

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

Interim Final

Date of Report May 18, 2018

Auditor Information

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Company Name: PREA Auditors of America, LLC	
Mailing Address: 14506 Lakeside View Way	City, State, Zip: Cypress, TX 77429
Telephone: (713) 818-9098	Date of Facility Visit: March 28-30, 2018

Agency Information

Name of Agency: Navy Personnel Command		Governing Authority or Parent Agency (If Applicable): U.S. Navy	
Physical Address: 5720 Integrity Drive,		City, State, Zip: Millington, Tennessee 38055-0000	
Mailing Address: -		City, State, Zip: -	
Telephone: (901) 874-4452		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input checked="" type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission: The mission of the Naval Consolidated Brig Charleston is to ensure the security, good order, discipline and safety of adjudged and pre-trial prisoners; to retain and restore the maximum number of personnel to honorable service; to prepare prisoners for return to civilian life as productive citizens; and when directed by authority, detain enemy combatants in accordance with guidance from the President via the Secretary of Defense.

Agency Website with PREA Information: www.public.navy.mil/bupers-npc/support/correctionprograms/brigs/charleston/Pages/PrisonRapeEliminationAct.aspx

Agency Chief Executive Officer

Name: Tim Purcell	Title: Director of Corrections and Programs Office
Email: timothy.purcell1@navy.mil	Telephone: (901) 874-4452

Agency-Wide PREA Coordinator

Name: John Pucciarelli	Title: Deputy Director of Corrections and Programs Office
Email: john.pucciarelli@navy.mil	Telephone: (901) 874-4569
PREA Coordinator Reports to: Tim Purcell	Number of Compliance Managers who report to the PREA Coordinator 6

Facility Information

Name of Facility: Charleston Naval Consolidated Brig			
Physical Address: 1050 Remount Road, Building 3107, Charleston, South Carolina 29406			
Mailing Address (if different than above): same			
Telephone Number: (843) 794-0089			
The Facility Is:	<input checked="" type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	

Facility Mission: The mission of the Naval Consolidated Brig Charleston is to ensure the security, good order, discipline and safety of adjudged and pre-trial prisoners; to retrain and restore the maximum number of personnel to honorable service; to prepare prisoners for return to civilian life as productive citizens; and when directed by superior authority, detain enemy combatants in accordance with guidance from President via the Secretary of Defense.

Facility Website with PREA Information: www.public.navy.mil/bupers-npc/support/correctionprograms/brigs/charleston/Pages/PrisonRapeEliminationAct.aspx

Warden/Superintendent

Name: C. Brobst, CDR, USN	Title: Commanding Officer
Email: carl.brobst@navy.mil	Telephone: (843) 794-0025

Facility PREA Compliance Manager

Name: Walter Sipple	Title: PREA Compliance Manager
Email: walter.sipple@navy.mil	Telephone: (843) 794-0089

Facility Health Service Administrator

Name: Crystal Brown-Voeltz	Title: Director of Clinical Services
Email: crystal.brownvoeltz@navy.mil	Telephone: (843) 794-0076

Facility Characteristics

Designated Facility Capacity: 272		Current Population of Facility: 96	
Number of inmates admitted to facility during the past 12 months			140
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			56
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			75
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			6
Age Range of Population:	Youthful Inmates Under 18: n/a	Adults: 19-50	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:			0
Average length of stay or time under supervision:			219
Facility security level/inmate custody levels:			Medium Security/Maximum, Medium-In, Medium-Out, Minimum, Installation Custody
Number of staff currently employed by the facility who may have contact with inmates:			211
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			1 civilian
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			n/a
Physical Plant			
Number of Buildings: 4		Number of Single Cell Housing Units: 4	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		0	
Number of Segregation Cells (Administrative and Disciplinary):		17	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): 403 digital cameras			
Microwave IDS around perimeter and on roof; 377-3-megapixel digital cameras; all SQ cells are equipped with two cameras for 360-degree coverage; all HD monitors; Biometrics Tracking System; and Duress System.			
Medical			
Type of Medical Facility:		Clinic	
Forensic sexual assault medical exams are conducted at:		Medical University of South Carolina, South Carolina	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:			39 volunteers and 68 contractors
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			2

