.

Confinee Body Searches. Staff members do not conduct opposite gender frisk or strip searches on confinees except in exigent circumstances. Properly document opposite gender searches (see paragraph). Use military trained search techniques. the initial confinement search, have the confinee shower and then issue clean, previously searched clothing.

27th SOSFS PREA Guidance states, When using Closed Circuit Televisions (CCTV), all blind spots will be eliminated where staff or confinees may be isolated.

Maintain all CCTV digital recordings for a minimum of 30 days and maintain longer if the material is the subject of an investigation.

Ensure CCTV does not invade confinee privacy (i.e., do not place in cells, toilet, or shower areas) unless suicidal or violent behavior dictates otherwise. Keep CCTV monitors from public view. Ensure opposite gender staff cannot view monitors. Follow guidelines for cross gender viewing under PREA.

A notice will be posted on the confinee bulletin board within the common areas of the facility stating: "NOTICE TO CONFINEEES: Male and female staff routinely work and visit in confinee housing areas."

Key Implementation Considerations:

Cross-gender viewing of transgender confinees is also prohibited. The CF will consult with the Confinement Officer to make a case-by-case determination about which gender of staff would be appropriate to view a transgender confinee in a state of undress. In general, a transgender woman should not be viewed by male staff, and transgender man should not be viewed by female staff when they are not fully clothed.

If opposite-gender staff will be conducting rounds in housing units while confinees are asleep (such as male staff checking a female dorm), the opposite-gender staff member should announce that these rounds will occur prior to "lights out."

The policy requires regular verbal notification. A sign or notice in a confinee handbook or other written materials is not sufficient.

Opposite-gender staff must announce their presence to allow confinees sufficient time to adjust their clothing or cover their bodies.

Searches:

IAW DAFMAN 31-115, V1 Air Force Corrections System CF staff shall not conduct opposite gender searches except in exigent circumstances. CF will utilize a member of the on-duty flight of the appropriate gender if a search is required.

If it were to occur, all opposite gender searches, will be documented in the Security Forces and Confinement blotter.

IAW C.F.R. Part 115.15 (b), effective August 20, 2015 [or August 20, 2017 for a facility whose rated capacity does not exceed 50 confinees] the facility shall not permit cross- gender pat-down searches (a running of the hands over the clothed body of an confinee by an employee to determine whether the individual possesses contraband) of female confinees, absent exigent circumstances (must be documented in the blotter). The facility shall not restrict female confinee's access to regularly available programming or other out-of-cell opportunities in order to comply with this provision.

Transgender/intersex searches/inspections, CF staff will not search or physically examine a transgender or intersex confinee for the sole purpose of determining the confinee's genital status. If the confinee's genital status is unknown, it may be determined during conversations with the confinee, by reviewing medical records, or, if necessary, by learning the information as part of a broader medical examination conducted in private by a medical practitioner.

Cross-gender searches are prohibited unless exigent circumstances exist or the search is performed by a medical practitioner (must be documented in the AF Form 53).

(a) Policy supports that the facility will not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical

practitioners.

(b)(c) If females are confined, two female staff are available for searches. Policy requires that cross gender searches be documented. Even though the population is less than fifty, cross-gender pat searches are not allowed. It was reported that this has not occurred, the auditor found this credible.

(d) As indicated, policy and observations/dialogue regarding practice confirm that confinees are able 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. Policies and practice require staff of the opposite gender to announce their presence when entering an inmate housing unit

During the tour, the auditor observed the showers located in the confinement operation. The shower is located in a small room across from the washer/dryer. There is a curtain in place that blocks the changing area that then leads to the shower area. Confinees are only allowed to shower one at a time. It is out of sight of the cameras but the camera can capture who enters the area. Additionally, during the tour the auditor observed the area where strip searches are conducted in Intake. It provided appropriate privacy for the confinee during this process. During the tour, the auditor observed the female staff announcing her presence after the intake of a male confinee. The view of the video monitoring supports that opposite gender staff cannot view buttocks, or genitalia, of confinee while in their cell or using the shower. The auditor reviewed the strip search area in the intake operation. It is an individual room, with no view to others.

(e) In accordance with the FAQ, four options are in current practice for searches of transgender or intersex inmates/residents/detainees: 1) searches conducted only by medical staff; 2) pat searches of adult inmates conducted by female staff only, especially given there is no prohibition on the pat searches female staff can perform (except in juvenile facilities); 3) asking inmates/residents/detainees to identify the gender of staff with whom they would feel most comfortable conducting the search, and 4) searches conducted in accordance with the inmate's gender identity. At the time of the audit, this facility did not have this practice in place. The agency PREA Guidance has been updated and now provides a Gender preference form which addresses searches. The auditor finds this this facility is now compliant with the requirements set for in the FAQ.

As stated in the policies below, transgender or intersex offenders are not searched or physically examined to determine genital status.

All staff interviews supported that they were knowledgeable regarding this requirement of the standard and this has not occurred at this facility.

(f) Review of the policy supports that staff are trained on how to conduct cross-gender pat-down searches, and transgender/intersex searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Review of the training curriculum for confinement operations, staff are

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| | <p>trained in both male searches and female searches. The auditor confirmed this with staff at this audit and subsequent audits. Additionally, staff interviews articulated to the auditor the different technique that would be used if searching a male and a female. The agency has adopted additional training for staff, "PREA Cross Gender and Transgender Pat Search" training video, available through the PREA Resource Center website. The auditor viewed the video and found it to provide detailed instruction and illustration for searching transgender/intersex incarcerated individuals. This additional training would then exceed the requirements of the standards.</p> <p>Finding of compliance is based on the following: Policies support compliance, staff interviews demonstrated knowledge of these requirements from training received, training records, and overall observations made during the audit process confirmed compliance.. Interviews all confirmed that they have been appropriately trained regarding how to search transgender/intersex persons and cross-gender pat searches. Updated training will be implemented.</p> |
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| 115.16 | Inmates with disabilities and inmates who are limited English proficient |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Air Force Manual 31-115 · 27th SOSFS PREA Guidance · Observations during the tour, PREA information · Interview with the Director of the Air Force Corrections · Random staff interviews · Interview staff who conduct orientation · PAQ <p>The following policy excerpts support compliance with the provisions of the standard.</p> <p><u>Air Force Manual 31-115</u></p> <p><i>Initial Confinement Physical Examination. The fit for confinement determination is made as a result of a health record check and physical examination by a medical officer. The examining medical officer certifies "fitness" for confinement on the confinement order within 24-hours after entry into confinement or next duty day for</i></p> |

processing on weekends or holidays. The examining official should specify physical limitations to full duty performance in writing or provide a copy of the individual's current AF Form 469, Duty Limiting Condition Report. If the examining medical officer determines the person is "not fit" for confinement, admit the person to a medical treatment facility or placed in a CF capable of caring for the member's medical condition. The confinement examination, at a minimum, includes a medical and behavioral health records review (including immunization currency), a physical examination, appropriate laboratory screening, and medication reconciliation.

27th SOSFS PREA Guidance states

Confinees with Limited English Proficiency or Disabilities:

Military recruits are required to process through Military Entrance Processing Stations (MEPS) which requires all military service components to be English proficient prior to acceptance of enlistment, commission, or appointment.

The CF does not rely on confinee interpreters, readers, or other assistance from confinees except in limited circumstances affecting safety or first-responder duties.

The interview with the Director of the Air Force Corrections confirmed the following: When an inmate is ordered into confinement, a physical examination is conducted and if there are any special medical needs or requirements listed, accommodations will be met. If the facility is unable to accommodate, my office will initiate an inmate transfer to a Department of Defense facility suitable. Air Force facilities does not house confinees with limited English proficiency. Military recruits are required to process through Military Entrance Processing Stations (MEPS) which requires all military service components to be English proficient prior to acceptance of enlistment, commission, or appointment. All staff interviews confirmed they have not had a confinee who does not speak English.

Finding of compliance based on the following: Review of the policies and other documents noted above support that the facility will not house confinees who are limited English or have medical disabilities. The interview with the Director of the Air Force Corrections reiterated this process. For these reasons, the auditor finds that the facility is in compliance with this standard.

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| 115.17 | Hiring and promotion decisions |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: |
| | <ul style="list-style-type: none"> · Air Force Manual 31-115 |

- 27th SOSFS PREA Guidance
- Observations
- Interviews with the NCOIC
- Documents – PREA Disclosure Form
- Documentation - confirmation of background checks (observed during the tour)
- Interviews with random staff
- PAQ

The PAQ indicates that six staff have been hired who may have contact with confinee in the previous twelve months, no contractual staff. For clarification, the AFB does not utilize contractual staff.

The following policy excerpts demonstrate compliance with the provisions of the standards.

Air Force Manual 31-115

Confinement Officer conducts NCIC checks, reviews personnel records, and interviews for previous sexual misconduct on all personnel being hired to work in DAF Level I Confinement Facilities and signs an MFR documenting the checks. File MFRs in PREA continuity binder.

27th SOSFS PREA Guidance states, Hiring and Promotion Practices:

All CF staff applicants who have contact with inmates directly will be asked about previous sexual misconduct as part of their interviews for hiring or promotions and will have a NCIC background check conducted.

All CF staff will be asked about previous sexual misconduct using the Air Force PREA Disclosure form.

All CF staff are required to disclose any sexual misconduct that occurs prior to or during their employment at the CF. Any omissions regarding such misconduct, or the provision of materially false information is grounds for termination.

The CF will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving an approved Freedom of Information Act (FOIA) request from an institutional employer for whom such employee has applied to work.

(b) (c) (h) Interview with the PCM and NCOIC indicates that they had not had a candidate with a history of sexual harassment which required consideration. Additionally, their office has not had to provide information to another agency about a prior employee. Upon receipt of a F.O.I.A. request, this information would be provided. Military staff have had an extensive background check in order to qualify

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| | <p>for the appropriate security clearance required for this position which does involve extensive contact with all background information, to include prior institutional experience.</p> <p>(a)(f)(g) The auditor requested and reviewed six examples of newly hired staff and current staff Disclosure of PREA Employment Standards Violation forms. They reflected that the questions required from provision (a) were asked, there is an inquiry about prior sexual harassment. Staff then sign indicating there are no omissions and attest to the information being truthful, and they have a continuing duty to report any allegations made by law enforcement. Informally, during staff interviews, the auditor asked staff about their knowledge of the requirement to immediately report any criminal activity and they all confirmed yes.</p> <p>(d)(e) The interview with the NCOIC confirmed there is a system that monitors which staff are due for a criminal record background check, this is conducted annually. The NCOIC provided to the auditor the documents to support these background checks; they were reviewed during the onsite audit (seven total).</p> <p>Finding of compliance is based on the following: Policy, the interview process and the questionnaire process address all requirements of the standard. Interviews, informal and informal as well as require of documentation provided the auditor with sufficient evidence to support a finding of compliance with all provisions of the standard.</p> |
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| 115.18 | Upgrades to facilities and technologies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Air Force Manual 31-115 · 27th SOSFS PREA Guidance · Observations of camera monitoring · Interviews Director of the Air Force - Corrections · Interview Defense Force Commander · PAQ <p>The PAQ indicates the facility has not acquired any new facilities or made any substantial expansions or modifications of existing facilities since the last PREA audit and has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.</p> |

The following policy excerpts demonstrate compliance with the provisions of the standards.

Air Force Manual 31-115

When establishing a facility, designing, or re-designing cell capability, contact AFSFC/FC for expertise and guidance. AFSFC/FC has access to the American Correctional Association's Planning and Design Guides and can assist in coordination with the AF Civil Engineering Center's Building Information Modeling standard for SF infrastructure to ensure it meets the most current correctional guidelines for incarceration. See DoDI 1325.07.

27th SOSFS PREA Guidance Upgrades to Facilities and Technologies:

When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the CF shall consider the effect of the design, acquisition, expansion, or modification on its ability to protect confinees from sexual abuse.

When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the CF considers how such technology may enhance its ability to protect confinees from sexual abuse.

(a)(b)The interview with the Defense Force Commander yielded the following: When modifications are conducted, it is based off federal building codes for penal institutions. standards are also adopted from the ACA Standards for Adult Correctional Institutions. Ensuring PREA standards are meet in the planning phase of modifications. During the process Confinees are transferred to a PREA compliant facility. If modifications don't interfere and the facility is still in standards, Confinees can continue normal operations.

The interview with the DFC informed the auditor that there is approval to add four more cells to the operation. He confirmed that safety, to include safety from sexual abuse will be included in the design of the operation, both the physical plant and video monitoring.

Finding of compliance is based on the following: The interview with the DFC and the Director of the Air Force Corrections confirmed to the auditor that video monitoring is regularly viewed, and upgrades are assessed based on the agency's ability to protect confinee from sexual abuse and overall safety. Policy supports the requirements of the standard. The auditor therefore finds there is sufficient evidence to support a finding of compliance.

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| 115.21 | Evidence protocol and forensic medical examinations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

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

- Air Force Manual 31-115
- DoD Instruction 5505.18
- 27th SOSFS PREA Guidance
- PAQ
- Interview with OSI
- Interview with the Security Forces Investigator
- Interview with SARP - SARC

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

The following policy excerpts demonstrate compliance with the provisions of the standards.

