

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

☐ Interim ☒ Final

Date of Interim Audit Report: July 18, 2020 ☐ N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: January 15, 2021

Auditor Information

Name: Jennifer L. Feicht	Email: jennifer@jlfconsulting.net
Company Name: Jennifer L. Feicht Consulting, LLC.	
Mailing Address: PO Box 308	City, State, Zip: St. Petersburg, PA 16054
Telephone: (724) 679-7280	Date of Facility Visit: February 19, 2020

Agency Information

Name of Agency: Air Force Security Forces Center			
Governing Authority or Parent Agency (If Applicable): United States Air Force			
Physical Address: 1517 Billy Mitchell, Bldg. 954		City, State, Zip: JBSA Lackland, TX 78236-0119	
Mailing Address: Same		City, State, Zip: Same	
The Agency Is:	☒ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☐ State	☐ Federal
Agency Website with PREA Information: https://afsfmil.lackland.af.mil/sfc-PREA.html			

Agency Chief Executive Officer

Name: Joseph Wegner/ Director, Confinement & Corrections Directorate	
Email: joseph.wegner@us.af.mil	Telephone: 210-925-7733

Agency-Wide PREA Coordinator

Name: Marcus Sidney/PREA Coordinator	
Email: marcus.sidney.1@us.af.mil	Telephone: 210-925-0845
PREA Coordinator Reports to: Director, Air Force Confinement and Corrections Directorate	Number of Compliance Managers who report to the PREA Coordinator: 21

Facility Information			
Name of Facility: Wright-Patterson Air Force Base Confinement Facility (WPCF) 88 SFS			
Physical Address: 2586 Newark St. Bldg. 295		City, State, Zip: Wright Patterson AFB, OH 45433	
Mailing Address (if different from above): Same		City, State, Zip: Same	
The Facility Is:	☒ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☐ State	☐ Federal
Facility Type:	☐ Prison	☒ Jail	
Facility Website with PREA Information: https://afsfmil.lackland.af.mil/sfc-PREA.html			
Has the facility been accredited within the past 3 years? ☐ Yes ☒ No			
If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years): ☐ ACA ☐ NCCHC ☐ CALEA ☐ Other (please name or describe: Click or tap here to enter text.) ☒ N/A			
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: The PREA Coordinator visited the facility prior to the onsite portion of the official PREA audit.			
Warden/Jail Administrator/Sheriff/Director			
Name: Captain Christopher P. Foti			
Email: Christopher.foti.2@us.af.mil		Telephone: (937) 522-4139	
Facility PREA Compliance Manager			
Name: TSgt Kyle W. West			
Email: Kyle.west.6@us.af.mil		Telephone: (937) 257-6699	
Facility Health Service Administrator ☒ N/A			
Name: Click or tap here to enter text.			
Email: Click or tap here to enter text.		Telephone: Click or tap here to enter text.	
Facility Characteristics			
Designated Facility Capacity:		5 inmates	

Current Population of Facility:	2	
Average daily population for the past 12 months:	1	
Has the facility been over capacity at any point in the past 12 months?	☐ Yes ☒ No	
Which population(s) does the facility hold?	☐ Females ☐ Males ☒ Both Females and Males	
Age range of population:	18-75 (Adults Only)	
Average length of stay or time under supervision:	60 days	
Facility security levels/inmate custody levels:	DOD Level 1 Facility – Custody range Min, Med, Max	
Number of offenders admitted to facility during the past 12 months:	1	
Number of offenders admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	1	
Number of offenders admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1	
Does the facility hold youthful offenders?	☐ Yes ☒ No	
Number of youthful offenders held in the facility during the past 12 months: (N/A if the facility never holds youthful offenders)	Click or tap here to enter text. ☒ N/A	
Does the audited facility hold offenders for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	☐ Yes ☒ No	
Select all other agencies for which the audited facility holds offenders: Select all that apply (N/A if the audited facility does not hold offenders for any other agency or agencies):	☐ Federal Bureau of Prisons ☐ U.S. Marshals Service ☐ U.S. Immigration and Customs Enforcement ☐ Bureau of Indian Affairs ☐ U.S. Military branch ☐ State or Territorial correctional agency ☐ County correctional or detention agency ☐ Judicial district correctional or detention facility ☐ City or municipal correctional or detention facility (e.g. police lockup or city jail) ☐ Private corrections or detention provider ☐ Other - please name or describe: Click or tap here to enter text. ☒ N/A	
Number of staff currently employed by the facility who may have contact with offenders:	5	
Number of staff hired by the facility during the past 12 months who may have contact with offenders:	1	
Number of contracts in the past 12 months for services with contractors who may have contact with offenders:	0	

Number of individual contractors who have contact with offenders, currently authorized to enter the facility:	0
Number of volunteers who have contact with offenders, currently authorized to enter the facility:	0
Physical Plant	
Number of buildings: Auditors should count all buildings that are part of the facility, whether offenders are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house offenders, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	1
Number of inmate housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house offenders of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows offenders to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	0
Number of single cell housing units:	5
Number of multiple occupancy cell housing units:	0
Number of open bay/dorm housing units:	0
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	1
In housing units, does the facility maintain sight and sound separation between youthful offenders and adult offenders? (N/A if the facility never holds youthful offenders)	☐ Yes ☐ No ☒ N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	☒ Yes ☐ No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	☐ Yes ☒ No
Medical and Mental Health Services and Forensic Medical Exams	

Are medical services provided on-site?	☐ Yes ☒ No
Are mental health services provided on-site?	☐ Yes ☒ No
Where are sexual assault forensic medical exams provided? Select all that apply.	☐ On-site ☒ Local hospital/clinic ☐ Rape Crisis Center ☐ Other (please name or describe:
Investigations	
Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	☐ Facility investigators ☐ Agency investigators ☒ An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	☐ Local police department ☐ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☒ Other (please name or describe: (USAF OSI, USAF INV.) ☐ N/A
Administrative Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	Unknown
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	☐ Facility investigators ☐ Agency investigators ☒ An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	☐ Local police department ☐ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☒ Other (please name or describe: ☐ N/A

Audit Findings

Audit Narrative (including Audit Methodology)

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The PREA audit for the Wright Patterson Air Force Base was contracted through Ladlas Prince, LLC. Due to the size of the inmate population, the audit was planned for (1) day onsite at the facility and scheduled for February 19, 2020.

Initial information was provided via email by the agency and facility. These emails contained the Pre-Audit Questionnaire and supporting documentation. The facility provided its guiding policy, "88 Security Forces Squadron Prison Rape Elimination Act (PREA) Guidance". This policy is dated May 1, 2016. It is referenced multiple times throughout this report. In addition, the staff provided photographs of the audit notices posted throughout the facility.

The onsite audit began on February 19, 2020, with an initial meeting with the PREA Compliance Manager (PCM) and the Non-Commissioned Officer In Charge (NCOIC) from the facility, both current and outgoing. This meeting was held to make introductions, answer questions and review the tentative agenda and the facility tour began shortly after. As this facility is so small, there are few staff that are assigned to the facility and to PREA, the meeting was brief.

The onsite tour covered the entire facility and areas in which offenders have access to. As this is a United States Air Force Base, it is a very different type of facility than most adult correctional facilities, with different staff functions and operations. More detail will be provided regarding this in later sections.