Audit Findings

Audit Narrative

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 Prison Rape Elimination Act re-certification on-site audit for the Naval Consolidated Brig Charleston was conducted on March 28-30, 2018, to determine the continued compliance of the Prison Rape Elimination Act Standards. The audit was conducted by Noelda Martinez, United States Department of Justice Prison Rape Elimination Act certified auditor. It is a Level II, medium-security military prison, commanded by a Navy Commander with a capacity of 272 beds for male military personnel. The onsite audit excluded the Alpha-1 Special Housing Unit which prohibits the berthing of any military personnel. The Commanding Officer is the only one authorized to activate the unit to detain enemy combatants as directed by Superior Authority in accordance with guidance from the President of the United States via Secretary of Defense. The facility consists of 4 single cell housing units and a segregation section consisting of 17 single cells. The facility's maximum capacity is 272 prisoners. The agency refers to the inmates as prisoners. The Naval Consolidated Brig Charleston is located on board Joint Base Charleston, Naval Weapons Station, Goose Creek, SC. The consolidated brig is one of only five in the military. The brig also carries the title of Joint Regional Corrections Southeast (JRCS-SE). Parent command is Navy Personnel Command (PERS-00D), Millington, Tennessee. The brig is staffed by military corrections professionals from all branches of the military and a Navy civilian staff. The brig houses prisoners from all branches of the military and the Coast Guard sentenced up to 10 years; longer sentences on a case-by-case basis.

The Pre-audit preparation included a thorough review of all policies, procedures, training curriculums, Pre-Audit Questionnaire and supporting PREA-related documentation provided by the facility to demonstrate compliance of the PREA Standards. This included a thorough review of all documentation and material submitted by the agency and facility. The auditor received an extensive amount of primary and secondary documentation which consists of procedures on a CD for review prior to the on-site phase of the audit process. The documentation provided consisted of forms, education materials, training curriculum, organizational charts, posters, brochures, reports, prisoner population reports, memorandums of agreement, signed training rosters, community-based contact information, facility schematic, electronic surveillance, and other PREA related materials that were provided to demonstrate compliance with the Prison Rape Elimination Act standards. The facility utilizes 403 cameras and a biometric tracking system to monitor prisoner movement.

On the first day of the audit, an entrance meeting was held with the following staff in attendance: Commanding Officer, Executive Officer, Agency Level PREA Coordinator, Command Master Chief, Technical Director, Shared Services Officer, Legal Officer, Command Evaluator, Comptroller, Training Officer, Command Chaplain, Safety Officer, Chief Command Investigator, Parole and Release Deputy Director, Supply Officer, Supply Chief, Clinical Services Director, Clinical Services SNCOIC, Maintenance Officer, Maintenance Division Chief, Programs and Industries Department head, Industries Chief, Prisoner Management Director, Prisoner Management Deputy Director, Security Operations Director and Security Operations Chief.

The auditor was allowed access to the facility to conduct the audit. Following the entrance meeting, the auditor toured and observed the operations at the facility. The auditor contact information was posted throughout the facility. The facility staff was professional and cooperative with the auditor during the audit process. A schematic layout of the facility was provided by the PREA Coordinator which consisted of all areas, housing, and camera locations. A list of prisoners, staff, volunteers, and contractors to include assignments and roles was provided to the auditor.

Every department head provided a brief presentation of their department during the onsite audit. All employees in all areas of the facility were extremely knowledgeable of the PREA standards and very helpful during the visit. Prisoners were interviewed using the Department of Justice protocols that question their knowledge of a variety of Prison Rape Elimination Act protections generally and specifically their knowledge of reporting mechanisms available to prisoners to report abuse and harassment. Staff was interviewed using the Department of Justice protocols that question their Prison Rape Elimination Act training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to prisoners and staff. A random sampling of staff, volunteer, prisoners, and contractors were selected from a list provided by the auditor. A total of 34 agency and facility staff were interviewed per random sampling from the auditor. A total of 25 prisoners were interviewed per random sampling from the auditor to include special category or prisoners and a sample identified throughout the audit. All prisoners were well informed about the PREA reporting process, their rights to be free from sexual abuse, how to report sexual abuse or sexual harassment.