Air Force Manual 31-115 states,

Refer sexual assault or sexual harassment allegations to AFOSI for criminal investigation or another criminal investigative agency as determined by AFOSI. Sexual assault or sexual harassment allegation investigations are not considered administrative investigations. The facility separates accuser and accused pending resolution. Prior to conducting any interview of the victim regarding the sexual assault, unit confinement staff informs the victim about the availability of Special Victims Counsel (SVC) representation made available through 10 USC Section 1044e, Special Victims' Counsel for Victims of Sex-related Offenses, and AFI 51-201. If the victim elects to have representation, then the confinement officer provides the victim with a SVC request form. If the victim completes the request form, the confinement officer refers the request to the SVC or Victim Legal Counsel (VLC) who services the facility via email, fax, or telephone call followed by email or fax. If, due to the immediacy of the sexual assault, there is an emergent need to preserve forensic evidence, then the confinement officer follows the guidance in paragraph Following sexual crime protocol, the investigating agency provides confinee with access, as appropriate, to a forensic medical examination performed, where possible, by a Sexual Assault Forensic Examiner (SAFE) or a Sexual Assault Nurse Examiner (SANE), as part of evidence gathering. If SAFE or SANE examinations are not possible, then document the effort and obtain other qualified medical practitioner(s) for evidence gathering. Ensure sexual abuse, rape crisis victim advocate and/or mental health care access options, as appropriate, are made readily available and that support protocols are followed.

DoD Instruction 5505.18

Purpose: This issuance, in accordance with DoD Directive (DoDD) 5106.01: • Establishes policy, assigns responsibilities, and provides procedures for the investigation of adult sexual assault within the DoD, in accordance with the authority in the Inspector General Act of 1978, as amended, of Title 5, United States Code (U.S.C.),

POLICY. a. MCIOs will initiate a criminal investigation in response to all allegations of adult sexual assault, as defined in the Glossary, of which they become aware that occur within their jurisdiction, except under the provisions of Paragraph 3.6. LE first responders and LE resources have the responsibility to identify the reported sexual assault victim(s) and the location of the purported crime scene(s) to prevent the possible loss or contamination of evidence as well as determine jurisdictional responsibility. First responders and other DoD LE resources may have initial contact with the reported sexual assault victim(s) in order to obtain this information; only the MCIO will conduct the formal victim interview. First responders and other DoD LE resources must contact the Sexual Assault Response Coordinator (SARC) or Sexual Assault Prevention and Response (SAPR) Victim Advocate (VA), or the Family Advocacy Program (FAP), upon identification of a reported sexual assault victim. In accordance with DoDD 6495.01, all sexual assault cases must be treated as emergencies. Emergency care must consist of emergency healthcare (medical and mental health) and the offer of a sexual assault forensic examination (SAFE) when indicated.

27th SOSFS PREA Guidance states, Support Services for Victims of Sexual Abuse:

Following sexual crime protocol, the investigating agency provides confinee with access as appropriate to a forensic medical examination performed, where possible, by a Sexual Assault Forensic Examiner (SAFE) or a Sexual Assault Nurse Examiner (SANE), as part of evidence gathering. If SAFE or SANE examinations are not possible, then document the effort and obtain other qualified medical practitioner(s) for evidence gathering.

Ensure sexual abuse, rape crisis victim advocate and/or mental health care access options, as appropriate, are made readily available and that support protocols are followed. Sexual abuse victims are informed by the facility of the result of the investigation either; substantiated, unsubstantiated, or unfounded and document all notifications in the CTF.

(a)(b)(f) Policies above support the use of a uniform evidence protocol; this conforms to the requirements of the provisions of the standard. The interview with OSI confirmed this additionally. He informed the auditor that the OSI has a uniform protocol and a lab that would test SANE kits and physical evidence that is timely with results. The interview with the OSI confirmed his awareness of PREA requirements. Random staff interviews revealed that staff are aware of the requirements to ask the victim and ensure the perpetrator not destroy evidence, noting the specific actions to not take (i.e. shower, ash, smoke, drink, eat, urinate, defecate.)

(c) (d) (e) DoD5505.18 supports that a SANE exam will be provided in accordance with evidentiary time frames in addition to the availability of a victim advocate. The

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| | <p>interview with the SARC confirmed that this would occur at the local hospital. Information available to confinees regarding the SARP informs the reader of the exam, reason for the exam, consent for the exam, presence of a victim advocate, if desired. This information is available in the confinee rulebook, located in each cell as observed during the onsite audit. Policy supports that all medical treatment provided to confinees is in the same manner as anyone in the Air Force, all care is free of charge.</p> <p>Finding of compliance is based on the following: Policy excerpts, and interviews with the OSI investigator and SARC support compliance. Staff interviews supported that staff were aware of the requirements and actions needed to preserve evidence. Policy supports that there is no cost to the confinee for the service. The auditor finds there is sufficient evidence to support a finding of compliance with all provisions of the standard.</p> |
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| 115.22 | Policies to ensure referrals of allegations for investigations |
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| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Air Force Manual 31-115 · DoD Instruction 5505.18 · Observations · Interviews Director of the Air Force Corrections · Interviews Investigative Staff · PAQ <p>The PAQ indicates there have been zero allegations resulting in administrative investigations and zero resulting in criminal investigations in the past 12 months.</p> <p>The following policy excerpts demonstrate compliance with the provisions of the standards.</p> <p><u>DoD Instruction 5505.18</u></p> <p><i>INVESTIGATIVE FILE. a. All MCIO documentation generated as part of the adult sexual assault investigative report, to include case notes, the case activity record, the DD Form 2911, "DoD Sexual Assault Forensic Examination Report," and the investigative plan, will be retained for a period of 50 years in accordance with Section 541 of Public Law 114-92 (codified in Section 1561, Title 10, U.S.C. note). When MCIOs are not the</i></p> |

lead investigative agency in joint investigations, disposition data must be obtained from the lead investigative agency and archived in the final investigative report or database in accordance with Section 577(b)(8) and (9) of Public Law 108-375 (codified in Section 1561, 10 U.S.C. note) and Section 563 of Public Law 110-417. b. MCIOs must include the DD Form 2911 or reports from civilian sexual assault forensic exams conducted at civilian healthcare facilities (when DoD retains jurisdiction) as part of the archived file. If creating digital records, the DD Form 2911 will be uploaded as part of the archived file. c. All MCIOs will make available unrestricted sexual assault data elements, including the investigative case number, for incorporation into the DSAID, in support of requirements specified in DoDD 6495.01 and Volume 1 of DoDI 6495.02. 3.5. EVIDENCE. a. Evidence, to include SAFE Kits, will be retained for Restricted Reports 10 years from the date of the seizure of evidence. Evidence for Unrestricted Reports will be retained for 10 years from the date of the seizure of evidence and until after the conclusion of all legal, adverse action, and administrative proceedings, unless otherwise provided for in this issuance. b. These evidence retention periods are not applicable for individuals who obtained a sexual assault forensic exam at a civilian facility, and whose kit and personal property are maintained.

Air Force Manual 31-115 states,

The DFC reports all allegations of sexual abuse or sexual harassment associated with the confinement facility to the Air Force Office of Special Investigation (AFOSI). The AFOSI determines if the case falls under the current DAF purview for investigation. If the AFOSI declines, then the Security Forces Investigation (SFI) staff works the case(s). Reference 28 CFR Part 115.22 (b). Should the DFC become aware of sexual abuse or sexual harassment at another confinement facility they follow notification procedures listed in paragraph 2.5.2.16

27th SOSFS PREA Guidance states, Investigation of Incidents:

The CF ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The DFC reports all allegations of sexual abuse or sexual harassment associated with the confinement facility to AFOSI.

Sexual assault or sexual harassment allegations are referred for criminal investigation to AFOSI or another criminal investigative agency as AFOSI determines and are not considered administrative investigations. The facility requests relevant information from AFOSI in order to inform the confinee of the investigation outcome. The AFOSI determines if the case falls under the current Air Force purview for investigation (CRIMINAL). If the AFOSI declines, then the Security Forces Investigation (SFI) staff works the case(s) (ADMINISTRATIVE). AFOSI and SFI does not impose a higher standard than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

(a) (b)The interview with the Director of Air Force Corrections confirmed that any allegations that are reported will be investigated by AFOSI (Office of Special Investigation). Agencies DFC designates a facility PREA compliance manager to handle all PREA issues and adequate response to allegations.. The DFC ensures a

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| | <p>review of the report is conducted prior to completing the investigation. The DFC gathers all information that can be used for improving the facility, prevention, detection, and responsiveness.</p> <p>The interview with the DFC, OSI, and Security Forces investigator all confirmed that they are informed of any allegation of sexual abuse and/or sexual harassment.</p> <p>Finding of compliance is based on the following: The auditor finds that this provides sufficient evidence to support a finding of compliance with the requirements of the standard. Policies illustrated above provide the detail and authority to ensure that an investigation will be initiated on all allegations for sexual abuse and sexual harassment. It confirms that the Department of Defense will review all allegations for criminal charges, if not investigated by this office it will be referred back to the Security Forces for an administrative review/investigation. Interviews with DFC, OSI and S2I support this to be the process. These responsibilities are described in policy. The auditor finds sufficient evidence to support a finding of compliance with the provision of this standard.</p> |
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| 115.31 | Employee training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Air Force Manual 31-115 · Training curriculum · Review of PREA Video - JDI · Staff training records · PREA Staff Training Acknowledgment · Observations · Interviews random staff · PAQ · FAQ <p>The PAQ indicates that all employees who have contact with confinee who were trained on PREA requirements as outlined in the provision, seven total.</p> |

The following policy excerpts demonstrate compliance with the provisions of the standards.

Air Force Manual 31-115

Units design staff training programs unique to its confinement situation to ensure assigned staff are fully trained. As a minimum include training and subsequent critical duty STAN-EVALS for staff assigned to a facility on . . .sexual abuse prevention, detection, and reporting with PREA.

Trained on Sexual Assault Prevention and Response Awareness. This includes detection, response, and proper reporting. Further, a staff member who becomes personally aware of sexual abuse, sexual harassment or a retaliation against confinees or staff that made such reports, or receives a grievance from a confinee, is independently responsible to report it to the proper office for review or investigation.

DAF civilian personnel performing duties in any capacity (e.g., guard or escort) are trained using criteria from this chapter. Document the training in the appropriate training records either signed or e-signed.

27th SOSFS PREA Guidance states, STAFF TRAINING AND EDUCATION.

The 27 SOSFS is committed to communicating to the confinees at its facility and to its staff the following information through the training, education and orientation programs described in this section.

Staff Training: The PREA Compliance Manager ensure all staff members who have contact with confinees are trained on:

- *Its zero-tolerance policy for sexual abuse, sexual harassment and retaliation*
- *How to fulfill their responsibilities regarding prevention, detection, reporting, and response to sexual abuse and sexual harassment*
- *Confinees' right to be free from sexual abuse and sexual harassment*
- *The right of confinees and employees to be free from retaliation for reporting sexual abuse and sexual harassment*
- *The dynamics of sexual abuse and sexual harassment in confinement*
- *The common reactions of sexual abuse and sexual harassment victims*
- *How to detect and respond to signs of threatened and actual sexual abuse*
- *How to avoid inappropriate relationships with confinees*

- *How to communicate effectively and professionally with confinees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming confinees*
- *How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities*

Confinement staff should be trained in how to conduct cross-gender pat-down searches and how to conduct searches of transgender and intersex confinees in a professional and respectful manner and in the least intrusive manner possible consistent with security needs.

All current employees are to receive this training and the Confinement NCOIC ensures refresher training is completed every two years to ensure that all staff know the agency's current sexual abuse and sexual harassment policies and procedures. The agency shall provide each employee with refresher training every year to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures.

The CF documents and tracks the training through signature on the PREA Staff Training Acknowledgement.

(a)(b)(c)The auditor was provided with the training curriculum (Power Point). Review of the training curriculum demonstrates that the required topics are addressed as indicated in provision (a), however it did not provide training tailored to the gender. The training curriculum has been updated to include this. As clarified in the FAQ, staff receive PREA training prior to having contact with confinees. Interviews with random staff hired in the previous 12 months and the NCOIC confirmed this to the auditor. The NCOIC confirmed that staff who transfer receive training in the same manner as a new employee. Additionally, the standard requires that staff receive PREA refresher training every year. This was not addressed in the PREA Guidance. The guidance has been updated; PREA training is required annually.

The auditor was informed that staff view a video. The video is entitled, PREA: What You Need to Know, produced by JDI. Review of the video supports the following: it is approximately sixteen minutes long and discusses the following: confined persons right to be free from sexual abuse and sexual harassment, there is a zero tolerance to any form of sexual abuse or sexual harassment, right to report privately and safely, free medical, mental health and trained sexual abuse counseling, definitions of sexual harassment, sexual abuse, avoiding behaviors that will help maintain safety, third party reports, the facility's requirement to continually provide information on how to report, including outside the facility; and reasonable communication with sexual abuse advocacy groups.

All random staff interviews confirmed knowledge of all topics required from their training.