Due to the size of the facility, the tour was brief. The Auditor was shown all (5) housing cells, with one of those designated as a segregation cell. All cells have cameras inside the cells. The dayroom, where offenders typically spend 80% of their time while in WPCF, has one camera.

The hallway between cells and all cells have an intercom system that is connected with BDOC. As there is not always a staff member present inside the secure area, the intercom is used to communicate with staff. There is a laundry area for offenders to wash their own clothing. This area has a camera which does not function.

BDOC is an area next to the secure facility which houses the monitors for the cameras in the secure area. When this Auditor viewed the CCTV area, the only camera views that were working correctly were the cameras in the dayroom and the segregation cell.

Additionally, there is a large window with one-way tint to allow staff to view the secure area without entering. There is also an intercom near the window so that staff may see who they are talking with.

Next the Auditor began with the interviews of staff members that were at the facility. The following staff members were interviewed as part of this onsite audit.

- Current Non-Commissioned Officer In Charge (NCOIC)
- Outgoing Non-Commissioned Officer In Charge (NCOIC)

- PREA Compliance Manager (PCM)
- Captain (Warden)
- Corrections Officer

This Auditor attempted to contact the Butler County SANE program both during the onsite audit visit and after. Messages were left with the agency; however, no return phone calls were received.

Additionally, this Auditor attempted to speak with SAPRO during the onsite audit visit, however, the staff were not willing to talk at that time without first knowing what the process was and why they were being contacted. Approximately six weeks after the onsite audit visit, this Auditor was able to conduct a phone interview with a SAPRO staff member.

Offender file documentation was provided by the NCOIC when requested and reviewed as a normal part of the onsite visit for a PREA audit. However, training and background check information was not available to be viewed.

At the time of the onsite audit visit, there were no offenders being housed in the facility. The NCOIC indicated the last offender housed in the facility was released approximately 2-3 weeks prior to the onsite audit visit. For the year prior to the onsite audit visit, the facility typically had at least one offender at all times housed there. There was a period of one week during the previous (12) months that there were two offenders housed at the same time.

During the weeks following the onsite audit visits of Hanscom CF and Wright Patterson CF, the PREA Coordinator for the USAF was interviewed via phone as he is based in San Antonio, TX, at Lackland AFB. The Director of Air Force Confinement and Corrections, also based at Lackland AFB in San Antonio, TX, was interviewed over the phone. These two interviews will satisfy requirements for any additional USAF confinement facility audits to be conducted in a (12) month period by this Auditor.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Wright Patterson Air Force Base Confinement Facility (WPCF) 88SFS is located on the Wright Patterson Air Force Base in Ohio. This base is located northeast of Dayton, Ohio. This base has a rich aviation history. The Wright Brothers, Orville and Wilbur, returned to this area from Kitty Hawk and to perfect their flying skills on the Wright Flyer by turning it into the first practical airplane capable of fully controlled flight. They did this at the Huffman Prairie Flying Field, which is now part of Wright Patterson Air Force Base.

This base has approximately 30,000 individuals who work on the base including active duty military, civilians and contractors making it the largest single site employer in the state of Ohio. This entire facility sits on over (8,000) acres of land or (12.5) square miles. The confinement facility is located in Building #295.

The Air Force operates Department of Defense Level I Confinement Facilities. These facilities typically house offenders for (6) months or less but can be for a maximum of (1) year. The Air Force currently operates (16) AF Level I facilities across the United States, however this number does fluctuate as new facilities are opened and others are closed.

This facility does not have its own medical or mental health services. If those services are needed, they are available on the base.

These facilities are designed to house minimum to medium level offenders. The facilities can house either male or female offenders, but due to the design of this facility, they do not house both genders at the same time. If there were a situation where both genders may be in the facility at the same time, arrangements will be made to transfer one to another facility. The facility does have a MOU with the Greene County Sheriff's Office to house offenders at the Greene County Jail for short periods of time if needed.

Wright Patterson's Confinement Facility is small and designed to house up to (5) offenders at one time. All housing areas are individual cells. One is designated as a segregation cell if needed. One is also designated as a female cell if a female offender must be housed at the facility. All cells have cameras, however, the segregation cell camera was the only one that was working on the day of the onsite audit visit.

There is a common day room area which has one functioning camera. PREA information is posted in this area. This information discusses how to make a report if needed.

When the NCOIC is in the building, on duty, he monitors the offenders in the facility. There is also the position of Assistant NCOIC and one corrections officer to assist in the supervision. When these positions are off duty or out of the building, the BDOC staff, are responsible for monitoring the cameras. The offenders have access to an intercom system so that they are able to talk with BDOC staff when they have a need. Intercoms are located in all cells and in the hallway.

Typically, offenders in this facility are housed there 24/7. However, similar to the work release program in civilian correctional facilities, an offender may be required to report to their work assignment they had when they were incarcerated. Usually that decision is up to their commanding officer.

This facility can house both pre-trial offenders who are pending a court-martial, as well as post-trial offenders serving a court-martial sentence. If the offender is sentenced to longer than (1) year, that offender will be transferred to another facility.

It should be noted that Wright Patterson Confinement Facility has had no allegations of sexual abuse at this facility.

Due to this unique facility, the staff were clear that they rely on the expertise of the USAF PREA Coordinator when they come across a situation they have not had to deal with previously. He provides guidance and direction to the staff at WPCF to ensure that all standards are being implemented properly.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded:

Standards Met

Number of Standards Met: 45

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met:

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The United States Air Force has established a zero-tolerance policy for all its confinement facilities. The 88 Security Forces Squadron (SFS) PREA Guidance document states the following.

1. 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."

2. ZERO TOLERANCE POLICY [C.F.R. 115.11(a), AFI 31-105 para 1.3.12.2.2.]

"The [88 SFS] 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, Air Force Instruction (AFI) 31-105, and reaffirmed in this guidance for the enforcement prevention, detection and response to such conduct."

The USAF has assigned one person, the PREA Coordinator, to oversee all confinement facilities operated by the USAF. This position is housed at the Lackland Air Force Base in San Antonio, TX. The current, and first PREA Coordinator, for the USAF is a civilian position. The PREA Coordinator is a retired AF Corrections Superintendent and also has experience working in civilian corrections in Texas. He established the PREA program from the ground up and is responsible to ensure all policies remain up to date and all facilities are in compliance with the PREA standards.

In addition to his PREA duties, the PREA Coordinator is also responsible for overseeing the overall corrections policy, restricted housing, coordinating offender movement between facilities, Levels 1-3.

Each facility has a PREA Compliance Manager (PCM) who does not directly oversee the confinement facility but does conduct PREA functions. The Non-Commissioned Officer In Charge (NCOIC) oversees the confinement facility and performs PREA functions. There is also an Assistant NCOIC for the facility. WRCF also has a corrections officer and when none of these individuals are on duty, supervision of the confinement facility falls to the Flight Chief on duty.

Typically, the local PREA staff members at each facility are assigned to this position for an average of two years and then rotate out for a variety of reasons including, but not limited to military orders, contingency deployments, promotions, separations from the service, etc.)