The Naval Consolidated Brig Charleston takes great pride in corrections as a model for others to emulate. The auditor was extremely impressed throughout the entire audit process. The agency maintains high standards and it is reflected throughout the organization. It is part of the culture from the top of the organization down to the facility level. Overall, the auditor was impressed with the facility and staff. The facility is well maintained. The auditor noted that the facility had several experienced and veteran staff that worked at the facility providing operational consistency and stability. The prisoners and staff have a focus on the agency and facility mission with a vigorous educational, vocational, counseling, and recreation program. The vocational education program is very popular with the majority of prisoners and keeps them primarily focused. The staff and prisoners were completely cooperative and helpful throughout the audit process. The agency and facility staff did a good job of providing the auditor with primary and secondary documentation to confirm compliance with the Prison Rape Elimination Act standards. The auditor commended the prisoner's education and vocational programs. The auditor commended the facility investigator for their thorough investigative files. The auditor commended the facility security staff for their active and random roving details, multi-tasking ability, and team-oriented cohesiveness. The auditor commended the facility buildings and staff for their housing shower privacy screen. The auditor commended the facility PREA compliance manager for his extraordinary attention to detail and special emphasis on the preparation of each file with secondary documentation and training. The auditor commended the facility Navy Personnel staff for their leadership role and style. The auditor commended the agency level coordinator for his organizational skills, commitment, and policy expertise. The agency policies mirror the Prison Rape Elimination Act standards.

The auditor noted that this audit is the recertification for the facility, staff, and prisoners. During the first cycle audit, the agency and facility was determined to be 100% compliant with the standards, without any corrective action requirement exceeding (26) twenty-six standards. The auditor determined that the facility is 100% compliant with the Prison Rape Elimination Act standards for this relevant review period. In addition, the auditor determined that the facility exceeded (26) twenty-six standards to include 115.11, 115.13, 115.17, 115.18, 115.21, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.51, 115.53, 115.54, 115.61, 115.62, 115.64, 115.65, 115.71, 115.73, 115.81, 115.82, 115.83, 115.86 due to the exceptional documentation provided; the number of surveillance cameras located throughout the facility and quality of the monitoring system; the extensive agency and facility level training plan; the multi-layered education process; the multiple reporting options; the coordinated response protocol for the facility staff (facility policy); and the extensive agency data collection and analysis process. An exit interview was conducted on March 30, 2018 by the auditor with the facility Commanding Officer, Navy Corrections PREA Coordinator, PREA Compliance Manager, Executive Officer and key staff. The facility resulted in a total of 26 exceed standards after a thorough review of all documentation provided, secondary documentation, policies and procedures.

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.

The facility is located on the U.S. Naval Weapons Station in Hanahan, South Carolina, the Naval Consolidated Brig Charleston is a level II (medium security) facility commissioned in 1989 for the confinement of military service. The brig houses prisoners from all branches of the military and the Coast Guard sentenced up to 10 years; longer sentences on a case-by-case basis. The brig provides extensive programs in the following areas: Rehabilitative treatment, substance abuse treatment, general violent offender treatment, counseling, education and training (academic, vocational, military, physical), productive work, and religion (as desired). Work programs support military and federal agencies: Provide productive, cost effective work, which also is used as a vocational skill training process. Work programs include carpentry, auto maintenance/repair, metal fabrication, welding, graphic design, upholstery; culinary arts and barber. The brig has received three Meritorious Unit Commendation Awards from the Secretary of The Navy in 1992, 1998 and 2004. The brig has received four consecutive, "Chief of Naval Operations Naval Total Force Retention Excellence Awards" for 2009, 2010, 2011 and 2012. The Brig has won four consecutive and five overall South Carolina "Palmetto Safety Excellence" Awards for the best operational safety record throughout the state.