(d)The auditor reviewed six PREA Staff Training Acknowledgement sheets. The acknowledgement provides an area where the trainee acknowledges receipt of all

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| | <p>training and understanding of it.</p> <p>Finding of compliance is based on the following: Policy, interviews of all staff present during the onsite audit, review of the updated training curriculum, training completion documents all provided the auditor with sufficient evidence to support a finding of compliance. Corrective action required to update the PREA Guidance to reflect annual training and updated training to address differences between male and female confinees was completed.</p> |
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| 115.32 | Volunteer and contractor training |
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| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Observations · Interview with the NCOIC · PAQ <p>The PAQ indicates there are zero volunteers and contractors used for this operation.</p> <p>Summary of evidence to support a finding of compliance: Based on review of policy, the interviews with NCOIC, observations during the onsite visit, the auditor finds sufficient evidence to support a finding of not applicable - compliance with this standard.</p> |

| 115.33 | Inmate education |
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| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Air Force Manual 31-115 · 27th SOSFS PREA Guidance · Review of PREA Video - JDI · Observations posters, pamphlets |

- Demonstration of the intake process
- Demonstration of Orientation
- Interviews Intake staff
- Interviews with staff who conduct Orientation
- Interviews random confinee
- Intake records corresponding log of received confine - randomly selected
- Facility rule book - observation of location in cell
- PAQ

The PAQ indicates that thirteen confinees were admitted that were given information at intake, eleven stayed past 30 days who received comprehensive education on their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake.

The following policy excerpts demonstrate compliance with the provisions of the standards.

Air Force Manual 31-115 states,

The confinement officer ensures a list of rules (facility rules book) is provided to (and receipted by) each confinee. Those rules are to include: information on the complaint system; procedures for how to request official calls or visits (e.g., with a defense attorney, chaplain, or first sergeant); prescribed visitation hours; H&C requisition procedures; sick call procedures; anticipated daily, weekend, and holiday schedules; a list of facility offenses (rules violations) and discipline and control measures; and other information deemed necessary. Rules should be kept to the minimum necessary and be positive in nature. Confinees are not to be tested on this information.

Confinee Training. Upon in-processing, confinees are to be comprehensively briefed on emergency procedures (e.g., fire, severe weather), victim impact awareness, the zero tolerance policy on sexual abuse, sexual harassment, retaliation, and on any other local items deemed necessary. (T-0). Document these actions in the CTF. Immediately follow up these briefings with handouts or incorporate the briefed information in the confinee's facility rules book. Include information on how confinees can report incidents or suspicions of sexual abuse, sexual harassment, or retaliation. Instruct confinees that sexual abuse or sexual harassment reports under PREA are either unrestricted reports or an anonymous report, which is different from other active component reporting guidelines. Provide confinees with information addressing legal rights as military crime victims and information about the SVC Division.

Facility Rules Book. The confinee will sign for, maintain a copy of, and return the Facility Rules Book upon release and departure.

27th SOSFS PREA Guidance states, Confinee Orientation and Training:

As part of the intake, the CF provides comprehensive education to confinees through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and the CF's policies and procedures for responding to such incidents

Current confinees are to receive education upon transfer from a different facility to the extent that the policies and procedures of the confinee's new facility differ from those of the previous facility.

The CF documents and tracks the training through signature on the PREA Confinee Training Acknowledgement and Receipt document.

In addition to providing such education, the CF ensures that key information is continuously and readily available or visible to confinees through posters, confinee handbooks, or other written formats.

The CF documents and tracks the training through signature on the Confinee Acknowledgement Form.

(a) (b) Upon arrival, staff interviews/demonstration confirmed that the confinement staff provide intake information and orientation which includes the Risk Survey, PREA video and facility rulebook. The auditor observed the rulebook in the cell.

(c) The NCOIC confirmed to the auditor that all confinees receive this information regardless of whether they transferred from another confinement operation or this was the first time confined.

(d) All materials are in English as it is required to speak English when joining the Air Force.

(e) The auditor randomly requested and received documentation/evidence demonstrating that confinees have received this information.

(f) Information on PREA is available in the confinee rulebook, observed in the confinee cell. The information contains the following information: the Sexual Assault Prevention and Response Guide - definitions, referral for investigation, the commitment to the response (investigation, medical assistance), reporting options, victim advocates).

Finding of compliance is based on the following: Policy, review of information provided to the confinee, demonstration of the intake process, demonstration of orientation, and interview with the intake staff provided the auditor with ample evidence to support a finding of compliance.

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| 115.34 | Specialized training: Investigations |
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| | Auditor Overall Determination: Meets Standard |
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| | <p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 27th SOSFS PREA Guidance · Observations · PAQ <p>The following policy excerpts demonstrate compliance with the provisions of the standards.</p> <p><u>27th SOSFS PREA Guidance</u> states, Investigative Agency Training:</p> <p><i>The Air Force Office of Special Investigations (AFOSI) is designated as the investigative agency for sexual assault or sexual harassment allegations in the Air Force and the CF is not required to maintain documentation of their specialized training.</i></p> <p>Finding of compliance is based on the following: Policy supports that the facility does not conduct its own investigations for sexual abuse or sexual harassment. The auditor finds the standard to be not applicable – compliant.</p> |
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| 115.35 | Specialized training: Medical and mental health care |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 27th SOSFS PREA Guidance · PAQ · Observations · Interviews <p>The following policy excerpts demonstrate compliance with the provisions of the standards.</p> <p><u>27th SOSFS PREA Guidance</u> states,</p> <p><i>Medical Training: The CF does not have medical and mental health care practitioners who work regularly in its facilities and are therefore exempt from completing specialized training requirements for PREA. These services are conducted by the local</i></p> |

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| | <p><i>military treatment facility or local medical facilities.</i></p> <p>The PAQ indicates that the facility has no medical or mental health staff at the facility. Medical and mental health needs are provided in the Air Force Base community.</p> <p>Finding of compliance is based on the following: Policy and interviews with staff support that the facility does not have medical or mental health staff. The auditor finds this standard not applicable to this facility – compliant.</p> |
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| 115.41 Screening for risk of victimization and abusiveness | |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Air Force Manual 31-115 · Risk Survey for Confinee Victimization and Abusiveness (Attachment) · Interviews Staff who perform risk screens · Random review risk assessments · Demonstration of the intake process · Interview PREA Coordinator · PAQ · FAQ <p>The PAQ indicates that thirteen confinees were screened for risk of sexual victimization or risk of sexually abusing other confinee within 72 hours of their entry into the facility, eleven confinees remained past 30 days) who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake.</p> <p>The following policy excerpts demonstrate compliance with the provisions of the standards.</p> <p><u>Air Force Manual 31-115</u> states,</p> <p><i>PREA Assessment. The assessment is necessary twice. Once within 72-hours of in-processing and again between the 21st and 30th calendar day of confinement. Screen the confinee for risk of sexual victimization and abusiveness using</i></p> |

questionnaire in Attachment 6. This is meant to assist in determining potential risk of becoming a victim or abuser. Take no disciplinary action for failure to cooperate with the assessment, specifically questions involving: sexual orientation, self-identified gender, previous sexual victim, or the confinee's perception of vulnerability. When necessary for staff assessment, obtain other screening answers by researching personnel records and/or criminal records, and by mere observation (e.g., aggressive or timid behavior, size, body build).

PREA Re-assessment. When the staff believes the confinee has adjusted to placement in a confined setting, using same questions and methods, conduct the screening again. However, do not exceed 30 calendar days from in processing. Reassess as necessary, when additional information is received, or an abusive or victimization situation occurs or is believed possible. Place screening document in the CTF.

Correctional Treatment File (CTF). Confinement staff establish a CTF for each pretrial detainee and post-trial inmate during in-processing and actively maintain it during incarceration. CTFs contain sensitive information (e.g., For Official Use Only [FOUO], Personally Identifiable Information [PII], Privacy Act, HIPAA) and must be appropriately marked and secured. Consult with local base/unit records managers for appropriate cover sheets for the CTFs. Confinees are not allowed access, nor may they receive information from any CTFs.

27th SOSFS PREA Guidance states, Screening of Confinees:

Within 72-hours of in-processing, screen the confinee using the "Risk Survey for Confinee Victimization and Abusiveness". This survey is meant to assist in determining potential risk "to become" a victim or "to become" an abuser. Take no disciplinary action for failure to cooperate with the assessment, specifically questions involving; sexual orientation, self-identified gender, previous sexual victim, or their perception of vulnerability. When necessary for staff assessment, obtain other screening answers by researching personnel records and/or criminal records, and by mere observation (e.g., size, body build, etc.).

If the staff determines the confinee has, 1) experienced prior sexual victimization in a previous confinement facility, or in an institution or in the community or, 2) has previously perpetrated sexual abuse in a previous confinement facility, or in an institution or in the community then offer to schedule a follow up meeting with a medical or mental health practitioner within 14 days of the initial screening. Place the screening document and note the acceptance/declination of the offer in the Correctional Treatment File (CTF). Subsequently, include in the CTF the medical or mental health practitioner recommendations relative to treatment plans, management decisions for housing, and work outlets programs.

If sexual victimization in the community was not self-identified in the at-risk screening but, discovered by the medical or mental health practitioner, they must seek informed consent from the confinee, if over 18 years of age, for the release of that information to the confinement staff.

When the staff believes the confinee has adjusted to placement in a confined setting,

using the same questions and methods, conduct the screening again however, do not exceed 30 days from in-processing. Reassess as necessary, when additional information is received or an abusive or victimization situation occurs or is believed possible. Place the screening document in the CTF.

The goal is to make decisions to keep potential victims from potential abusers. The Confinement Officer makes individual determinations on the best manner to ensure safety for those at risk concerning housing, work outlets, etc. Conversely, do not use this information to separate groups of individuals (where no risk of harm or abuse exists) based solely on sexual orientation or self-identified gender unless under a legal order.

(a)(b) Policy, interviews with Intake staff, and observation of intake support that an initial intake screen is completed immediately upon arrival to assess risk of sexual abuse or risk of being sexually abused.

(c)(d) (e) An example of the Attachment 6 RISK SURVEY FOR CONFINEE VICTIMIZATION AND ABUSIVENESS was provided with the pre-audit documentation. The objective screening tool used considers the following information:

Risk of being sexual victimization

- mental, physical, development disability
- age
- physical build
- first incarceration
- convictions for sex offense against an adult or child
- perception of or self identifies as gay, lesbian, bisexual, transgender, intersex or gender nonconforming including subjective assessment by the screener
- crimes exclusively nonviolent
- previous experience as a victim of sexual abuse community and while incarcerated
- previous incarceration sexual sex act
- previous placement in protective custody
- If previous incarceration, have been approached for sex/ and or threatened with sexual assault?
- inmate's perception of vulnerability
- prior institutional sexual activity

The risk screen developed and used at this facility addresses all of these

requirements. The facility does not hold confinees who are detained solely for civil immigration. The screen is completed upon arrival by the intake officers. At the time of the audit, it did not meet the requirements of the FAQ in that staff can should make a subjective opinion of whether the confinee is perceived as gay, lesbian, bisexual, transgender, intersex or gender nonconforming. The PREA Guidance and Risk Survey have been updated to address this, making it compliant with the requirements set for in the FAQ.

(e) The screening tool addresses the following:

Risk of being Sexually Abusive

- Conviction for a crime related to sexual offense against a child or adult
- History of committing institutional sexual abuse, convicted of or known history
- History of sexual activity while confined
- Gang affiliation
- History of violence if prior confinement?
- Convictions of sex offense against a child or adult
- Prior convictions for violent crimes or domestic violence?
- Any other specific concerns

In addition to the requirements of the standard, the screen addresses gang affiliation.

The questions are asked verbally and in private according to the interview with the person who conducts risk assessments and confinee and observations of the process.

(f) The auditor interviewed the staff who completes the 30-day reassessment. It was confirmed to the auditor that this occurs in person, privately and the confinee is verbally asked the questions again. This practice does meet the expectations clarified in the FAQ. The auditor requested and received four confinee Risk Surveys demonstrating compliance with this process. All Risk Surveys for the previous twelve months were available to the auditor for review.

(g) Policy and interview with the NCOIC and 2ndNCOIC assured the auditor that staff are observant and would communicate any information to the NCOIC that may initiate an updated (when warranted referral, receipt of additional information or request) risk assessment would be completed. And, they assured the auditor in addition to policy that a updated risk assessment would be completed upon conclusion of a sexual abuse investigation. No examples were available to support this. The auditor found this credible after conducting that pre audit and onsite audit.

(h) The interview with the intake staff/staff who conduct risk assessments confirmed to the auditor that they would not require confinees to answer sensitive questions -

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| | <p>(d)(1), (d)(7), (d)(8), or (d)(9) if they did not want to respond. This is also noted on the Risk Survey form.</p> <p>(i) Per the interview with the PCM and observation of the confinee record storage area, paper versions of the risk assessments are maintained in an area which has appropriate controls on which staff can access the area. Per the interview with the PREA Coordinator, it has been established that the risk survey will be maintained in the CTF in a secure area where only security staff are allowed access. They are appropriately marked and comply with release information in accordance with the Freedom of Information Act (FOIA) and Privacy Act (PA).</p> <p>Finding of compliance is based on the following: Policy supports compliance with all aspects of the standards, with the exception noted below. Evidence was provided (policy, interviews, demonstration and randomly requested documentation) that the confinee would not be disciplined for declining to answer such as demonstration of intake, policy, and the objective screening tool. The policy, interviews with staff, and observations confirmed that the information is stored in a secure area with other confinee information (CTF) file.</p> |
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| 115.42 | Use of screening information |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Air Force Manual 31-115 · 27th SOSFS PREA Guidance · Observations · Interviews PCM · Interview with the PREA Coordinator <p>The following policy excerpts demonstrate compliance with the provisions of the standards.</p> <p><u>Air Force Manual 31-115</u> states,</p> <p><i>Uses for the screening information. The goal is to make decisions to keep potential victims from potential abusers. The Confinement NCO makes individual determinations in the best manner to ensure safety for those at-risk concerning housing, work outlets, etc. Conversely, where no risk of harm or abuse exists do not use this information to separate groups of individuals based solely on sexual</i></p> |

orientation or self identified gender, unless under a legal order.

Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) and Gender Nonconforming. The PREA national standards apply. Confinées who are LGBTI or whose appearance or manner does not conform to traditional gender expectations are not placed in RH solely based on identification or gender status. When a confinee who is LGBTI or gender nonconforming faces a legitimate threat from other confinées, the confinement NCO consults with the confinement officer for approval for alternative housing. Conditions are to be comparable to those of general population housing to the fullest extent possible. Correctional staff can sometimes avoid the unnecessary use of RH for PC reasons by making different classification or housing assignments. In deciding whether to assign a transgender or intersex confinee to a facility or program for male or female confinées, the DFC or confinement officer considers on a case-by-case basis whether a placement would ensure the confinee's health and safety, giving consideration to the confinee.

27th SOSFS PREA Guidance Transgender/Intersex Intake:

Transgender/intersex housing and programming assignments decisions are made on a case-by-case basis and coordinated with the Confinement Officer and the AFSFC.

Assignments are made with the confinee's health and safety in mind; and whether the placement would present management or security problems.

In creating the individual treatment plan, a transgender or intersex confinee's own views with respect to their own safety shall be given serious consideration.

Staff should ask transgender confinées housing preferences (housed as male or female) and document accordingly. Housing transgender confinées simply based on genital status is prohibited.

Transgender or intersex confinées are given the opportunity to shower separately from other inmates.

Confinement NCOIC follows up every 30 days to determine whether there have been any threats to safety experienced by the confinee.

The confinement facility does not place lesbian, gay, bisexual, transgender, or intersex confinées in dedicated, units, or wings based on such identification or status.

(a) (b) For the previous 12 months, no confine was potentially at risk for sexual abuse or sexual victimization. Housing decisions were made on gender.

(c) (d) At the time of the audit, it was reported there were no confinee who identified as transgender/intersex. The interview with the PCM confirmed to the auditor that he would be responsible for this review. 27th SOSFS PREA Guidance requires the review every 30 days, exceeding the requirements of the standard. Based on the size of the facility and involvement of the PCM in daily activities, the auditor found this credible.

(f) As indicated in the narrative response to 115.15, all confinées are showered one a

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| | <p>time. No other confinee is present during this time as confirmed by interviews with the confinement staff and observation of the shower are during the onsite audit.</p> <p>(g) During the audit process of touring, reviewing documentation and interviewing staff, it is determined that this facility does not have dedicated facilities, units, or wings solely on the basis of such identification or status as transgender, intersex, homosexual, bi-sexual, gay or lesbian. Policy supports this will not happen. This was additionally confirmed by the PREA Coordinator.</p> <p>Finding of compliance is based on the following: Policies which support compliance, interviews with all staff and observation of the physical plant provided the auditor with sufficient evidence to support a finding of compliance.</p> |
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| 115.43 | Protective Custody |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Air Force Manual 31-115 · 27th SOSFS PREA Guidance · Observations of Restricted Housing (RH) · Interviews DFC · Interviews staff who supervise RH · PAQ <p>The PAQ states that no confinee has been placed in involuntary protective custody due to their high risk of sexual victimization. The auditor found no evidence to dispute this during the audit process.</p> <p>The following policy excerpts demonstrate compliance with the provisions of the standards.</p> <p><u>Air Force Manual 31-115</u></p> <p><i>Confinees who require voluntary and in certain instances involuntary PC are afforded the same activities as general population confinees, and are not normally housed in RH. Once the DFC approves the placement of a confinee in SQ (e.g., A-Seg other than initial, D-Seg or voluntary or involuntary PC), the confinee is provided a mental health appraisal by a licensed mental health provider. If determined by the provider the confinee requires treatment while confined to special quarters, the confinement staff</i></p> |

provides the confinee access to intensive, clinically appropriate mental health treatment. Additionally, the staff also makes reasonable efforts to provide the confinee with in-cell and out-of-cell mental health recommended activities, as well as, unstructured out-of-cell time consideration to the extent possible (e.g., weighing the confinee's behavior risk with the number of other confinees and staff ratio) while ensuring safety of the confinee, other confinees, and staff.

Attachment 19 LIMITING THE USE OF RESTRICTIVE HOUSING provides a mechanism for staff to address reasons for placement, conditions, efforts to avoid placement in RH, and a step down plan.

27th SOSFS PREA Guidance states, Protective Custody.

Confinees at high risk for sexual victimization are not placed in involuntary segregated housing unless the CF has assessed all available alternatives and has determined that there is no available alternative means of separation from likely abusers.

If the facility restricts access to programs, privileges, education, or work opportunities, it documents in the blotter the opportunities that have been limited, the duration of the limitation, and reasons for such limitations.

If an involuntary segregated housing assignment is made pursuant to this section, the facility clearly documents the basis for the facility's concern for the confinee's safety and the reason why no alternative means of separation can be arranged.

The facility assigns such confinees to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. Such an assignment shall not ordinarily exceed a period of 30 days.

Every 30 days, the facility affords each such confinee a review to determine whether there is a continuing need for separation from the general population.

(a)(b)(c)(d)(e)The interview with confinement staff confirmed that no confinee has been placed in this classification for being at high risk for victimization or who has alleged being sexually abused. The interview with the DFC and policy support that RH is only used as a last resort, all programming would continue to occur. Observations of the physical plant provided credibility to these statements. All cells can be designated as a RH. Therefore, all programming can continue to occur.

Finding of compliance is based on the following: The PAQ states that no confinee have been placed in special management housing for protective custody to separate a victim from his abuser, or for being at high risk for sexual victimization. The auditor found no reason to dispute this fact during the audit process. The facility has options for placing a confinee for separation from his abuser without having to resort to placement in protective housing status, it includes a transfer. The interview with the DFC and staff confirmed that special management housing will be used as a last resort. Based upon the written authority, observations and these interviews, the auditor finds the facility is substantially compliant with this standard.

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| 115.51 | Inmate reporting |
| | <p data-bbox="256 188 959 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 544 300">Auditor Discussion</p> <p data-bbox="256 340 1406 416">The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul data-bbox="256 456 986 990" style="list-style-type: none"> · Air Force Manual 31-115 · 27th SOSFS PREA Guidance · Facility Rulebook · Interview SARC · PREA Intake Information · Interviews random staff · PREA box · Test of telephone for reporting by the auditor <p data-bbox="256 1025 1398 1102">The following policy excerpts demonstrate compliance with the provisions of the standards.</p> <p data-bbox="256 1137 604 1173"><u>Air Force Manual 31-115</u></p> <p data-bbox="256 1209 1477 2042"><i>Grievance reporting by confinees. Ensure the facility's rules book instructs confinees how to report grievances. There are four avenues to report a grievance: Use confinee's privileged communication (telephone or mail) options. Use in-person communication with legal, pastoral, or medical staff during scheduled appointments. Tell a staff member verbally or in writing, either signed or anonymously. (T-0). The staff member receiving a grievance from a confinee is responsible to report it to the proper office for review and investigation, IAW facility SOP. In cases of reporting sexual abuse or sexual harassment, the response time is paramount. Refer all sexual abuse and sexual harassment grievances to AFOSI. Use a direct dial phone provided by the facility. Facilities will make a direct dial only, non-recorded, non-monitored, phone available for reporting purposes. With the objective being discreet, authorized, and direct connections so that an observer cannot assume to whom the call is being placed the direct dial phone will have the following options available, at a minimum. Installation Sexual Assault Prevention and Response Office (SAPRO). DoD Safe Helpline (1-877-995-5247). Installation chaplain. Regional, circuit or servicing installation Special Victims' Counsel or Victims' Legal Counsel offices. Area Defense Counsel (ADC). Third party reports of alleged sexual related crimes are to be reported to AFOSI regardless of the victim's wishes, level of participation, or agreement to pursue the allegation and DoDI 5505.18, Investigation of Adult Sexual Assault in the Department of Defense.</i></p> |

27th SOSFS PREA Guidance states, Confinee Reporting:

The CF provides multiple internal ways for confinees to privately report sexual abuse and sexual harassment, retaliation by other confinees or staff for reporting sexual abuse or sexual harassment, and staff neglect that may have contributed to such incidents. Confinees may report concerns by:

- Report to any confinement staff member. Staff accepts reports made verbally, in writing, and anonymously. Staff promptly documents any verbal reports.*
- Report to any medical or mental health staff.*
- Report to the PREA Compliance Manager or utilize the confidential PREA complaint box located in the facility.*
- Submit a grievance or sick call slip to speak to a medical/mental health provider.*
- Call the Sexual Assault Prevention and Response Office at 575-784-1044 or 24/7 at 877-995-5247. The CF also provides at least one way for confinees to report abuse, harassment, retaliation, and staff neglect to a public or private entity that is not part of the agency and that is able to receive and immediately forward confinee reports of sexual abuse and sexual harassment to agency officials, allowing the confinee to remain anonymous upon request. Confinees may report concerns by:*
- Reporting to the Area Defense Counsel at 575-784-2915.*
- Reporting to the Chaplain at 575-784-2507.*
- Reporting to the Special Victims Counsel at 575-904-3435.*
- All phone numbers are pre-programmed on the Confinement Facility phone and are available any time for inmate/detainee use.*

The CF provides multiple ways for staff to privately report sexual abuse and sexual harassment or retaliation for reporting sexual abuse or sexual harassment.

- Department of Defense Safe Helpline at 1-877-995-5247.*
- Call the Sexual Assault Prevention and Response Office at 575-784-1044 or 24/7 at 877-995-5247.*
- Report to the PREA Compliance Manager or utilize the confidential PREA complaint box located in the facility.*
- Report to any medical or mental health staff.*

(a)(b) Policy specifies the multiple ways a confinee can report sexual abuse and sexual harassment, and includes multiple ways they can report outside the agency. The interview with the SARC confirmed to the auditor that a confinee can report allegations of sexual abuse and sexual harassment and remain anonymous. The facility has a PREA box available in the dayroom area. Only the PCM and one other staff can check the box. The PCM confirmed this is checked at least weekly, and randomly. The auditor tested the DoD helpline and confirmed the following -this phone is confidential and can be anonymous. The caller will guide the process regarding reporting and details. Confidentiality is discussed prior to getting information from the caller. The caller is allowed to remain anonymous, and information will be forwarded to the appropriate authorities as determined by the caller.

(c) Staff interviews confirmed that staffs are aware of this expectation and support compliance, including the reporting of suspicions to their immediate supervisor, stating that this information is well received and handled appropriately by the supervisors. Upon receipt of a report, policy and interviews support that a PREA Incident Form is initiated.

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| | <p>(d) Staff interviews revealed that they could go directly to the NCOIC, Defense Force Commander, or OSI to report privately. Four options are available to staff as indicated in the PREA Guidance to report privately.</p> <p>Finding of compliance is based on the following: Policy supports all requirements of the standard. Staff interviews acknowledge there are multiple methods for filing a complaint. Review of the policies, investigations, interviews with staff and confinee, information provided at orientation all provided the auditor with sufficient evidence to support a finding of compliance with the standards.</p> |
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| 115.52 | Exhaustion of administrative remedies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Air Force Manual 31-115 · 27th SOSFS PREA Guidance · Grievance Form · Interview NCOIC · PAQ <p>The PAQ provided the following information:</p> <p>zero grievances regarding sexual abuse</p> <p>zero emergency grievances</p> <p>zero grievances written in bad faith</p> <p>zero third party grievances</p> <p>zero grievances alleging imminent sexual abuse</p> <p>The following policy excerpts demonstrate compliance with the provisions of the standards.</p> <p><u>Air Force Manual 31-115</u></p> <p><i>Grievance reporting by confinees. Ensure the facility's rules book instructs confinees how to report grievances. There are four avenues to report a grievance: Use confinee's privileged communication (telephone or mail) options. Use in-person communication with legal, pastoral, or medical staff during scheduled appointments.</i></p> |

Tell a staff member verbally or in writing, either signed or anonymously. The staff member receiving a grievance from a confinee is responsible to report it to the proper office for review and investigation, IAW facility SOP. In cases of reporting sexual abuse or sexual harassment, the response time is paramount. Refer all sexual abuse and sexual harassment grievances to AFOSI. Use a direct dial phone provided by the facility. The staff may also accept reports from third parties. A third party report cannot go forward unless the suspected abused or harassed confinee agrees to pursue the grievance. This prevents repeated erroneous allegations made to purposefully distract the staff. Third party reports of alleged sexual related crimes are to be reported to AFOSI regardless of the victim's wishes, level of participation, or agreement to pursue the allegation. See DoDI 5505.18, Investigation of Adult Sexual Assault in the Department of Defense. Should it be demonstrated that (via investigation) confinees have filed grievances related to sexual abuse or sexual harassment in bad faith, the facility may discipline the confinee.

27th SOSFS PREA Guidance states, Confinee Grievances.

The CF shall not impose a time limit on when a confinee may submit a grievance regarding an allegation of sexual abuse.

The CF shall not require a confinee to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

The CF ensures that a confinee who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint.

The DFC issues a final 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 confinees in preparing any administrative appeal.