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

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

115.12 (a)

- If this agency is public and it contracts for the confinement of its offenders 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 offenders.) ☒ Yes ☐ No ☐ NA

115.12 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Wright Patterson Confinement Facility (WPCF) has a Memorandum of Understanding (MOU) with the Greene County Sheriff's Office to house offenders in the county jail if needed. The PCM indicated that this would only be used when there are both genders that need to be housed in the facility at the same time. This would be a temporary situation and the goal would be to get that offender transferred to another military facility.

The facility provided the MOU for review by this Auditor. The agreement includes a clause which requires the Greene County Jail to maintain PREA compliance and allows WPCF to monitor the compliance.

4.2. **GREENE COUNTY SHERIFF'S OFFICE**

4.2.11. *Will ensure their facilities are Prison Rape Elimination Act (PREA) compliant. The facility shall provide the 88th Security Forces Squadron with the ability to monitor for compliance and/or provide proof of compliance with the Prison Rape Elimination Act (PREA) standards. Will comply with the Restricted Housing guiding principles recommended by the Department of Justice.*

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect offenders against sexual abuse?
☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or offenders may be isolated)? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?
☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?
☒ Yes ☐ No ☐ NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The WPCF provided a staffing plan for review. All required components of the staffing plan have been included. However, the plan that was provided was not dated and therefore there is no way to verify when this document was completed and/or approved.

An interview with PREA Coordinator did confirm that he is required to review and approve all facility staffing plans by January 15th of each year for the previous year.

The facility and agency were required to provide a dated staffing plan in order to ensure that this is an annual process for the facility. A dated staffing plan was submitted for review. This plan was dated December 18, 2020. This satisfies the requirement of corrective action.

Upper-level leadership including the PCM, NCOIC and the Assistant NCOIC are required to conduct unannounced rounds throughout the facility. Interviews with staff members did indicate these rounds are being conducted, however, the outgoing NCOIC indicated that there was no documentation that these rounds occurred. Information was provided by this Auditor indicating that these rounds are to be documented and this was a requirement of corrective action.

In order to come into compliance with this standard, the facility provided copies of blotters from November 2020. This is where the unannounced rounds are now documented. This satisfies the requirement of corrective action.

Standard 115.14: Youthful offenders

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

- Do youthful offenders have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful offenders [offenders <18 years old].)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Wright Patterson Confinement Facility does not house youthful offenders under the age of (18).

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female offenders, except in exigent circumstances? (N/A if the facility does not have female offenders.)
☒ Yes ☐ No ☐ NA
- Does the facility always refrain from restricting female offenders' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female offenders.) ☒ Yes ☐ No ☐ NA

115.15 (c)

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

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This facility houses both male and female offenders, although not at the same time. It is the practice of the facility to conduct strip searches during the in processing of all offenders. As the PCM, NCOIC and the Assistant NCOIC are all male staff at this time, if there is a female offender, then the staff would call in a female patrolman to assist with that search as there are currently no female staff that work either in the facility or in the BDOC area. The facility did have one female corrections officer, however, she transferred out in December 2019.

The staff that supervise offenders in the confinement facility are required participate in cross gender search training. This includes the PCM, NCOIC, Assistant NCOIC and all staff that work in the BDOC office. At the onsite audit visit, the NCOIC was not able to verify or provide documentation of this training.

Due to the inability to provide documentation, the facility had (3) related items to provide to this Auditor in order to come into compliance with this standard.

First, the facility provided a copy of the curriculum which is utilized to provide to staff. This information comes directly from the PREA Resource Center. The syllabus was also provided to verify that PREA is included in the required curriculum. In addition, the signature pages of attendance at this training were provided for all staff that are required to participate in this training at the facility. Staff participated in this training between August 19 and September 8, 2020. These documents verify the information needed for compliance of this standard.

Due to the policies of the United States military, this facility has not had any offender identify as transgender. When asked about the transgender/intersex procedures that must be followed, staff were aware that were specific regulations to follow when interacting with a transgender or intersex individual, however, they would have to refer to USAF policies to ensure that those policies are followed.

The PREA Guidance document includes a section specifically detailing the process to be followed when working with a transgender individual. The section, titled "*D. Transgender Intake, Cross Gender Viewing and Searches [C.R.F. 115.41 and 115.42]*".

Standard 115.16: Offenders with disabilities and offenders who are limited English proficient

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

115.16 (a)

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

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

During the onsite visit at WPCF, there were no offenders being housed at the time to interview. The last offender housed at the facility was released approximately 2-3 weeks prior to the onsite visit.

Interviews with staff identified some unique qualities that were discussed in terms of individuals in the military. Due to the requirements of enlistment, individuals are required to be able to speak and understand English prior to their acceptance into the military. Additionally, there are very few individuals with physical disabilities in the military, again due to the requirements/demands of the positions.

However, each offender is evaluated on a case-by-case basis to determine if there is any need for materials in a different language or if there is a need as a result of any type of disability. If a need is identified, the NCOIC will ensure the offender has the appropriate tools to ensure the offender understands PREA and how to make a report if they would need to do so while housed in the confinement facility.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

115.17 (b)

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

115.17 (c)

- Before hiring new employees, who may have contact with offenders, does the agency perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees who may have contact with offenders, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional

employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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The WPCF requires that all staff have background checks and provide information to leadership if they are involved in an incident of sexual abuse. The PREA Guidance document addresses these issues in the following section.

Section H. Hiring and Promotion Practices [C.R.F. 115.17]

- (1) All 88 CF Staff applicants who have contact with inmates directly will be asked about previous sexual misconduct as part of their interviews for hiring will have a NCIC background check conducted initially and every (5) years.*
- (2) The CF staff will be asked about previous sexual misconduct utilizing the Air Force PREA disclosure.*
- (3) All staff are required to disclose any sexual misconduct that occurs prior to or during their employment at the Wright-Patterson CF. Any omissions regarding such misconduct, or the provision of materially false information is grounds for terminations.*
- (4) The Confinement Officer will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former staff member upon receiving a request.*

Interviews with the PCM and the NCOIC indicated that some staff members are currently subject to background checks, however, neither thought that the BDOC staff had the required background checks conducted. At the time of the onsite audit visit, the facility was not able to provide documentation of any background checks conducted for any staff members working in the confinement facility.

The facility and agency provided confirmation that all staff members who work in BDOC and the confinement facility have background checks at the time they come to work in this facility. This information demonstrates compliance with this standard.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect offenders from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

☐ Yes ☐ No ☒ NA

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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At the time of this audit, there were no major renovations/construction projects at this facility.

This Auditor and staff did discuss the cameras in the facility. Some cameras did not function, specifically in the segregation cell and there were cameras that were still in place in the facility but were offline in the system due to non-compatibility with the current software system.

Staff did indicate that requests are submitted during the budgeting process each year to replace and upgrade those non-functioning cameras. However, at the time of the audit, none of those requests have been granted.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not

responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☐ Yes ☐ No ☒ NA

115.21 (b)

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

115.21 (c)

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

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *a/ways* makes a victim advocate from a rape crisis center available to victims.) ☐ Yes ☐ No ☒ NA
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

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

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Wright Patterson Air Force Base has departments that will investigate allegations of sexual abuse and sexual harassment. The PREA Guidance document has directives for the staff to follow, including contacting the AFOSI for direction on what procedures to follow for investigative purposes.