The facility was constructed in 1988/1989, opened for staff training and commissioned 1989 and the first prisoners arrived in January 1990. The BRAC expansion was completed in June 2011, adding new 80-bed housing unit, maintenance building, and an enclosed weight room for prisoners. The brig has 479 cells and due to limitations based on the Enemy Combatant mission (in abeyance), its currently rated capacity is 272.

The mission of the Brig is to ensure the security, good order, discipline and safety of pre-trial and post-trial prisoners, to retain and restore the maximum number of personnel to honorable service to prepare prisoners to return to civilian life as productive citizens; and when directed by appropriate authority, provide dedicated facilities for non-uniform Code of Military Justice (UCMJ) detainees.

The United States Naval Corrections System has evolved over the last century, along lines like corrections practice and philosophy used by civilian institutions around the nation. Progressive improvements in the treatment of Naval Offenders have resulted in the prohibition of many forms of punishment that were unique in navies, such as flogging and keel-hauling. Three consolidated brigs, one located at Joint Base Charleston, Naval Weapons Station, Charleston, South Carolina, Marine Corps Air Station, Miramar, California and the other at Naval Station Chesapeake, Virginia. Brig Charleston and Miramar were built between 1987 and 1989. Brig Chesapeake was finished in 2011. Each brig can house approximately 400 prisoners. The staff consists of approximately 200 Navy, Air Force, Marine and Army military and civilians. The Naval Consolidated Brig Charleston was first accredited by the American Correctional Association (ACA) in 1992, the only nationally recognized accreditation agency for adult and juvenile correctional facilities. The brig was reaccredited in 1995, 1998, 2000, 2004, 2007, 2010, 2013, and again in 2016 with 100% compliance.

To accomplish the command mission, the following functions are set forth: provide a secure, safe, and humane environment for prisoners and staff according the U.S. Code. Maintain a high level of military discipline within the brig operation. Classify prisoners for restoration to active duty or for discharge from military service and return to civilian live. Identify and then certify prisoners who have earned restoration to active duty or civilian life. Provide resources and environment which allows prisoners to serve sentences imposed by court, fulfill individual responsibilities, and complete plans for restoration to duty or return to civilian life. Operate retraining programs which include: work, Education (ABE, CLEP, DANTEs, Undergraduate and Graduate Degree programs), Certified Vocation programs (Apprentice Cook, Barber, Welding, Cabinet maker, Graphic designer, Service Dog Trainer, Electrical, Plumbing and

Upholstery), Social skills, Counseling (individual and group), Clinical programs (substance abuse/drug and alcohol), Medical, Dental, counseling, Crisis Intervention, Psychological treatment, sex offender education, general violent offender treatment, Inside-Out Dads); Pre-release programs (Life skills, TAPS, pre-separation & Capstone), Religious, & Brig Industries. Command is continuously gathering and evaluating data concerning administration, operations, programs, and management of the brig. Provide military escort services for adjudged prisoners transferring to the brig, when required.

Summary of Audit Findings

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

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

Number of Standards Exceeded: 26

115.11, 115.13, 115.17, 115.18, 115.21, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.51, 115.53, 115.54, 115.61, 115.62, 115.64, 115.65, 115.71, 115.73, 115.81, 115.82, 115.83, 115.86

Number of Standards Met: 17

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Number of Standards Not Met:

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Summary of Corrective Action (if any)

An exit meeting was held on March 30, 2018 to discuss the overall audit process with the Commanding Officer, Executive Officer, Naval PREA Coordinator and management staff of the Naval Consolidated Brig Charleston. A thorough review of the Pre-Audit which consisted of the Post Notice of Upcoming Audit, Communication with the Community Based or Victim Advocates, Agency/Facility Questionnaire, Initial Auditor review with the PREA Compliance Manager, and Auditor review of submitted agency facility questionnaire, policies and procedures determined the facility was extremely knowledgeable and prepared with primary and secondary documentation with resources after resources supporting each PREA Standard. The on-site audit consisted of the facility tour, additional document review, to include staff and inmate interviews. The Post Audit included the Auditor Compliance Tool, review of policies/procedures, review of documentation and data, determination of compliance reflecting 26 exceeds standards meeting 100% compliance. The Brig did not enter a corrective action phase therefore did not require a corrective action plan. The auditor would like to acknowledge the Navy Corrections PREA Coordinator, Mr. John Pucciarelli as a Department of Justice Certified PREA Auditor and