The DFC may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The DFC notifies the confinee in writing of any such extension and provide a date by which a decision shall be made.

At any level of the administrative process, including the final level, if the confinee does not receive a response within the time allotted for reply, including any properly noticed extension, the confinee may consider the absence of a response to be a denial at that level.

Through a Discipline and Adjustments Board, the DFC may discipline the petitioner for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the confinee filed the grievance in bad faith.

After receiving an emergency grievance alleging a confinee is subject to a substantial risk of imminent sexual abuse, CF shall:

Immediately forward the grievance to DFC, Confinement Officer, AFSFC PREA Coordinator, and the PREA Compliance Manager for review and immediate corrective

action.

The CF will provide an initial response within 48 hours to confinees who allege to be at substantial risk of imminent sexual abuse.

The CF will issue a final decision within five (5) calendar days to confinee.

The initial response and final decision needs to document determination of whether the confinee is at substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

(a)(b)(c)(d)(e)(f)(g)The interview with the NCOIC confirmed that any grievance received will be investigated and addressed. The discussion revealed that the grievance process for any subject does afford privacy, it is not addressed by the person it is grieving, it is process and addressed immediately. No grievances have been filed regarding sexual abuse; the auditor found this credible. The auditor observed the forms available (DD 510) in the confinee dayroom and the confinee rulebook.

Finding of compliance is based on the following: Policy supports all aspect of the provisions of this standard. Options for grievances are addressed in policy. The 27th SOSFS PREA Guidance addresses all requirements of the provision. The auditor observed the availability of the forms to initiate the process and other methods as addressed in the policy. The interview with staff confirmed the process. It was indicated that no DD510 form received was regarding sexual abuse allegations. The auditor finds ample evidence to support a finding of compliance.

| 115.53 | Inmate access to outside confidential support services |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none">· Air Force Manual 31-115· 27th SOSFS PREA Guidance· Observations - SARP information· Interview with SARC· PREA Postings· Review of access to mail and telephones· Testing of phone line to access SART |

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| | <p>The following policy excerpt demonstrates compliance with the provisions of the standards.</p> <p>The <u>27th SOSFS PREA Guidance</u> states, Support Services for Victims of Sexual Abuse:</p> <p><i>Following sexual crime protocol, the investigating agency provides confinee with access as appropriate to a forensic medical examination performed, where possible, by a Sexual Assault Forensic Examiner (SAFE) or a Sexual Assault Nurse Examiner (SANE), as part of evidence gathering. If SAFE or SANE examinations are not possible, then document the effort and obtain other qualified medical practitioner(s) for evidence gathering.</i></p> <p><i>Ensure sexual abuse, rape crisis victim advocate and/or mental health care access options, as appropriate, are made readily available and that support protocols are followed.</i></p> <p>(a)(b) (c)The interview with the SARC yielded the following: Confinees can call the operation any time as they are available twenty-four (24) hours, seven days a week (24/7). They are not required to make a report, they can just receive emotional support services relating to sexual abuse and sexual harassment. The phone call is not monitored or recorded and is confidential and free. This operation is available to all airman at the AFB. The interviews with staff related to the auditor that if the confinee needs to make a private call, another confinee will not be placed in the dayroom. By pushing a button on the phone, they can call one of four operations without having to tell the confinement staff who they are calling. Although an address is provided to the confinee on the information posted and available in the facility rule book, the option for mailing does not afford the ability to be as private as would be desirable. The operation, due to its small size, does afford the most reasonable communication it can. The ability to make the phone call without staff awareness and with privacy, does provide sufficient reasonable communication for a confinee to access these services.</p> <p>Finding of compliance is based on the following: Policy, communication with the SARC, brochures available with their information, observation of telephones, testing of access to SARP via the confinee phone, ability to send letters, all support a finding of compliance.</p> |
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| 115.54 | Third-party reporting |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Air Force Manual 31-115 |

- 27th SOSFS PREA Guidance
- Observations
- Agency website PREA (af.mil)
- Interview with the Defense Force Commander
- Interview with the PREA Coordinator
- Random staff interviews
- Testing of third party reporting – PREA Coordinator
- FAQ

The following policy excerpts demonstrate compliance with the provisions of the standards.

Air Force Manual 31-115

Third party reports of alleged sexual related crimes are to be reported to AFOSI regardless of the victim's wishes, level of participation, or agreement to pursue the allegation. and DoDI 5505.18, Investigation of Adult Sexual Assault in the Department of Defense.

27th SOSFS PREA Guidance states, Third Parties Reporting:

Third-party reports of sexual abuse and sexual harassment can be submitted on behalf of a confinee via any reporting method identified in paragraph 5.1 of this guidance.

Staff shall accept reports made verbally, in writing, and anonymously from third parties and promptly document any verbal reports.

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

The auditor reviewed the agency website. It has the following information:

Background information on PREA

Zero tolerance

Third Party Reporting

Phone number, email to PREA Coordinator

In accordance with the FAQ issued October 2015, the public can reasonably access the information on how to make a report of sexual abuse or sexual harassment on behalf of a confinee. The auditor sent an email to test this option; a response was

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| | <p>received the following business day.</p> <p>Finding of compliance is based on the following: Review of the agency website, interviews with the Defense Force Commander, PREA Coordinator acknowledging receipt of the email sent by the auditor testing the address on the website provided the auditor with ample evidence to support a finding of compliance with this standard.</p> |
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| 115.61 | Staff and agency reporting duties |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Air Force Manual 31-115 · 27th SOSFS PREA Guidance · Interview with the PREA Coordinator · Observations · Interviews random staff <p>The following policy excerpts demonstrate compliance with the provisions of the standards.</p> <p><u>Air Force Manual 31-115</u> states,</p> <p><i>Incident Reporting. Incident reports include but are not limited to: allegations of sexual harassment, allegations of abuse (sexual or otherwise), disturbances with injury or significant property damage, escape, or death of a confinee. As soon as the situation permits, the confinement officer or NCO reports any serious or significant incidents to the chain of command and to AFSFC/FC. During non-duty hours, notify the AFSFC/OPS Center at 1-877-273-3098. In turn, AFSFC/FC ensures AFSFC/CC and the appropriate chain is notified.</i></p> <p><i>Trained on Sexual Assault Prevention and Response Awareness. This includes detection, response, and proper reporting. Further, a staff member who becomes personally aware of sexual abuse, sexual harassment or a retaliation against confinees or staff that made such reports, or receives a grievance from a confinee, is independently responsible to report it to the proper office for review or investigation.</i></p> <p><i>Further, once staff has reported sexual abuse, harassment, or retaliation to the proper investigating office, they do not disclose, other than to the official extent necessary, any of this information except when necessary to make decisions</i></p> |

concerning treatment, investigation and other security and management decisions. .
 . .Follow the AF’s established procedures on protection against retaliation for reporting violations.

PREA Guidance states, Staff Reporting:

Any staff member who has knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment; retaliation against confinees or staff who reported such an incident; and any staff neglect that may have contributed to such incident or retaliation, immediately reports such incident or retaliation using the chain of command.

Apart from reporting to designated supervisors or officials, staff cannot reveal any information related to a reported sexual abuse to anyone except officials with the need to know.

Once staff has reported this to the proper investigating office, they do not disclose, other than to the official extent necessary, any of this information except when necessary to make decisions concerning treatment, investigation and other security and management decisions.

(a) (b) (e) Interviews with staff revealed that staff are keenly aware of the requirement to report immediately any suspicion, knowledge or information on sexual abuse, sexual harassment, retaliation and/or staff neglect that may contribute to sexual abuse or sexual harassment. Staff was also keenly aware of the requirement to maintain confidentiality after the allegation is made.

(c) As indicated, medical and mental health staff are not assigned to the confinement facility.

(d)This facility has not housed confinees under the age of 18. See comments to 115.14. Per the interview with the PREA Coordinator, most members in the Armed Forces are over 18. In the case the member is 17, parental approval is needed to join the Armed Forces. Consent is not needed to report allegation. Due to the aging out requirement of the Armed Forces, no confinee will meet the definition of Elder Abuse.

Finding of compliance is based on the following: Overall observations of the audit tasks such as the interviews with staff, and administrators support knowledge of the requirement, process and need to maintain confidentiality. The auditor found there is sufficient evidence to support a finding of compliance with the provisions of this standard.

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| 115.62 | Agency protection duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

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

- Air Force Manual 31-115
- 27th SOSFS PREA Guidance
- Observations
- Interviews Director of the Air Force Corrections
- Interview Defense Force Commander
- Interview random staff
- PAQ

The PAQ indicates there have been no times the facility determined that a confinee was at risk of imminent sexual abuse. The auditor found no reason to dispute this during the audit process.

The following policy excerpts demonstrate compliance with the provisions of the standards.

Air Force Manual 31-115 states,

If staff believes a confinee is subject to a substantial risk of imminent sexual abuse, take immediate action to protect the confinee.

27th SOSFS PREA Guidance Protection of Confinees Facing Substantial Risk.

When the CF learns that a confinee is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the confinee by separating the victim and alleged abuser.

If staff believes a confinee is subject to a substantial risk of imminent sexual abuse, take immediate action to protect the confinee.

Finding of compliance is based on the following: The interview with the Director of the Air Force Corrections and the DFC confirmed that a confinee at imminent risk of sexual abuse or any imminent risk of harm shall have immediate action taken to ensure his safety. This can include a transfer. All staff interviews confirmed to the auditor that they would take immediate action if they believed a confinee was at imminent risk of sexual abuse. Confinement staff confirmed that this request to intervene before something has occurred would be supported, and action would be taken to protect the inmate before the suspected event occurred. Based on this and overall observations during the audit, the auditor found this credible and to be an integral part of the culture of this facility.

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

- Air Force Manual 31-115
- 27th SOSFS PREA Guidance
- Interview DFC
- Notification Form

The PAQ indicates that zero allegations were received that a confinee was abused while confined at another facility, zero allegations of sexual abuse were received from another facility.

The following policy excerpts demonstrate compliance with the provisions of the standards.

Air Force Manual 31-115 states,

If the staff becomes aware of an unreported incident, which occurred at another confinement facility, then notify the DFC. The DFC determines as soon as possible, but not later than 72 hours, to either: notify the head of the other facility of the allegation or notify the appropriate investigating agency. In either case, document the notification, as appropriate.) Instruct staff how to assist confinee(s) in gaining access to care and support services. (T-0).

27th SOSFS PREA Guidance states, Notifying Other Confinement Agencies:

Upon the CF receiving an allegation that a confinee was sexually abused while confined at another facility, within 72-hours, the DFC will either, 1) notify the head of the other facility of the allegation or, 2) notify the appropriate investigating agency.

In either case, document the notification, as appropriate. Instruct staff how to assist confinee(s) in gaining access to care and support services.

(a) (b) (c) In addition to policy, the interviews with the Director of the Air Force Corrections and Defense Force Commander confirmed that notifications of any allegations of sexual abuse received at this facility that occurred at another facility will be sent from facility head to facility head within 72 hours. The PAQ confirmed that this occurred zero times. The agency has developed a Notification Form to use if this occurs that directs the person to make this notification in accordance with the requirements, ensuring 72 hour notification, facility head to facility head, details of the alleged incident.

(d) The PAQ indicates no notices were received from other agencies of allegations of sexual abuse that occurred at this facility in the previous twelve months. The auditor

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| | <p>found this information credible after conducting the pre audit and onsite portions of the audit. The interview with the Defense Force Commander confirmed that any receipt of allegations that occurred at this facility will be immediately reported to the investigators for investigation.</p> <p>Finding of compliance is based on the following: The policy, review of notification forms and interview with the Defense Force Commander provided the auditor with sufficient evidence to support a finding of compliance.</p> |
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| 115.64 | Staff first responder duties |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Air Force Manual 31-115 · 27th SOSFS PREA Guidance · PREA Response Checklist · Observations · Random staff interviews · PAQ <p>The PAQ indicates there were zero allegations of sexual abuse that allowed for time to collect evidence. The auditor found no reason to dispute this during the audit process.</p> <p>The following policy excerpt demonstrates compliance with the provisions of the standards.</p> <p><u>27th SOSFS PREA Guidance</u> states, INCIDENT RESPONSE</p> <p><i>Coordinated Response to a Report of an Incident: To ensure that the victim receives the best possible care and that investigators have the best chance of identifying and charging the perpetrator, the CF shall coordinate with the Air Force Office of Special Investigations (AFOSI), medical health staff, victim advocates, and a Sexual Assault Forensic Examiner (SAFE) or a Sexual Assault Nurse Examiner (SANE) for the following actions:</i></p> <ul style="list-style-type: none"> • <i>Assessing the victim’s acute medical needs</i> |

- *Explaining the need for a forensic medical exam and offering the victim the option of undergoing one*
- *Offering the presence of a victim advocate or a qualified staff member during the exam*
- *Providing crisis intervention counseling*
- *Interviewing the victim and any witnesses*
- *Collecting evidence*
- *Providing for any special needs the victim may have*

Immediate Steps After Receiving a Report: When a confinement staff first-responder learns that a confinee has been sexually abused, immediate action is taken to protect the confinee.

The PREA Response Checklist is initiated immediately. Non-confinement staff first-responders notify staff of sexual abuse allegations. The confinement staff first-responder actions include:

Separate the confinee from the alleged perpetrator.

Preserve and protect any crime scene until appropriate steps can be taken to collect evidence.