If there is an allegation of sexual abuse in the confinement facility, and it falls within the appropriate timeframe, the offender will be taken for a medical examination and offered a forensic medical examination. The medical center on base does not have a SAFE or SANE nurse, therefore the alleged victim must be taken to an outside civilian hospital.

Staff would ensure that immediate medical attention is not needed. If acute care is needed, the offender would be seen at the base medical center if open, and at the local civilian emergency room if outside of the hours of the medical center on base. If the alleged victim would need a forensic medical exam, the Butler County SANE program would be contacted to have services provided.

Initially, SAPRO staff would not speak to this Auditor to answer questions regarding what role that office plays in situations of sexual abuse in the WPCF. Once that office received information from the leadership regarding the PREA audit process, a staff member participated in a phone interview with this Auditor. The interview showed that SAPRO did not have contact with the WPCF. This was not surprising due to the fact that there had not been any reported sexual abuse situations at the facility. The staff member interviewed did not have knowledge of any communication between SAPRO and the confinement facility.

This Auditor also made multiple phone calls to the Butler County SANE program. Each call required a message to be left with contact information and a brief message regarding the nature of the call. No one from that agency returned those phone calls.

Through interviews conducted and the lack of documentation, it was the opinion of this Auditor that the facility has not established a relationship with the Butler County SANE program, the local rape crisis center or SAPRO to ensure that services will be provided should there be an allegation of sexual abuse reported in the confinement facility.

In order to come into compliance with this standard, the facility was required to provide documentation that it attempted to establish a relationship with either the local rape crisis center or the SAPRO. As verification that it has established a relationship with the SAPRO through email verification. These emails provide documentation of the services that the SAPRO will provide to any confinee that requests services. This documentation establishes compliance with this standard.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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For all allegations of sexual abuse or sexual harassment made at the facility, the NCOIC would immediately notify the Air Force Office of Special Investigations (AFOSI). AFOSI would then determine if that department will conduct the investigation or if it will be referred to another agency. Cases of sexual harassment are referred to the Equal Opportunity (EO) Office for investigation.

The NCOIC documents all referrals for investigation and will receive a copy of the investigative information when an investigation is complete.

The PREA Guidance document provides information for staff to follow when there is an allegation of sexual abuse or sexual harassment. That information can be found in the following section.

5. **RESPONDING TO REPORTS OF SEXUAL ABUSE AND SEXUAL HARASSMENT**
[C.F.R. 115.51, AFI 31-105 para 2.5.1.2.1.]
 - F. **Investigation of Incidents** [C.F.R. 115.21 (a)(b)(c)(f) and (h), 115.22, 115.71, 115.72, 115.73]

- (1) *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.*
- (2) *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 request relevant information from AFOSI in order to inform the confinee of the investigation outcome.....*

The USAF, as required, has a webpage dedicated to PREA information. The website address for this page is <https://www.afsfc.af.mil/PREA>.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

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

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The USAF requires that all staff members who work in the confinement facility or in the BDOC area receive training on PREA and the policies and procedures which are in place. PREA information is incorporated into many of the trainings that confinement facility staff are required to take to know how to operate the confinement facility.

Through interviews with staff, it was determined that some staff members have received PREA training while others had not. There did not appear to be any consistency for providing the training on a regular basis to the required staff members. The PCM indicated that it had been difficult to provide training to staff members as most only worked in the facility for (6) months to a year and then would get deployed and come back to a different position or they would be reassigned to a different post.

At the time of the onsite audit visit, no training documentation was available for this Auditor to review. In order to come into compliance with this standard, the agency/facility was required to provide additional information. The agency and facility provided information regarding the required training for all BDOC/Alarm Monitors. This listing of training requirements includes several timeslots dedicated to PREA. In addition, the facility provided signature pages of staff who took training indicating that they not only participated in the training but understood the information they were trained on as well.

With this information provided, the facility is now in compliance with this standard.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

- Have all volunteers and contractors who have contact with offenders 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 offenders)? ☒ Yes ☐ No

115.32 (c)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

As a non-traditional correctional facility, the confinement facility at Wright Patterson does not utilize volunteers or contractors which would have direct contact with offenders housed in this facility. Staff confirmed this during the in-person interviews during the onsite visit. If medical or mental health services are needed, those are provided offsite.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

According to staff interviews, inmate education is provided to offenders when in-processed to the facility. The NCOIC or Assistant NCOIC are responsible for providing all PREA information to the offender at this time.

According to staff interviews, in addition to the face to face information provided, each offender is required to watch a PREA video entitled “*PREA: What you Need to Know*”. This 16-minute video is a common video used in many adult confinement facilities.

As mentioned earlier in this report, no offenders were being housed at the time of the onsite audit visit. Therefore, this Auditor was unable to verify that this education was being provided through face to face interviews with offenders.

Additionally, the Auditor reviewed the offender files of all (5) offenders that had been housed at WPCF over the last (12) months and none of those files contained the required documentation verifying the required education was provided to the offenders.

The PREA Guidance document the facility is to adhere to provides the following guidance.

- B. Confinee Orientation and Education [C.F.R. 115.33, AFI 31-105 para 2.9.]*
- (1) During the intake process, confinees receive information explaining the facility’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.*
 - (2) Within 72 hours of intake, the unit provides comprehensive education to confinees either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and the CF’s policies and procedures for responding to such incidents.*
 - (3) 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.*
 - (4) The CF documents and tracks the training through signature on the PREA Confinee Training Acknowledgement and Receipt document located on the SF SMARTnet under the Correction & Confinement PREA tab.*
 - (5) 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.*

In order to come into compliance with this standard, the following information was to be provided.

1. A listing of all offenders housed in the WPCF starting on February 19, 2020 including the date of arrival and the date of release, if applicable.
2. Documentation for each offender verifying that they have received the required education for both the (72) hour and (30) day timeframes, if applicable.

The facility did provide this information and it was reviewed. The facility is now in compliance with this standard.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Criminal investigations of sexual abuse in this confinement facility are conducted by the AFOSI. This office is a federal law enforcement agency which conducts criminal investigations. This office is not only tasked with investigating sexual abuse, but any type of crime. AFOSI is not part of the confinement facility. Therefore, no PREA specialized investigations training is required of the investigators.

No staff members who work in the confinement facility conduct PREA investigations.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

115.35 (b)

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

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☐ Yes ☐ No ☒ NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
☐ Yes ☐ No ☒ NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The WPCF does not employ any medical or mental health staff members, either full or part time. If a medical or mental health need arises while an offender is housed at the facility, the staff members will reach out to the medical and mental health resources that are available on Wright Patterson AFB.

Since these services are not offered by the confinement facility, none of the medical or mental health personnel are required to participate in the PREA specialized training.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a request? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
☒ Yes ☐ No

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

As noted earlier in this report, the NCOIC is responsible for the in-processing of offenders to the confinement facility. Part of that process includes the administration of the PREA risk assessment titled "Risk Survey for Confinee Victimization and Abusiveness". This form is found on the secure SF SMARTnet according to the PREA Guidance document.

During the interview with the NCOIC, he indicated that risk assessment is almost always completed the same day the offender is processed into the facility. If the offender is still at the facility up to (30) days from the initial in-processing, the NCOIC is required to conduct the follow up risk assessment utilizing the same form.