PREA Compliance Manager, Walter Sipple as a Department of Justice Certified PREA Auditor. Throughout the review process, the auditor determined that the Naval Personnel Command and the leadership of the Navel Consolidated Brig Charleston are 100% committed to a zero-tolerance policy for all forms of sexual abuse and sexual harassment. The facility is well equipped with staff, technology, resources, support staff, and funding to assist in the efforts of each PREA Standard. The military staff was professional, the facility was immaculate, and the auditor honored the facility with 26 exceed standards for the recertification of the PREA Audit.

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 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 Naval Consolidated Brig Charleston Mission Statement is as follows: The mission of the Naval Consolidated Brig Charleston is to ensure the security, good order, discipline and safety of adjudged and pre-trial prisoners; to retrain and restore the maximum number of personnel to honorable service; to prepare prisoners for return to civilian life as productive citizens; and when directed by superior authority, detain enemy combatants in accordance with guidance from the President via the Secretary of Defense.

NAVCONBRIGCHASNSOP 6495 Policy and procedure establishes the responsibilities, policies, and procedures to implement a zero-tolerance policy for prohibiting, preventing, detecting, responding to and investigating the sexual abuse and sexual harassment of inmates. The facility has a detailed policy and organizational chart the auditor was provided during the pre-audit phase of the audit. The facility staff acknowledged an understanding of the zero-tolerance policy along with the specific Prison Rape Elimination Act policy.

The auditor reviewed the operating policies and procedures; observed facility practices; reviewed data provided by the facility staff; and interviewed prisoners and staff during an on-site visit and tour of the facility. The auditor was impressed with the level of commitment that the Deputy Director of Navy Corrections and Programs, Commanding Officer, Executive Officer and the facility PREA compliance manager had toward compliance with the standards. The auditor was impressed with the facility's compliance with the overall standards. It was evident throughout the on-site phase of the audit process that all staff and prisoners have a thorough understanding and knowledge of the agency operating policy and procedure as well as the agency's zero tolerance policy. The specific operating procedure referencing the Prison Rape Elimination Act forms the foundation and contains necessary definitions, sanctions and descriptions of the agency strategies and responses to sexual abuse and sexual harassment.

Based on the listed information; SOP 6495 (PREA Policy) BLUEPRINTS 1640.23 (Agency Policy); PERS Guidance Letter #1; PERS PREA Coordinator Appointment Letter; PERS PREA Coordinator Training; PERS Organizational Chart; NCBC PREA Appointment Letter; NCBC PREA Compliance Manager Training; NCBC Organizational Chart; Advanced Credentialing for Sexual Assault Advocate. The auditor concluded that the facility complies with the standard and exceeds the standard for the relevant review period. This determination is based in part on the agency level staff completing the Prison Rape Elimination Act auditor training. The auditor also commended the facility for implementing what is considered best practices in corrections and in accordance with the intent of the Prison Rape Elimination Act. The auditor concluded that the facility complies with the standard and exceeds the standard for the relevant recertification period.

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Navy Personnel Command does not contract with other entities for the confinement of prisoners.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

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

determining the need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

NAVCONBRIGCHASNSOP 6495 Policy addresses the standard: Supervision and Monitoring (§115.13) The Operations Officer and Prisoner Management Department Director shall develop, document, and make their best efforts to comply on a regular basis with a security staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring (403 digital cameras), to protect prisoners against sexual abuse (§115.13(a)-1). The written staffing plan shall be developed sufficiently in advance for internal review and further submission to NAVPERSCOM (PERS-00D) by 15 March of each year.