If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim—and ensure that the alleged abuser—not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Confinement staff first responders immediately notify AFOSI and the appropriate medical and mental health practitioners.

The PREA Compliance Manager CF forwards a copy of the PREA Response Checklist promptly upon completion to the AFSFC PREA Coordinator at afsfc.sfcv.1@us.af.mil.

(a)(b) Random staff interviews revealed to the auditor that they are knowledgeable regarding the PREA Response Checklist and actions to be taken to preserve evidence. The confinement operation does not have non security staff therefore provision (b) is not applicable.

Finding of compliance is based on the following: Policy provides specific direction on how to respond to an allegation of abuse to ensure safety of the victim as well as how to preserve evidence. All staff interviews demonstrated knowledge of the process support a finding of compliance.

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

- 27th SOSFS PREA Guidance
- Sexual Abuse Response Checklist
- Random staff interviews
- Observations - PREA kit
- Interview Defense Force Commander
- Interview with NCOIC

The following policy excerpt demonstrates compliance with the provisions of the standards.

27th SOSFS PREA Guidance states, INCIDENT RESPONSE

Coordinated Response to a Report of an Incident: To ensure that the victim receives the best possible care and that investigators have the best chance of identifying and charging the perpetrator, the CF shall coordinate with the Air Force Office of Special Investigations (AFOSI), medical health staff, victim advocates, and a Sexual Assault Forensic Examiner (SAFE) or a Sexual Assault Nurse Examiner (SANE) for the following actions:

- *Assessing the victim's acute medical needs*
- *Explaining the need for a forensic medical exam and offering the victim the option of undergoing one*
- *Offering the presence of a victim advocate or a qualified staff member during the exam*
- *Providing crisis intervention counseling*
- *Interviewing the victim and any witnesses*
- *Collecting evidence*
- *Providing for any special needs the victim may have*

Immediate Steps After Receiving a Report: When a confinement staff first-respond learns that a confinee has been sexually abused, immediate action is taken to protect the confinee.

The PREA Response Checklist is initiated immediately. Non-confinement staff first-

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| | <p><i>responders notify staff of sexual abuse allegations. The confinement staff first-responder actions include:</i></p> <p><i>Separate the confinee from the alleged perpetrator.</i></p> <p><i>Preserve and protect any crime scene until appropriate steps can be taken to collect evidence.</i></p> <p><i>If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim—and ensure that the alleged abuser—not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</i></p> <p><i>Confinement staff first responders immediately notify AFOSI and the appropriate medical and mental health practitioners.</i></p> <p><i>The PREA Compliance Manager CF forwards a copy of the PREA Response Checklist promptly upon completion to the AFSFC PREA Coordinator at afsfc.sfcv.1@us.af.mil.</i></p> <p>The interview with the Defense Force Commander confirmed the existence of the Sexual Assault Response Checklist. Per the interview with the NCOIC and observation, the Sexual Abuse Response Plan is located at in the control area. As indicated above, review of the PREA Response checklist indicates it does coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>Finding of compliance is based on the following: Policy, review of the PREA Response Checklist, interview with all staff who are knowledgeable regarding the plan, and observations of the location of the plan provided substantial evidence to support a finding of compliance.</p> |
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| 115.66 | Preservation of ability to protect inmates from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Interview Director of the Air Force Corrections · Observations · PAQ <p>The PAQ indicates that the facility has not entered into a collective bargaining on the</p> |

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| | <p>agency's behalf. The interview with the Director of the Air Force Corrections confirmed that he has no restrictions from removing a potential abuser from assignment pending an investigation. There is no union. This was supported by informal interviews during the onsite audit.</p> <p>Finding of compliance is based on the following: The interview with the Director of the Air Force Corrections, the PAQ and observations provided the auditor with sufficient evidence to support that the facility/agency is not restricted from removing alleged staff sexual abusers from contact with any confines pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> |
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| 115.67 | Agency protection against retaliation |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Air Force Manual 31-115 · 27th SOSFS PREA Guidance · Interviews Director of the Air Force Corrections · Interview DFC · Interview with designated staff members charged with monitoring for retaliation · Retaliation Monitoring Form · PAQ <p>The PAQ indicates that there were no reported incidents of retaliation occurred. The auditor found no reason to dispute this during the audit process.</p> <p>The following policy excerpts demonstrate compliance with the provisions of the standards.</p> <p><u>27th SOSFS PREA Guidance</u> states, Protection of Confinees from Retaliation:</p> <p><i>27 SOSFS policy is to protect all confinees and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other confinees or staff.</i></p> <p><i>The CF employs multiple protection measures, such as housing changes or transfers</i></p> |

for confinee victims or abusers, removal of alleged staff or confinee abusers from contact with victims, and emotional support services for confinees or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

For at least 90 days following a report of sexual abuse, the Confinement NCOIC and PREA Compliance Manager must monitor the conduct and treatment of confinees or staff who reported sexual abuse, and of confinees who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by confinees or staff, and acts promptly to remedy any such retaliation. Monitoring may go beyond 90 days if needed. Monitoring includes:

- Periodic in-person conversations with confinees and/or staff*
- Review of disciplinary incidents involving confinees*
- Review of housing or program changes*
- Review of negative performance reviews or reassignments of staff*
- Periodic in-person conversations with confinees and/or staff*
- Review of disciplinary incidents involving confinees*
- Review of housing or program changes*

The interview with the Director of Air Force Corrections yielded the following: Training is conducted with Confinee and Staff personal. Everyone is offered medical and mental support services. Risk surveys are conducted for every Confinee, using it as a tool to assist in placement decision. Checklists are in place as well for the protection of everyone in the facility depending on the solution. A staff member who becomes personally aware of sexual abuse, sexual harassment or a retaliation against confinees or staff that made such reports, or receives a grievance from a confinee, is independently responsible to report it to the proper office for review or investigation. Further, once staff has reported sexual abuse, harassment, or retaliation to the proper investigating office, they do not disclose, other than to the official extent necessary, any of this information except when necessary to make decisions concerning treatment, investigation and other security and management decisions.

The interviews with staff responsible for monitoring for retaliation confirmed knowledge and understanding of the provision requirements. A Retaliation Monitoring Form has been developed to ensure that the provisions are addressed in the event of a sexual abuse allegation.

Finding of compliance is based on the following: Interview with the designated retaliation monitors supported compliance based on the responses to questions, experience at the facility, and daily activities which requires that they be involved with the confinee population continually. The interview with the Director of the Air Force Corrections support that the facility will protect anyone who fears retaliation. If the physical plant does not afford an option to protect the confinee, it was confirmed that the facility can make arrangements with another confinement operation to have

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| | <p>him placed there. As such, the auditor finds there is sufficient evidence to support a finding of compliance with all provisions of this standard. The Retaliation Monitoring Form helps to ensure that the provisions are addressed.</p> |
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| 115.68 | Post-allegation protective custody |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Air Force Manual 31-115 · 27th SOSFS PREA Guidance · Interviews Defense Force Commander · Interview staff who supervise restrictive housing · PAQ <p>The PAQ indicates there has been no incident where an inmate who suffered sexual abuse was held in involuntary segregated housing in the past twelve months. The auditor found no reason to dispute this during the audit process.</p> <p>The following policy excerpts demonstrate compliance with the provisions of the standards.</p> <p><u>Air Force Manual 31-115</u></p> <p><i>Confinees who require voluntary and in certain instances involuntary PC are afforded the same activities as general population confinees and are not normally housed in RH. Once the DFC approves the placement of a confinee in SQ (e.g., A-Seg other than initial, D-Seg or voluntary or involuntary PC), the confinee is provided a mental health appraisal by a licensed mental health provider. If determined by the provider the confinee requires treatment while confined to special quarters, the confinement staff provides the confinee access to intensive, clinically appropriate mental health treatment. Additionally, the staff also makes reasonable efforts to provide the confinee with in-cell and out-of-cell mental health recommended activities, as well as, unstructured out-of-cell time consideration to the extent possible (e.g., weighing the confinee’s behavior risk with the number of other confinees and staff ratio) while ensuring safety of the confinee, other confinees, and staff. See DoDI 1325.07.</i></p> <p><u>27th SOSFS PREA Guidance</u> states, Protective Custody.</p> <p><i>Confinees at high risk for sexual victimization are not placed in involuntary segregated housing unless the CF has assessed all available alternatives and has</i></p> |

determined that there is no available alternative means of separation from likely abusers.

If the facility restricts access to programs, privileges, education, or work opportunities, it documents in the blotter the opportunities that have been limited, the duration of the limitation, and reasons for such limitations.

If an involuntary segregated housing assignment is made pursuant to this section, the facility clearly documents the basis for the facility's concern for the confinee's safety and the reason why no alternative means of separation can be arranged.

The facility assigns such confinees to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. Such an assignment shall not ordinarily exceed a period of 30 days.

Every 30 days, the facility affords each such confinee a review to determine whether there is a continuing need for separation from the general population.

Interviews with staff who regularly supervision special housing and the Defense Force Commander confirmed to the auditor that placement for a confinee who is alleged to have suffered sexual abuse has not occurred. The Defense Force Commander reinforced that there are numerous options available to ensure a safe placement before use of special management. He noted that policy is in place should the options reviewed lead to that placement to ensure the provisions of the standard are met.

See comments to standard 115.43.

Finding of compliance is based on the following: The PAQ indicates they have not had to use restrictive housing to protect a confinee who is alleged to have suffered sexual abuse. Policy addresses the requirements in the event of an occurrence in the future, the interviews support the requirements of the standard. The auditor found sufficient evidence to support a finding of compliance.

| 115.71 | Criminal and administrative agency investigations |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Air Force Manual 31-115 · 27th SOSFS PREA Guidance · Observations · Interview with OSI |

- Interview with the Defense Force Commander
- Interview with the PREA Coordinator
- PAQ

PAQ indicates no substantiated allegations of conduct that appeared criminal were referred for prosecution since the last PREA audit. The auditor found no reason to dispute this during the audit process.

The following policy excerpts demonstrate compliance with the provisions of the standards.

Air Force Manual 31-115 states,

Refer sexual assault or sexual harassment allegations to AFOSI for criminal investigation or another criminal investigative agency as determined by AFOSI.

27th SOSFS PREA Guidance states, Investigation of Incidents:

The CF ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The DFC reports all allegations of sexual abuse or sexual harassment associated with the confinement facility to AFOSI.

Sexual assault or sexual harassment allegations are referred for criminal investigation to AFOSI or another criminal investigative agency as AFOSI determines and are not considered administrative investigations. The facility requests relevant information from AFOSI in order to inform the confinee of the investigation outcome. The AFOSI determines if the case falls under the current Air Force purview for investigation (CRIMINAL). If the AFOSI declines, then the Security Forces Investigation (SFI) staff works the case(s) (ADMINISTRATIVE).

(a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (l) As indicated by policy, the agency nor facility conducts its own investigations into allegations of sexual abuse and sexual harassment. The interview with the PREA Coordinator, DFC and NCOIC provided additional assurance that they will remain informed of the progress and will have contact with the investigating agency. The interviews with the OSI investigator and S2I investigator, although not facility investigators, demonstrated to the auditor that the DFC would be informed of progress, staff actions or failures would be evaluated in the process of the investigation, credibility is assessed individually and not based on the status of being a confinement staff or a confinee and overall knowledge of the PREA requirements.

Finding of compliance is based on the following: Policies noted above, interviews with OSI, the S2 investigator, the PREA Coordinator and observations during the tour allowed the auditor to conclude that the facility/agency does not conduct its own investigations, but they would remain informed of the progress.

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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 27th SOSFS PREA Guidance · DFC · Defense Force investigator <p>The following policy excerpt demonstrates compliance with the provisions of the standards.</p> <p><u>27th SOSFS PREA Guidance</u> states, Investigation of Incidents:</p> <p><i>The CF ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The DFC reports all allegations of sexual abuse or sexual harassment associated with the confinement facility to AFOSI.</i></p> <p><i>AFOSI and SFI does not impose a higher standard than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</i></p> <p>The interview with the Security Forces Investigator and DFC confirmed that preponderance of evidence is the criteria to support whether an administrative investigation is deemed substantiated, unsubstantiated or unfounded.</p> <p>Finding of compliance is based on the following: Policy excerpts noted above as well as interviews with the investigators support compliance with this standard.</p> |

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| <p>115.73</p> | <p>Reporting to inmates</p> |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Air Force Manual 31-115 · 27th SOSFS PREA Guidance · Interview Defense Force Commander · Notification form |

· PAQ

The PAQ indicates the following:

zero investigations of alleged sexual abuse completed

zero investigations of alleged sexual abuse completed where inmate was notified of the results (verbally or in writing)

zero sexual abuse investigations completed by an outside agency

zero notifications of the results of an investigation completed by an outside agency

zero substantiated cases of staff sexual abuse

zero notifications made pursuant to those

zero notifications provided to confinee

zero those that are documented

The following policy excerpts demonstrate compliance with the provisions of the standards.

Air Force Manual 31-115 states,

Sexual abuse confinee victims are informed by the facility of the result of the investigation whether the allegation is found substantiated, unsubstantiated, or unfounded and document all notifications in the CTF. If a staff member is the accused (unless the allegation is unfounded) the facility informs the accuser when the staff member is no longer posted in the confinement facility or housing unit (AF facilities are not sub-divided into housing units which is more common at larger facilities, e.g., Level II and Level III) and/or a charge is made against the staff member relative to this sexual abuse allegation. CF staff will document all notifications in the accuser's CTF. If another confinee is the accused, the facility informs the accuser when the accused has been charged and results of the trial relative to this sexual abuse allegation. The facility's obligation to report this information under PREA terminates if the accused is transferred/released from the facility.