The PREA Guidance document also has direction about when the NCOIC would be required to conduct an additional assessment. This would be required if there was a sexual abuse allegation or the offender provided additional information regarding sexual abuse. If an offender discloses sexual abuse during this process, the NCOIC is required to offer mental health services to the offender.

The PREA Guidance document provides the following guidance regarding the required risk assessments.

F. *Screening of Confinees [C.F.R. 115.41, AFI 31-105 para 3.1.3.1.]*

(1) *Screening for Risk of Victimization and Abusiveness*

(a) *Within 72-hours of in-processing, screen the confinee using the "Risk Survey for Confiner Victimization and Abusiveness" which is located on the secure SF SMARTnet under the Air Force Confinement and Corrections Directorate tab. This survey is meant to assist in determining potential risk "to become" a victim or "to become" an abuser. Screen (personally ask) the confinee using the questionnaire located on the website (Accessing the questionnaire each time from the website ensures PREA screening questions are current with legal requirements). 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.).*

(b) *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 (to occur within 14 days of the initial screening) with a medical or mental health practitioner. 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.*

(c) *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.*

(d) *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.*

(e) *The goal is to make decisions to keep potential victims from potential abusers. The Confinement NCOIC 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.*

This Auditor had the opportunity to review offender files and documentation. No risk assessments were included in these files. Staff were not able to provide any documentation that these assessments had been conducted.

In order to come into compliance with this standard, the facility was required to provide information on confinees who entered the facility from February 19, 2020 through December 2020 when the facility provided the corrective action information to this Auditor.

The facility did provide the risk assessments for the confinees for both (72) hours and (30) days for each of the confinees. In addition, the facility provided a memo verifying there were no risk assessments done for any other reason for any of the confinees. The facility is now in compliance with this standard.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female offenders, 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 offenders to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No

- When making housing or other program assignments for transgender or intersex offenders, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex offenders, does the agency always refrain from placing: lesbian, gay, and bisexual offenders 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 offenders pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex offenders, does the agency always refrain from placing: transgender offenders 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 offenders pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex offenders, does the agency always refrain from placing: intersex offenders 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 offenders pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The NCOIC is required utilize the information obtained from the risk assessment when determining housing assignments and work outlets. This assessment was developed for staff to utilize as a tool for making good correctional decisions.

The PREA Guidance document states the following in regard to this standard.

- F. **Screening of Confinees** [C.F.R. 115.41, AFI 31-105 para 3.1.3.1.]
 - (1) **Screening for Risk of Victimization and Abusiveness**
 - (e) *The goal is to make decisions to keep potential victims from potential abusers. The Confinement NCOIC 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 legal order.*

When interviewed, the staff indicated that there has not been a transgender or intersex individual in the facility during the time they have been assigned to their current posts. The PREA Guidance document states the following.

"D. Transgender Intake, Cross Gender Viewing and Searches [C.F.R. 115.41 and 115.42]

- (1) **Transgender/Intersex Intake:**
 - a. *Transgender/intersex housing and programming assignment decisions are made on a case-by-case basis and coordinated with the Confinement Officer and the AFSFC.*
 - b. *Assignments are made with the confinee's health and safety in mind; and whether the placement would present management or security problems.*
 - c. *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.*
 - d. *Staff should ask transgender confinee's housing preferences (housed as a male or female) and document accordingly.*
 - e. *Transgender or intersex confinees are given the opportunity to shower separately from other inmates.*
 - f. *Confinement NCOIC follows up every (30) days to determine whether there have been any threats to safety experienced by the confinee.*
 - g. *The confinement facility does not place lesbian, gay, bisexual, transgender, or intersex confinees in dedicated units, or wings based on such identification or status.*

As stated in 115.41, there is no documentation to affirm that risk assessments have been completed for offenders being housed in WPCF. As such, there is no way to determine if these risk assessments are utilized for placement in housing, work, etc.

In order to come into compliance with this standard, the facility provided information from the PREA Guidance document. In sections 4.6.15 and 4.7.1, the PREA Guidance document provides direction on placements for work, education, programming and housing. The facility is now in compliance with this standard.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing offenders at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do offenders who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do offenders who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do offenders who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do offenders who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☐ Yes ☐ No ☒ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☐ Yes ☐ No ☒ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☐ Yes ☐ No ☒ NA

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

It is the policy of WPCF to not place offenders at high risk for sexual victimization in involuntary segregated housing unless no other alternatives are available. WPCF does have one segregation cell if protective custody measures are needed. As mentioned earlier in this report, the staff indicated that there has only been one time when more than one offender at a time has been in the facility in the past year.

With that being noted, the NCOIC was familiar with the PREA Guidance document and that there was a procedure that would need to be followed and documented if involuntary protective custody measures were implemented.

The PREA Guidance document reads as follows regarding protective custody.

"G. Protection of Confinées Facing Substantial Risk [C.F.R. 115.62, AFI 31-105 para 2.5.2.16.]

(3) Protective Custody [C.F.R. 115.43, AFI 31-105 para 5.5.5.]

- (a) Confinées 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 are no available alternative means of separation from likely abusers.*
- (b) 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.*
- (c) If an involuntary segregated housing assignment is made pursuant to this section, the facility will clearly document the basis for the facility's concern for the confinee's safety and the reason why no alternative means of separation can be arranged.*
- (d) 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.*
- (e) 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.*

NOTE: Smaller Air Force Level I facilities with limited housing options must consider where confinees who may be at high risk for sexual abuse can be housed. In the absence of dedicated wings or a unit for high-risk confinees, small facilities can consider separating or segregating likely abusers, rather than likely victims.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for offenders to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are offenders 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 offenders detained solely for civil immigration purposes) ☐ Yes ☐ No ☒ NA

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The WPCF provides multiple methods for offenders to report sexual abuse and sexual harassment. The PREA Guidance document provides the following information regarding offender reporting.

5. *RESPONDING TO REPORTS OF SEXUAL ABUSE AND SEXUAL HARASSMENT*
[C.F.R. 115.51, AFI 31-105 para 2.5.1.2.1.]

To respond to reported incidents of sexual abuse, the 88 SFS have adopted and implemented the following processes:

A. Procedures for Reporting Sexual Abuse and Sexual Harassment

(1) Confinee Reporting

- (a) 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: Directly notifying the NCOIC or a staff member, request First Sergeant visit, DD Form 510 (Prisoner Request), the intercom system and the telephone located inside the CF.*
- (b) 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: Contacting the Wright-Patterson SARC Office (937-257-7272), the Chaplain Office (937-257-7427) or the Area Defense Counsel (937-257-6142).*
- (c) Staff accepts reports made verbally, in writing, and anonymously. Staff promptly documents any verbal reports. A pamphlet will be given to all visitors with information on how to fill a report and who to fill a report with.*

If a staff member receives a report of sexual abuse or sexual harassment from an offender, the staff member must document all such reports as soon as possible after receiving them. All staff interviewed indicated that they are required to take all reports of sexual abuse whether they are anonymous or through a third person and refer them to the NCOIC who will then refer the reports for investigation.

During the onsite audit visit, this Auditor observed PREA information posted throughout the confinement facility with information on how to make a report if the offender needed to.