The staffing plan shall conform to direction and allocations as directed by the Brig's Manpower Management Committee. In calculating adequate staffing levels and determining the need for video monitoring, the facility shall use the PREA staffing analysis in accordance with reference (p). The auditor interviewed the facility staff and verified that the staff develops, implements, and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect offenders/inmates against sexual abuse or sexual harassment.

The facility takes the following into consideration per the standard: 1) Generally accepted detention and correctional practices; 2) Any judicial findings of inadequacy; 3) Any findings of inadequacy from Federal investigative agencies; 4) Any findings of inadequacy from internal or external oversight bodies; 5) All components of the institution's/facility's/center's physical plant (including "blind-spots" or areas where staff or offenders may be isolated); 6) The composition of the prisoner population; 7) The number and placement of supervisory staff; 8) Institution programs occurring on a particular shift; 9) Any applicable State or local laws, regulations, or standards; 10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; 11) Any other relevant factors.

Based on the list information: PREA SOP 6495; OPNAVINST 1000.16K Manpower; SOP 104; Population Age at Confinement; Annual PREA review of Physical Plant, Manning and Security; Activity Manning Document; MFR Youthful Prisoners; PREA Staffing Analysis; HQ Review of Staffing Plan; CDO Report (Showing deviation); Unannounced Rounds Logbook entries; and Outcome Measures. The auditor concluded that the facility complies with the standard and exceeds the standard for the relevant recertification period.

Standard 115.14: Youthful inmates

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

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower

area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].)
Yes No NA

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

NAVCONBRIGCHANSOP 6495 addresses the standard. The Navy does not enlist minors into the service; however, in the rare instance a prisoner under the age of 18 is confined, SOP requires PREA standards compliance pertaining to youthful prisoners.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

115.15 (c)

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

115.15 (d)

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

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No

- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

NAVCONBRIGCHASNSOP 6495 Policy references: Limits to cross-gender viewing and searches (§115.15)
 (a) Facility staff shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal/genital opening) except in exigent circumstances (to ensure safety or to preserve evidence) or when performed by medical practitioner (§115.15(a)-1) in accordance with references (f) and (g). Body cavity searches shall only be performed by qualified medical personnel when authorized by the facility CO or designee, and only when there is a reasonable belief that a person is concealing contraband in or on their person in accordance with reference (g). All cross-gender strip searches shall be annotated in the facility Strip Search Log, Brig Log and CDO Report. All cross-gender body cavity searches performed shall be documented in the Brig Log, CDO report and prisoner medical record (§115.15(a)-2)(§115.15(a)-3) (§115.15(c)-1). These events shall be identified as significant events in the Brig Log (e.g., highlighted, color coded, searchable, etc.). (b) Cross-gender frisk searches of prisoners are not permitted except in exigent circumstances in accordance with reference (g). Cross-gender frisk searches shall be documented in the Brig Log and identified as a significant event (e.g., highlighted, color coded, searchable, etc.) and annotated in the CDO report (§115.15(b)1)(§115.15(c)-2). The facility does not have female prisoners (§115.15(b)-2). (c) Facility staff shall enable prisoners to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when viewing is incidental to routine dorm or cell checks to include viewing via video cameras (§115.15(d)-1).

Facility staff of the opposite gender will announce their presence when entering a prisoner housing unit (e.g., "FEMALE DECK" when entering any other housing unit) (§115.15(d)-2). Facility staff shall be aware of the Plan of the Day and, to the maximum extent possible, limit the number of official visits to dorms during recreation, shower call and times when prisoners are most susceptible to unauthorized viewing.

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed prisoners and staff during an on-site visit and tour of the facility. The facility provided the auditor with staff PREA training rosters and PREA training curriculum confirming compliance with the standard for this recertification review period.

Based on the information listed and reviewed: SOP 6495 (PREA SOP); SOP 405 (Searches); BUPERSINST 1640.18G; MFR Cross Gender Searches; MFR Female Searches (N/A); MFR Body Cavity Search; Searches Power Point; MFR Cross-gender Viewing; Training Roster; Photos of showers and cells (SQ and Facility) to include Outcome Measures. The facility meets the standard for the relevant recertification review.