27th SOSFS PREA Guidance states, Investigation of Incidents:

The CF ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The DFC reports all allegations of sexual abuse or sexual harassment associated with the confinement facility to AFOSI.

The AFOSI determines if the case falls under the current Air Force purview for investigation (CRIMINAL). If the AFOSI declines, then the Security Forces Investigation (SFI) staff works the case(s) (ADMINISTRATIVE).

If a staff member is the accused, (unless the allegation is unfounded) the facility informs the accuser when; the staff member is no longer posted in the confinement

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| | <p><i>facility, pending criminal charges, and any convictions relative to this sexual abuse allegation and documents all notifications in the CTF.</i></p> <p><i>If another confinee is the accused, the facility informs the accuser when the accused has been charged and results of the trial relative to this sexual abuse allegation. The facility's obligation to report this information under PREA terminates if the accused is transferred/released from the facility outside of the Air Force or released from the facility.</i></p> <p>(a)(b)(c)(d) The interview with the Defense Force Commander confirmed that a notification will be provided to the confinee of the outcome of a sexual abuse investigation. A form has been developed to ensure that when a completed investigation warrants that a confinee is notified, all the provisions required are addressed.</p> <p>Finding of compliance is based on the following: Policy excerpts demonstrate compliance with the requirements. The interview with the Defense Force Commander supports that a notice will be provided. No notifications have been required to be completed as there have been no sexual abuse allegations; the auditor found this credible. The auditor finds there is sufficient evidence to support a finding of compliance.</p> |
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| 115.76 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · PREA Guidance · Observations · Interviews with the Defense Force Commander and PREA Coordinator · PAQ <p>The PAQ indicates that no staff have been terminated, nor referred to licensing bodies for violating agency sexual abuse and/or sexual harassment policy. The auditor found no reason to dispute this during the audit process.</p> <p>The following policy excerpts demonstrate compliance with the provisions of the standards.</p> <p><u>27th SOSFS PREA Guidance</u> states,</p> <p><i>Sanctions against Sexual Abusers When Allegations are Substantiated:</i></p> |

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| | <p><i>Disciplinary Sanctions for Staff:</i></p> <p><i>Staff are subject to disciplinary actions for violating Air Force sexual abuse or sexual harassment policies.</i></p> <p><i>Disciplinary actions taken for any staff member are IAW Air Force policy, DoD policy, Military Law, the Uniform Code of Military Justice (UCMJ), and Federal Law.</i></p> <p><i>All terminations for violation of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to any relevant licensing bodies.</i></p> <p>(a)(b)(c)(d)Policy supports the requirement of the standard. Additionally, dialogue with the Defense Force Commander, and PREA Coordinator support that all allegations against staff for sexual abuse, sexual harassment, retaliation or neglect are investigated and disciplinary action would be commensurate with the circumstances up to termination for sexual abuse.</p> <p>Finding of compliance is based on the following: Policy excerpts quoted above meet the requirements of the standard. The interviews with the Defense Force Commander and PREA Coordinator confirmed compliance. The Pre-Audit Questionnaire notes that no staff have been terminated for sexual abuse or sexual harassment towards an inmate in the past 12 months. As such, the auditor finds there is sufficient information to support a finding of compliance with this standard.</p> |
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| 115.77 | Corrective action for contractors and volunteers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Interviews Defense Force Commander · PAQ <p>The agency/facility does not use contractual staff or volunteers in the course of its operations for the confinement.</p> <p>Finding of compliance is based on the following: The PAQ notes that no volunteers or contractors have been terminated for sexual abuse or sexual harassment towards an inmate in the past 12 months; the facility does not use volunteers or contractual staff. The auditor found no evidence to dispute this during the audit process. Interviews with the Defense Force Commander supported that they do not use volunteers or contractual staff. Therefore, the auditor finds the standard not applicable - compliant.</p> |

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| 115.78 | Disciplinary sanctions for inmates |
| | <p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 340 1406 418">The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul data-bbox="256 454 898 846" style="list-style-type: none"> · Air Force Manual 31-115 · 27th SOSFS PREA Guidance · Observations · Interviews Defense Force Commander · Facility Rulebook · PAQ <p data-bbox="256 884 1465 1003">The PAQ indicates there have been no administrative findings or criminal findings of confine-on-confinee sexual abuse. The auditor found no reason to dispute this during the audit process.</p> <p data-bbox="256 1041 1398 1117">The following policy excerpts demonstrate compliance with the provisions of the standards.</p> <p data-bbox="256 1155 606 1189"><u>Air Force Manual 31-115</u></p> <p data-bbox="256 1227 1442 1386"><i>Confinees cannot consent to sexual acts or contact of any kind with staff members, nor can confinees consent to sexual acts or contact of any kind with another confinee. Staff members are required to enforce the prohibition against confinees engaging in sexual acts or contact of any kind with other confinees.</i></p> <p data-bbox="256 1424 1469 2002"><i>For confinees who display irrational or inappropriate behavior (e.g., demonstrates symptoms of mental illness), consult a licensed mental health provider immediately for disposition. Upon consultation with a mental health provider the DFC may direct an Emergency Command Directed Evaluation (CDE) IAW 44-172, 6.9., Mental Health. If a confinee is determined "fit" for confinement, the DFC ensures input is received from the provider regarding the confinee's competence to participate in the disciplinary hearing, responsibility of the confinee for the charged behavior (was mental illness a mitigating factor), and information about known mitigating factors regarding the behavior. Further, the DFC consults with a licensed mental health provider, preferably the treating care provider, to determine whether certain types of disciplinary actions, (e.g., placement in D-Seg, loss of privileges, loss of visits, loss of phone calls, etc.) would be counter-productive to the confinee's treatment or recovery plan. The DFC is encouraged to take the provider's findings into account when deciding the disciplinary measures to impose.</i></p> <p data-bbox="256 2040 1449 2074"><i>The D&A Board seeks to use the least disciplinary measure necessary to modify the</i></p> |

behavior, which should be applied in a swift, fair, firm, and consistent manner. The DFC is authorized to impose one or more of the recommended disciplinary measure(s) on a confinee under their jurisdiction for misconduct or infraction of regulations. DFCs ensure alternatives to disciplinary segregation have been considered, using disciplinary segregation for the most egregious offenses. Post a listing of offenses that clearly establishes acceptable and unacceptable behavior in the facility rulebook.

Confinement/Corrections Facility Offenses: The laws and regulations applicable to confinement are too numerous to quote in its entirety. Copies of appropriate material include; AFIs, the Uniform Code of Military Justice (UCMJ), Manual for Courts-Martial, the CF Rulebook, etc., and other regulatory guidance applicable to confinement may be made available to confinees for reference but, not to keep these items in their personal possession.. This list describes some of the offenses in the DAF corrections program. This is not a complete list of offenses for which confinees may be disciplined. CF rulebooks may further localize additional offenses, categories and possible disciplinary actions.

Assault (Category III, IV, and V Offenses). To attempt or offer to do bodily harm to another with unlawful force or violence, with apparent ability to do so. Category IV offense, if with a weapon or consummated by battery. Category V offense, if against a staff member or commissioned officers.

Sexual Misconduct (Category IV Offense) Soliciting, threatening, or engaging in sexual or lewd conduct with another.

27th SOSFS PREA Guidance states, Disciplinary Sanctions for Confinees:

Confinees are subject to disciplinary actions pursuant to a formal disciplinary process following an administrative finding that the confinee engaged in confinee-on-confinee sexual abuse or following a criminal finding of guilt for confinee-on-confinee sexual abuse.

Disciplinary actions taken for any confinee are IAW Air Force policy, DoD policy, military law and the Uniform Code of Military Justice (UCMJ).

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

If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

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

For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute

falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

An agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

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

An agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

(a)(b)The interview with the NCOIC confirmed to the auditor that sanctions would be commensurate with the nature and circumstances of the offense.

(c) The interview with the NCOIC confirmed that an inmate’s mental status would be reviewed prior to determining disciplinary sanctions.

(d) The interview with the NCOIC confirms that the facility does not offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for abuse.

(e) The interview with the NCOIC confirmed that a confinee would not be sanctioned for sexual contact with a staff unless the staff member did not consent to the contact.

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

(g) Policy confirms that engaging in sexual acts with others is prohibited. The facility rule book provides information about the misconduct process.

Finding of compliance is based on the following: Review of the policies noted above support a finding of compliance. The interview with the Defense Force Commander supported those sanctions are proportionate to the nature and circumstance and mental disability/illness is considered when determining sanctions in accordance with policy and compliance with provisions (b), (c) and (e). Based on analysis of the evidence, the auditor finds the facility to be compliant with the requirements of this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

- Air Force Manual 31-115
- Confinement Mental Health Appraisal template/ limited information to custody staff
- Interview staff responsible for risk screening
- Interview with the NCOIC
- Random request for intake documents
- Interview with SARC
- PAQ

The PAQ indicates that 100% of confinees who disclosed prior victimization during screening who were offered a follow up meeting with medical/mental health practitioner.

The following policy excerpts demonstrate compliance with the provisions of the standards.

Air Force Manual 31-115 states,

If the staff determines the confinee has experienced prior sexual victimization in a previous confinement facility, in an institution, or in the community; or has previously perpetrated sexual abuse in a previous confinement facility, in an institution, or in the community, then offer to schedule a follow up meeting with a medical or mental health practitioner. Make all efforts to ensure that meeting occurs within 14 calendar days of the initial screening and document any scheduling delays. Place the screening document and note the acceptance/declination of the offer in the CTF. Subsequently, include in the CTF the medical or mental health practitioner recommendations relative to treatment plans, and security/management decisions for housing, work outlets and programs. If sexual victimization in the community was not self-identified in the atrisk screening, but, is subsequently discovered by the medical or mental health practitioner, then informed consent is necessary from the confinee, if 18 years of age or older, for the release of that information to the confinement staff. Note: PREA requires the above notice for those over 18-years of age. Very few military members are in the service under 18; however, with parental approval enlistment could occur at age 17. If this situation occurs, it is most likely at JBSA Lackland or a technical training location. Informed consent is not needed by the treatment staff to report this information to the confinement staff per PREA.

(a) (b) This is not applicable to this facility as it is a jail.

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| | <p>(c) If was reported to the auditor and supported by policy that all confinees are evaluated by mental health staff upon admittance to the confinement facility, providing an opportunity for confinees to discuss prior sexual victimization at that time. REview of the Risk Surveys confirmed that no confinee had reported prior sexual abuse.</p> <p>(d) All confinees are evaluated by medical and mental health staff. Information reported about sexual abuse or prior victimization would be limited to these staff, and possibly staff from the SARP. The NCOIC confirmed to the auditor that they would only share information with him that was relevant to his security and safety needs.</p> <p>(e) As indicated, medical and mental health staff do not work at the confinement facility. They are provided through the AFB community.</p> <p>Finding of compliance is based on the following: Review of policy, interviews with staff support that all confinees are seen by mental health staff upon arrival and prior sexual abuse is reviewed with the confine at that time.</p> |
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| 115.82 | Access to emergency medical and mental health services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Air Force Manual 31-115 · 27th SOSFS PREA Guidance · Sexual Abuse Response Checklist · Interview with the NCOIC · Observations made during the tour · SART program · Interview with SARC <p>The following policy excerpts demonstrate compliance with the provisions of the standards.</p> <p><u>Air Force Manual 31-115</u></p> <p><i>Support Services. Confinees receive services from base support agencies in much the same manner as active component military. Custody classification or local requirements determine level or extent of service. Confinees receive the same</i></p> |

medical, dental, and mental health care as active component persons, to include emergency services. Care also includes substance abuse/drug and alcohol education.

27th SOSFS PREA Guidance states, Medical and Mental Health Services:

Confinee 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.

Confinee victims of sexual abuse while incarcerated are offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Treatment services are provided to the victim—without financial cost to the victim—and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and referrals for continued care following their transfer to, or placement in other facilities.

Confinee victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests, as medically necessary.

If pregnancy results from the conduct described in this section, victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services, such as prenatal care and access to pregnancy termination services, where available.

(a) Policy, Response checklist and the interview with the NCOIC confirmed that access to 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 would occur. This is also reinforced in the SARP. The SARP provides a detailed response plan and information of the hospital used and reporting process. The interview with the SARC confirmed the location of these services.

(b) It was reported that medical services are available 24 hours a day, seven days a week through the AFB community. The auditor found this credible. Policy requires that they be immediately notified (SART) if a report of sexual abuse is made.

(c) Policy supports the requirement of the standard. There was no reported incident that warranted post sexual abuse treatment in the previous 12 months as reported by the facility. The auditor found this information credible. The interview with the NCOIC supported that this would be addressed.