Due to the rules and regulations of enlistment, no military personnel would be an unauthorized alien to the country. All military personnel must be United States citizens. As such, no offenders would be held solely on civil immigration purposes.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

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

115.52 (f)

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

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The WPCF does have a grievance procedure. That procedure has been modified to be in compliance with the federal PREA standards. The staff indicated that they have not had any reports of sexual abuse documented through the grievance procedure the NCOIC was aware that there was a change to the normal grievance process when it involves PREA. The PREA Guidance document reads as follows.

5. **RESPONDING TO REPORTS OF SEXUAL ABUSE AND SEXUAL HARASSMENT**
[C.F.R. 115.51, AFI 31-105 para 2.5.1.2.1.]
 - A. **Procedures for Reporting Sexual Abuse and Sexual Harassment:**
 - (1) Confinee Reporting
 - (2) Confinee Grievances [C.F.R. 115.52, AFI 31-105 para 2.5.1., 2.5.1.2.2.]
 - (a) The CF shall not impose a time limit on when a confinee may submit a grievance regarding an allegation of sexual abuse.
 - (b) 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.
 - (c) The CF ensures that a confinee who alleges sexual abuse may submit a grievance without submitting it to the staff member who is the subject of the complaint.
 - (d) IAW 28 CFR Part 115.52 (d)(1), the CF 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.

- (e) *IAW 28 CFR Part 115.52 (d)(3), the CF 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 CF notifies the confinee in writing of any such extension and provides a date by which a decision shall be made.*
- (f) *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.*
- (g) *Through a Discipline and Adjustments Board, the DFC may discipline the petitioner for filing a grievance related to alleged sexual abuse only when the agency demonstrates that the confinee filed the grievance in bad faith.*

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide offenders with access to outside victim advocates for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA
- Does the facility enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

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

115.53 (c)

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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When an allegation of sexual abuse is reported to the staff of WPCF, it is the responsibility of the NCOIC or the Assistant NCOIC to ensure that information is provided to the alleged victim regarding rape crisis services that are available to them. Military personnel have the option of working with SAPRO or accessing the services of the local civilian rape crisis center.

If an offender is transported to the local civilian hospital for a forensic rape examination, the offender should be offered the services of a local rape crisis center or SAPRO, free of charge. If the offender chooses to utilize either of these options, the NCOIC should make arrangements for the offender to meet with the rape crisis center or SAPRO staff.

The interviews with staff at the facility indicated that they have never had to make these accommodations as there have not been any allegations of sexual abuse at WPCF. However, as noted earlier in this report, this Auditor did not find any indication that relationships had been established with SAPRO or a local rape crisis center.

The interview showed that SAPRO did not have contact with the WPCF. This was not surprising due to the fact that there had not been any reported sexual abuse situations at the facility. The staff member interviewed did not have knowledge of any communication between SAPRO and the confinement facility.

Through interviews conducted and the lack of documentation, it is the opinion of this Auditor that the facility has not established a relationship with the local rape crisis center or SAPRO to ensure that services will be provided should there be an allegation of sexual abuse reported in the confinement facility.

In order to come into compliance with this standard, the facility was required to provide information regarding the establishment of a relationship between the facility and rape crisis services. The facility has been in touch with SAPRO and has established a relationship. Emails were provided to this Auditor indicating the services that SAPRO is able to provide if requested. This information brings the facility into compliance with this standard.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The USAF does provide reporting information to the general public via its website at <https://www.afsfc.af.mil/PREA>. The DoD Safe Helpline information is displayed prominently at the top of the PREA information page. The phone number is toll free, worldwide and operates 24/7. Further down the page, additional information is provided for any individual wishing to make a report about the specific information to provide during the reporting process if possible such as, "name of confinement facility of incident, name of victim(s), witnesses, perpetrators, date/time of incident, and any additional details."

Additionally, on the webpage, there is a link to a "Prison Rape Elimination Act (PREA) Third Party Incident Reporting Form". This form can be downloaded and filled out. It contains instructions at the bottom of the form to email it or snail mail it to the PREA Coordinator. Phone numbers for the DoD Safe Helpline and Security Forces Center Operations Center are also listed on this form.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform offenders of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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Policy and procedures are in place to ensure that all staff are aware of their reporting duties if an offender makes a report to them regarding sexual abuse or sexual harassment. Interviews with staff members indicated that all know their responsibilities for ensuring that all allegations are reported to the NCOIC and/or Assistant NCOIC and these reports are to be documented as soon as possible.

The PREA Guidance document also indicates that staff with knowledge of an alleged sexual abuse or sexual harassment cannot share any information regarding the incident, except for with officials with the need to know to provide supportive and investigative services to the alleged victim.

As there are no medical or mental health staff employed at this confinement facility, these items do not apply to Wright Patterson Confinement Facility.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Interviews with all staff members were clear that if they learn that an inmate is in imminent danger of being sexually abused, they will take measures to immediately remove that inmate from the alleged danger. If staff from BDOC received a report, that staff member would immediately notify the NCOIC or Assistant NCOIC. One of these two would then make the determination of how to handle the situation.

In the past year, the facility did have a one month period where there was more than one offender in the facility at a time. During the interview with the PCM, he indicated that if there were a situation where there would need to be a movement for safety and security, the facility is equipped to handle that situation by securing one of the offenders in a cell. This facility is designed with single cells and this would lend itself to easily securing one or the other of the offenders.

In more extreme cases, the facility could temporarily utilize the MOU with the Greene County Sheriff's Office to move one of the offenders until a more permanent solution could be found.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The WPCF has a process established by policy to ensure that all allegations regarding sexual abuse at another facility is referred to that facility within the required (72) hour time frame. The PREA Guidance document provides direction to staff regarding how to handle this information.

I. Notifying Other Confinement Agencies [C.F.R. 115.63, AFI 31-105 para 2.6.2.16.]

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

As with other standards, the staff has indicated that they have had no reports of abuse at other confinement facilities. The NCOIC was familiar with the PREA Guidance document and would need to refer to it to ensure that all standards are being correctly implemented.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

During the interviews with staff, it was clear that staff had received information about the initial response and understood that information. The staff were able to articulate what they are required to do when the situation arises such as separate the alleged victim and perpetrator, notify the NCOIC, Assistant NCOIC and/or PCM and preserve the crime scene until the appropriate steps are taken to collect any evidence that may be available.

The PREA Guidance document clearly articulates the procedures that are in place for the immediate response to an allegation. It reads as follows.

- C. *Immediate Steps after Receiving Report [C.F.R. 115.64 and 115.82, AFI 31-105 para 8.10 and 5.7]*
- (1) *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 located on the secure SF SMARTnet is initiated immediately. Non-confinement staff first-responders notify staff of sexual abuse allegations. The confinement staff first responders actions include:*
- (a) *Separate the confinee from the alleged perpetrator.*
 - (b) *Preserve and protect any crime scene until appropriate steps can be taken to collect evidence.*
 - (c) *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.*
 - (d) *Confinement staff first responders immediately notify AFOSI and the appropriate medical and mental health practioners.*

NOTE: The CF forwards a copy of the PREA Response Checklist promptly upon completion to the AFSFC PREA Coordinator at afsfcsfcv.1@us.af.mil.