(d) Policy supports the requirement of the standard. There was no reported incident that warranted post sexual abuse treatment in the previous 12 months as reported by the facility. The auditor found this information credible. The interview with the NCOIC

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| | <p>confirmed that the provisions, included in the policy would occur. Confinee would not be charged financially for these services whether they cooperate or not - as supported in policy, confinees receive access to the same medical treatment as airmen, free of charge. The SARC also confirmed this to the auditor.</p> <p>Finding of compliance is based on the following: Based on the evidence illustrated, the auditor finds sufficient evidence to support a finding of compliance and that it is credible that no incident has occurred in the previous twelve-month reporting period that would require this intervention.</p> |
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| 115.83 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Air Force Manual 31-115 · Observations made during the tour · Interviews SARC · Sexual Abuse Response Checklist <p>The following policy excerpts demonstrate compliance with the provisions of the standards.</p> <p><u>Air Force Manual 31-115</u></p> <p><i>Support Services. Confinees receive services from base support agencies in much the same manner as active component military. Custody classification or local requirements determine level or extent of service. Confinees receive the same medical, dental, and mental health care as active component persons, to include emergency services. Care also includes substance abuse/drug and alcohol education.</i></p> <p><u>27th SOSFS PREA Guidance</u> states, Medical and Mental Health Services:</p> <p><i>Confinee 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.</i></p> <p><i>Confinee victims of sexual abuse while incarcerated are offered timely information and access to emergency contraception and sexually transmitted infections</i></p> |

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| | <p><i>prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</i></p> <p><i>Treatment services are provided to the victim—without financial cost to the victim—and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</i></p> <p><i>The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and referrals for continued care following their transfer to, or placement in other facilities.</i></p> <p><i>Confinee victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests, as medically necessary.</i></p> <p><i>If pregnancy results from the conduct described in this section, victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services, such as prenatal care and access to pregnancy termination services, where available.</i></p> <p>(a) (b) (c) Policy supports the requirement of the standard. There was no reported incident that warranted post sexual abuse treatment in the previous 12 months as reported by the facility. The auditor found this information credible.</p> <p>(d) (e) Policy supports that all medical treatment will be provided to confinees in the same manner as airmen, free of charge. The interview with the SARC confirmed that pregnancy tests and services will be provided in accordance with the SART program.</p> <p>(f) (g) Policy supports the requirements. The interview with the SARC confirmed these services are provided.</p> <p>(h) This is not applicable to this facility as it is a jail.</p> <p>Policy supports the requirement of the standard. There was no reported incident that warranted post sexual abuse treatment in the previous 12 months as reported by the facility. The auditor found this information credible.</p> |
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| 115.86 | Sexual abuse incident reviews |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Air Force Manual 31-115 · 27th SOSFS PREA Guidance |

- Interview with members of the Sexual Abuse Incident Review Team
- Interview with the Defense Force Commander
- PAQ
- PREA Response Checklist
- Sexual Abuse Incident Review form

The PAQ indicates that there were no criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents.

The following policy excerpts demonstrate compliance with the provisions of the standards.

Air Force Manual 31-115 states,

Sexual Abuse Incident Reviews: The DFC ensures a Sexual Abuse Incident Review is conducted upon the completion of the law enforcement investigation, unless the investigation determines the report to be unfounded. DFC uses the information from this review to improve the effectiveness of the confinement facility’s prevention, detection, response policies, practices, and training. To provide timely staff reaction and response, ordinarily this review should begin no later than 30 calendar days after the incident is reported and include input from supervisors, investigators, and medical and mental health practitioners. Provide report and recommendations to the DFC for approval. Forward DFC decisions to the DAF level PREA coordinator who shares approved recommendations and justifications for non-approved recommendations for DAF, and possibly DoD-wide, crossflow. Recommend DFC appoints STAN-EVAL NCOIC, who is not the PREA compliance manager to conduct review.

27th SOSFS PREA Guidance states, Sexual Abuse Incident Reviews:

The DFC ensures 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.

The review will occur within 30 days of the conclusion of the investigation.

The review team will be led by the DFCs designated rep and consist of the Confinement Officer, Confinement NCOIC, PREA Compliance Manager and the Logistics Superintendent, with input from investigators and medical or mental health practitioners. The review team’s actions include:

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

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

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| | <p><i>dynamics at the facility.</i></p> <p><i>Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.</i></p> <p><i>Assess the adequacy of staffing levels in that area during different shifts.</i></p> <p><i>The CF implements the review team’s recommendations for improvement, or document its reasons for not doing so.</i></p> <p><i>Prepare and promptly forward all incident reports, investigation reports and sexual abuse incident reviews to the DFC, and the Air Force PREA Coordinator at the AFSFC to provide the data necessary to complete various Air Force level annual reports for the Department of Justice.</i></p> <p>(a)(b)(c)(d)(e) Interviews with members of the review team (PCM, DFC and NCOIC) confirmed that the requirements of the standard are all considered when conducting the review. It was confirmed that investigator, medical and mental health input is obtained when relevant. Findings are sent to the Director of the Air Force Corrections, Defense Force Commander for the base, commander who supervises the confinee and perpetration and PREA Coordinator. The PREA Response form addresses the need for a Sexual Abuse Incident Review noting the requirements of the provisions. The Sexual Abuse Incident Review form provides a review, as required by the provisions by the team to thoroughly assess the incident.</p> <p>Finding of compliance is based on the following: Policy excerpts noted above support the requirements of the standard. Based on the lack of sexual abuse allegations, no sexual abuse incident reviews occurred in the previous 12 months. The auditor found this information credible. PREA incident review checklist supports that an incident review will be conducted. The interview with members of the incident review team confirmed that the provisions are met and addressed. The auditor found sufficient evidence to support a finding of compliance with all provisions of the standard.</p> |
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| 115.87 | Data collection |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Air Force Manual 31-115 · 27th SOSFS PREA Guidance · Interview PREA Coordinator |

- Interview with the PCM
- Annual Report - agency
- Annual Report - facility
- Last SSV submitted to the DOJ
- Observations

The following policy excerpts demonstrate compliance with the provisions of the standards.

Air Force Manual 31-115 states,

Annual PREA Report. Complete and send the PREA Annual Report to AFSFC/FC. See the Confinement and Corrections Directorate website for a report template.

27th SOSFS PREA Guidance states, DATA COLLECTION AND REVIEW

The unit PREA Compliance Manager collects accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using the standardized PREA Response Checklist.

The Compliance Manager aggregates the incident-based sexual abuse data at least annually and provides a copy to the PREA Coordinator at the AFSFC where it will be maintained for a period of 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

All PREA collected data from all available incident-based documents, including reports, investigation files, response checklist, and sexual abuse incident reviews are promptly sent to the AFSFC PREA Coordinator. This data will be maintained at the unit level as long as the alleged abuser is incarcerated or employed by the agency plus 5 years.

The Compliance Manager completes an annual PREA report approved by the DFC with name and signature.

The annual report contains the following statistics in order to answer the Survey of Sexual Violence conducted by the Department of Justice, if requested:

- *Confinee-on-Confinee allegations of Nonconsensual Sexual Acts*
- *Confinee-on-Confinee allegations of Abusive Sexual Contact*
- *Staff-on-Confinee allegations of Staff Sexual Misconduct*
- *Staff-on-Confinee allegations of Sexual Harassment*

(a)(b)(c)(d)(e)(f) Policy supports the requirements of the provisions of the standard. Observations during the tour demonstrated that data is maintained in the risk assessment paper copy, placed in the inmate file in a secure room. The PCM

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| | <p>indicates he uses all this data to aggregate the information at least annually, based on the definitions in policy, which are consistent with definitions in the law, which are reinforced in training. The interview with the PREA Coordinator additionally confirmed that he last received a request for the Survey on Sexual Victimization in 2022. This facility does not contract for the confinement of confinee with private entities. The Annual Report, located on the website, for the facility and the agency was provided to the auditor for review.</p> <p>Finding of compliance is based on the following: Policy excerpts noted above support the requirements of the standard. The interview with the PREA Coordinator and PCM confirmed the process for ensuring that accurate data is collected for each facility and forwarded to the PREA Coordinator, data is accurately stored in conformation with the definitions provided in the law. The facility has an MOU for placement of a confinee. Although not a private entity, if a confinee had been placed there, that information would be included in the report. Policy, interviews and review of documentation provided sufficient evidence to support a finding of compliance with all provisions of the standard.</p> |
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| 115.88 | Data review for corrective action |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 27th SOSFS PREA Guidance · Observations · Interview with the Director of the Air Force · Interview PREA Coordinator · Link to website · Annual Report on the Prison Rape Elimination Act <p>The following policy excerpts demonstrate compliance with the provisions of the standards.</p> <p><u>27th SOSFS PREA Guidance</u> states, Data Review for Corrective Action:</p> <p><i>The Compliance Manager along with squadron senior leadership reviews all PREA data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, practices, and training, including by:</i></p> |

- *Identifying problem areas.*
- *Taking corrective action on an ongoing basis*
- *Preparing an annual PREA report of its findings and corrective actions for the facility*
- *Such reports include a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the unit's progress in addressing sexual abuse.*
- *The unit's report is approved by the DFC and made readily available to the public by the AFSFC at <https://www.afsfc.af.mil/PREA/>*
- *The Compliance Manager removes personal identifiers and may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but indicates the nature of the material redacted.*
- *The AFSFC PREA Coordinator is the repository for all PREA data. Pursuant to 115.87, all PREA data will be maintained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.*

(a)(b)(c)(d)The interview with the Director of the Air Force Corrections confirmed that incident based sexual abuse data is used to assess and improve prevention, detection and response policies. He confirmed that he does approve the reports. He stated that improvements are made through training, guidance, regulations, and assistance need for victims. The interview with the PREA Coordinator yielded the following: The agency reviews data collected in accordance with guidance and regulations. Annual reports, from all facilities, are sent to AFSFC/FC for review. If corrective actions are needed, to improve PREA standards, will be made by the facility. All records are retained appropriately and release information accordance with the Freedom of Information Act (FOIA) and Privacy act (PA). all agencies annual reports are due to AFSFC. Once collected they are consolidated into one report. Corrective actions will be noted for each facility. When posting any personal identifiers, they will be redacted, and it will state the nature of the material.

Review of the report demonstrated to the auditor the following:

- Background, overview
- Summary of current year statistics, compared to the previous year
- Analysis of the statistics
- Corrective action summary

Finding of compliance is based on the following: Policy excerpts noted above support a finding of compliance. The annual report is located on the website. Assessment of comparisons reveal little information but affirms that allegations are low, supporting that staff excel at prevention in the facility. The interview with the Director of the Air

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| | Force Corrections supports the process and use of the information. The auditor found sufficient evidence to support a finding of compliance. |
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| 115.89 | Data storage, publication, and destruction |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 27th SOSFS PREA Guidance · Interviews PREA Coordinator · Documentation that it is on the website · Retention Schedule <p>The following policy excerpts demonstrate compliance with the provisions of the standards.</p> <p><u>27th SOSFS PREA Guidance</u> states, Data Review for Corrective Action:</p> <p><i>The unit's report is approved by the DFC and made readily available to the public by the AFSFC at https://www.afsfc.af.mil/PREA/</i></p> <p><i>The Compliance Manager removes personal identifiers and may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but indicates the nature of the material redacted.</i></p> <p><i>The AFSFC PREA Coordinator is the repository for all PREA data. Pursuant to 115.87, all PREA data will be maintained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.</i></p> <p>(a)(b)(c)(d)The interview with the PREA Coordinator confirmed that data is securely stored on the agency website, available to the Air Force (intranet). This website was observed by the auditor during an onsite audit. The auditor reviewed the public website and found that it provides the Annual reports and PREA audit reports as required. The agency/facility maintains communication when confinees are housed at operations outside the confinement facility. The PCM confirmed that he/she sends annual reports to the PREA Coordinator – no information required redaction. The PREA Coordinator confirmed that information is maintained for 10 years.</p> <p>Finding of compliance is based on the following: Policy supports the requirements of the standards. The interview with the PREA Coordinator supports that data is securely maintained and will be maintained for the required 10 years. Aggregated data is</p> |

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| | <p>included on the Annual report for 2021 and is available for review on the agency website. No personal identifiers required redaction. The retention schedule confirms that confinee investigation records and retained for 10 years. Based on the above, the auditor finds this standard to be in compliance.</p> |
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| 115.401 | Frequency and scope of audits |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The auditor had access to all areas of the confinement operation. The auditor was able to observe any documentation requested and receive copies via the Online Audit System as requested. Photos demonstrating the audit notice was posted and received six weeks prior to the onsite audit. No confidential correspondence was received.</p> |

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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Review of the website reveals that sixteen audit reports are available for review as initial audits. Six are available for review as recertification audits.</p> |

| Appendix: Provision Findings | | |
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| 115.11 (a) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? | yes |
| | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? | yes |
| 115.11 (b) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Has the agency employed or designated an agency-wide PREA Coordinator? | yes |
| | Is the PREA Coordinator position in the upper-level of the agency hierarchy? | yes |
| | Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? | yes |
| 115.11 (c) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) | yes |
| | Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) | yes |
| 115.12 (a) | Contracting with other entities for the confinement of inmates | |
| | If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) | yes |
| 115.12 (b) | Contracting with other entities for the confinement of inmates | |
| | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure | yes |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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| | anonymous upon request? | |
| | Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.) | na |
| 115.51 (c) | Inmate reporting | |
| | Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Does staff promptly document any verbal reports of sexual abuse and sexual harassment? | yes |
| 115.51 (d) | Inmate reporting | |
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? | yes |
| 115.52 (a) | Exhaustion of administrative remedies | |
| | Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | no |
| 115.52 (b) | Exhaustion of administrative remedies | |
| | Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) | yes |
| | Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| 115.52 (c) | Exhaustion of administrative remedies | |
| | Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from | yes |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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