Again, the staff have not received any allegations of sexual abuse in the last year.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The Wright Patterson Confinement Facility has a written coordinated response plan which has been referenced multiple times in this document. Staff are aware of the PREA Guidance document and utilize it when necessary as situations may arise.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The United States Air Force Security Forces does not have a union or other collective bargaining working within the system.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The WPCF has a policy in place to ensure that alleged victims of sexual abuse and individuals who report sexual abuse are monitored for retaliation by the PCM. During the interview with the PCM, he was aware of this process, but again, has not had to conduct retaliation monitoring in his tenure in this position. The Form 2711 would be utilized to document this monitoring.

The PREA Guidance document outlines the steps to be taken by the NCOIC and/or the Assistant NCOIC. The following information is included.

- G. *Protection of Confinees from Retaliation [C.F.R. 115.67, AFI 31-105 para 2.6.2.16.]*
- (1) *88 SFS 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.*
 - (2) *The CF employs multiple protection measures, such as housing changes or transfers 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.*
 - (3) *For at least (90) days following a report of sexual abuse, the PCM monitors 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 act promptly to remedy any such retaliation. Monitoring may go beyond (90) days if needed. Monitoring includes:*
 - (a) *Periodic in-person conversations with confinees and/or staff*
 - (b) *Review of disciplinary incidents involving confinees*
 - (c) *Review of housing or program changes*
 - (d) *Review of negative performance reviews or reassignments of staff*
 - (e) *Periodic in-person conversations with confinees and/or staff*
 - (f) *Review of disciplinary incidents involving confinees*
 - (g) *Review of housing or program changes*

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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As noted in PREA Standard §115.43, WPCF only utilizes involuntary protective custody when no other options are available. However, the facility has not had to implement this situation during the audit timeframe.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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As noted earlier in the report, no staff members at WPCF conduct PREA investigations. All allegations, even third party and anonymous reports, are referred to AFOSI. The Air Force Office of Special Investigations is responsible for determining if this is a criminal investigation or not. AFOSI will make the determination of what entity will conduct the investigation into the allegation.

There is an AFOSI office located at Wright Patterson AFB. These investigators do not fall under the purview of the confinement facility at Wright Patterson. Therefore, they are not required to take specific PREA specialized training.

The PREA Guidance document discusses the criminal process and that criminal investigations are completed, even if the individuals involved are transferred to other bases, deployed, etc.

The Data Collection and Review section of the PREA Guidance document specifies that all PREA incident-based documents are maintained at the unit level for as long as the alleged abuser is incarcerated plus (5) years.

However, the PREA standard indicates that the agency must maintain this data for as long as the alleged abuser is incarcerated **or employed by the agency** plus (5) years. This item of the PREA Guidance document must be revised to include the underlined information and staff must be made aware of this policy change. This information is found in *Section 7. Data Collection and Review (A.3.)* of the PREA Guidance document. The required revisions to the document were made and submitted to this Auditor.

The facility was also required to provide a list of all allegations made by offenders at the facility for all of 2019 through to present day. If staff have not received any allegations, a memo should be drafted to this Auditor indicating that fact. A memo was provided to this Auditor indicating that there had not been any sexual abuse investigations at the facility from February 19, 2020 to present.

This standard is now in compliance.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Upon review of the PREA Guidance document, information regarding the standard of evidence used in the determination of administrative investigations is included. The document reads as follows.

"F. Investigation of Incidents [C.F.R. 115.21(a)(b)(c)(f) and (h), 115.22, 115.71, 115.72, 115.73]

(2) 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 request relevant information from AFOSI in order to inform the confinee of the investigation outcome. Wright-Patterson AFB AFOSI does not impose a higher standard than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Standard 115.73: Reporting to offenders

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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As the facility has not had any allegations of sexual abuse and subsequent investigations, the staff at the facility have not had to use this standard. However, the staff is aware of the requirement to notify alleged victims of the outcome of cases and if criminal charges filed and the outcome of those cases.

In reviewing the PREA Guidance document provided for the facility, this Auditor noted that there is an error in the policy related to this standard. PREA standards indicate that notifications are to be provided to alleged victims unless the offender is released from the agency's custody. If an offender is transferred to another military correctional facility, the notification must still be made.

Additionally, if the allegation is against a staff member, notification must be made not only when charges are filed against the staff member in relation to the sexual abuse incident, but also when the staff member has been convicted of the charge related to the sexual abuse in the facility.

In order to come into compliance with this standard, the facility was required to revise the PREA Guidance document in regard to the two issues mentioned above. Staff will need to be advised of this change and how to apply it.

The agency and facility updated the PREA Guidance Document to include the required two changes. Additionally, the staff were provided updated information regarding the applicable changes. This standard is now met for PREA compliance.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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Wright Patterson Confinement Facility does not tolerate abuse of offenders by staff members. All interviews with staff members were clear regarding this standard. Through discussions with the PCM, Captain (Warden), NCOIC and national level personnel interviewed, it was clear there is zero tolerance for sexual abuse, especially by staff members.

The PREA Guidance document is also clear about the policies that would apply if abuse by a staff was substantiated and the disciplinary actions are laid out in these policies. The document reads as follows.

- H. *Sanctions against Sexual Abusers When Allegations are Substantiated [C.F.R. 115.76, AFI 31-105 para 2.5.2]*
- (1) *Disciplinary Sanctions for Staff*
- (a) *Staff are subject to disciplinary actions for violating Air Force sexual abuse and sexual harassment policies.*
- (b) *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.*

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

As noted earlier in this report, WPCF does not have volunteers and contractors operating in its facility. Therefore, policy is not required for this section.

Standard 115.78: Disciplinary sanctions for offenders

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

If an investigation substantiates that an offender is guilty of sexual abuse at WPCF, disciplinary sanctions will be imposed upon that offender. Staff interviews indicated that they were clear that sanctions would be imposed, but most were unclear about how those decisions were made and what was taken into consideration in that process.

Review of the PREA Guidance document showed that several pieces of PREA standard were not included. The document reads as follows.

- H. *Sanctions against Sexual Abusers When Allegations are Substantiated [C.F.R. 115.76, AFI 31-105 para 2.5.2.]*
 (2) *Disciplinary Sanctions for Confinees [C.F.R. 115.78, AFI 31-105 para 9.1]*

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

Information was not included regarding the following items of the standard.

1. 115.78 (b) – Sanctions shall be 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.
2. 115.78 (c) – 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.
3. 115.78 (e) – The agency may discipline an inmate for sexual contact with a staff only upon a finding that the staff member did not consent to such contact.
4. 115.78 (f) – 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.
5. 115.78 (g) – An agency may, in its discretion, prohibit all sexual activity between inmate and may discipline inmates for such activity. And agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

These (5) items have now been incorporated into the PREA Guidance document in section 5.9.2. Additionally, staff have received information regarding these changes. This standard is now in compliance.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure

that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☐ Yes ☐ No ☒ NA

115.81 (c)

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

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Wright Patterson Confinement Facility does not employ medical or mental health staff. If an offender requires these services, they are taken to outside providers either on base or off base, depending upon the need of the offender.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

As stated in 115.81, WPCF does not employ medical or mental health staff members at the facility. However, they do have access to those services on the base or in the civilian community if there is an acute or urgent need.

The medical facility on base is only open during daytime hours. If there is a medical need for an offender after hours, the offender will be escorted to a nearby civilian hospital. If there is a need to a forensic medical examination, the Butler County SANE Program would be contacted.

Crisis intervention services should be provided to the alleged victim at the time they are taken to the hospital. Rape crisis center staff should be notified and offered to the alleged victim.

As noted earlier in the report, the facility is being required to attempt to establish relationships with these organizations to provide services to victims if needed.

All services provided as a result of sexual abuse or sexual harassment are provided free of charge to the alleged victim, as noted in the PREA Guidance document. This information is found in the following location in the document.

5. *Responding to Reports of Sexual Abuse and Sexual Harassment [C.F.R. 115.51, AFI 31-105 para 2.5.1.2.1.]*
 - C. *Immediate Steps after Receiving Report [C.F.R. 115.64 and 115.82, AFI 31-105 para 8.10 and 5.7]*
 - (1) *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 located on the secure SF SMARTnet is initiated immediately.*
 - D. *Medical and Mental Health Services*
 - (1) *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 judgement.*
 - (2) *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.*
 - (3) *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.*

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

As stated above, medical and mental health services are not provided at WPCF. However, these services are made available to the alleged victim of sexual abuse. As noted in 115.81, emergency medical and follow up services are available to the alleged victim, free of charge.

Once the initial crisis services are provided and if follow up mental health services are required, the NCOIC will coordinate the facilitation of those services for the offender.

Information and direction for staff is provided in the PREA Guidance document.

5. *Responding to Reports of Sexual Abuse and Sexual Harassment [C.F.R. 115.51, AFI 31-105 para 2.5.1.2.1.]*

D. *Medical and Mental Health Services*

- (3) *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.*
- (4) *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.*
- (5) *Confinee victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests, as medically necessary.*
- (6) *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.*

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Wright Patterson Confinement Facility would require that following the conclusion of an investigation of sexual abuse at its facility, the staff conduct a Sexual Abuse Incident Review (SAIR). The agency level PREA Coordinator has developed a template/form (Security Forces PREA Sexual Abuse Incident Review Checklist) for the facility to utilize when conducting these reviews. As noted, the facility has not had a sexual abuse investigation and therefore has not utilized this process.

The PREA Guidance document does provide direction to the staff members at the facility on how to conduct this review. The PREA Coordinator for the USAF will also be available for assistance with this process when the facility has to implement it.

The PREA Guidance document outlines this process as follows.

F. Investigations of Incidents [C.F.R. 115.21(a)(b)(c)(f) and (h), 115.22, 115.71, 115.72, 115.73]

(5) Sexual Abuse Incident Reviews [C.F.R. 115.86, AFI 31-105 para 1.3.12.2.2.]

- (a) 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.*
- (b) The review ordinarily occurs within (30) days of the conclusion of the investigation.*
- (c) The review team should be led by the DFC's designated representative and include squadron leadership with input from investigators and medical or mental health practitioners.*
- (d) 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 dynamics at the facility*
 - Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse*
 - Assess the adequacy of staffing levels in that area during different shifts*
 - The CF implements the review team's recommendations for improvement, or documents its reasons for not doing so*
 - Prepare and promptly forward all incident reports, investigation reports and sexual abuse incident reviews to the DRF, PREA Compliance Manager 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, e.g., the Survey of Sexual Violence, et.al.*

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

It is the responsibility of the PREA Compliance Manager to ensure that all documentation is provided to the Air Force PREA Coordinator. The PCM is to utilize the standardized PREA Response Checklist located on the SF SMARTnet to ensure that all supporting documentation is provided to the PREA Coordinator at the conclusion of any sexual abuse incident reviews.

Outside of those reviews, sexual abuse data is submitted once a year to the Air Force PREA Coordinator in order for him to complete the Survey of Sexual Violence (SSV) requested by the Department of Justice. This aggregate data is collected on a standardized template located on the SF SMARTnet. This template contains the following questions to be answered by each facility.

- 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

The PREA Guidance document outlines this information in *Section 7. Data Collection and Review [C.F.R. 115.87]*.

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

It is the responsibility of the unit PCM to collect PREA data for the calendar year and prepare it, in collaboration with senior leadership, to send to the Air Force PREA Coordinator. The PREA Guidance document provides specific direction to WPCF staff and senior leadership regarding the collection and compilation of data. According to this document the following should occur.

7. **Data Collection and Review [C.F.R. 115.87]**

B. **Data Review for Corrective Action [C.F.R. 115.88]**

- (1) *The PCM 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:*
 - (a) *Identifying problem areas*
 - (b) *Taking corrective action on an ongoing basis*
 - (c) *Preparing an annual PREA report (template located on the SF SMARTnet) of its finding and corrective actions for the facility*
- (2) *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.*
- (3) *The unit's report is approved by the DFC and made readily available to the public*

NOTE: AFSFC will make Annual PREA reports available on the non-secure SF SMARTNET for all Air Force Level I facilities in order to comply with this standard.

The Air Force PREA Coordinator then takes that information from all correctional facilities and compiles it into one large report for the Air Force. These annual reports compiled by the Air Force PREA Coordinator can be found on the agency's PREA webpage located at <https://www.afsfc.af.mil/PREA/> PREA annual reports are available for review for the years 2016 through 2019.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Air Force takes great care to secure the information regarding sexual abuse and sexual harassment investigations and other related data. The USAF has a secure system where all information is stored to ensure that it is no personal information is available to the public. Sensitive information provided to this Auditor was sent through secure means to protect data and information.

Additionally, this Auditor noted while conducting the onsite audit visit that when staff sat down at a computer terminal to retrieve data, the computer was password protected and must be re-entered each time.

Aggregated, incident-based data is maintained for a period of (10) years after the date of the initial collection unless Federal, State or local law requires otherwise. This policy was verified through the interview with the Air Force PREA Coordinator.

The staff were diligent in compiling reports that did not include any personal data or identifiers. This Auditor reviewed several public reports, and none included any personal data or identifiers.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility was very clean and in good condition. Staff were hospitable and open to suggestions when provided. The facility ensured that private spaces were available to conduct interviews with staff members. As noted in the methodology section, there were no offenders incarcerated at the time of the onsite audit visit.

All requests for information before, during and after the onsite audit visit were answered quickly. And the information provided during the pre-audit phase was helpful.

Offenders, if any were housed at the facility, would have been permitted to send confidential mail to this Auditor. Audit notices with the confidential mailing address were posted throughout the facility when this Auditor arrived.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All facility audit reports can be found at the following website address. <https://www.afsfc.af.mil/PREA/>
These facility audits include the following as of this date.

- Vandenberg Final Audit Report
- Barksdale Final Audit Report
- Davis-Monthan Final Audit Report
- JBSA-Lackland Final Audit Report
- Minot Final Audit Report
- Scott Final Audit Report
- Nellis Final Audit Report
- Malmstrom Final Audit Report
- Whiteman Final Audit Report
- F.E. Warren Final Audit Report
- Little Rock Final Audit Report
- Cannon Final Audit Report

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Jennifer L. Feicht

January 15, 2021

Auditor Signature

Date

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

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