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

NAVCONBRIGCHASNSOP 6495 Policy addresses the standard: Prisoners with disabilities and prisoners who are limited English proficient (§115.16) (a) Americans with Disabilities Act (ADA) Coordinator:

1. The Commanding Officer shall appoint an E7 or above as an ADA Coordinator in writing. The ADA Coordinator shall, at a minimum, complete the following ADA related web courses available at no cost at <http://adata.org/ada-training>: a. ADA Basic Building Blocks, b. ADA Title II Tutorial 2. The ADA Coordinator shall consult with the Agency Liaison and Point of Contact at BUPERS-05, Total Force Human Resources Office (TFHRO) for any confinement facility concerns related to the U.S. Department of Justice, Prisoner Rape Elimination Act (PREA), 28 C.F.R. Part 115 or Title II of the Americans with Disabilities Act, 28 CFR 35.164. The following POCs are provided: a. Director, TFHRO, BUPERS-05 (901)874-4487. B). Deputy Director, TFHRO, BUPERS-05 (901)874-3219. The auditor met with and interviewed a number of prisoners during the on-site phase of the audit process.

The facility takes appropriate steps to ensure that prisoners 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. The agency takes 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 prisoners who are limited English proficient.

Based on the information listed and reviewed: SOP 6495 (PREA SOP); SOP 6000.39 (Special Needs); MFR Disabilities, Limited English Proficient; ADA Appointment; Translation Services; PREA Staff Training PowerPoint; ABE Testing Documentation; Prisoner Handbook; PREA Prisoner Training Acknowledgement; PREA Trifold in English and Spanish; AR 601-270 MEPS; Photo of TDD; Photo Prisoner Telephone; PREA Guidance Letter from HQ; MFR Interpreters; English and Spanish Posters and Flyers and Outcome Measures. The facility meets the standard for the relevant recertification review.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

NAVCONBRIGCHASNSOP 6495 Policy addresses the standard: Hiring and promotion decisions (§115.17) The facility shall not employ, or promote anyone who may have contact with prisoners, and shall not enlist the services of any contractor who may have contact with prisoners, who (§115.17(a)-1): 1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); 2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or 3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. The facility shall consider any incidents of sexual harassment in determining whether to hire, retain, promote anyone, or to enlist the services of any contractor, who may have contact with prisoners (§115.17(b)-1).

Before hiring new employees, who may have contact with prisoners, the Shared Services Officer shall: 1. Conduct a National Crime Information Center (NCIC) criminal background records check (§115.17(c)-1). All staff (active duty and civilian) shall complete the Staff Background Request Form, enclosure (10). This form will remain on file for three years for audit purposes; and 2. Consistent with Federal, State, and local law, make best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse (§115.17(c)-2). The Operations Officer shall conduct a criminal background records check (NCIC) before the facility enlists the services of any contractor who may have contact with prisoners (§115.17(d)-1). (e) The Shared Services Officer and Operations Officer shall conduct criminal background records checks at least every five years of current staff, contractors and volunteers who may have contact with prisoners, or have in place a system for otherwise capturing such information for current staff (115.17 e-1).

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed prisoners and staff during an on-site visit and tour of the facility. The facility provided the auditor Employee Questionnaire and Staff backgrounds confirming compliance with the standard for this recertification review period.

Based on the information listed and reviewed: SOP 6495 (PREA SOP); SOP 306 Standards of conduct; SOP 1008; PREA Guidance Letter (PERS); New Civilian Hire questions; New Civilian Hire questionnaire w/ signature; New Employee Questionnaire/Acknowledgement; Staff Background Check; NCIC Request / Contractor Refusal; Annual Employee Assessment/Review; Standards of Conduct signed; Outcome Measures The auditor concluded that the facility complies with the standard and exceeds the standard for the relevant recertification period.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

NAVCONBRIGCHASNSOP 6495 Policy addresses the standard: Upgrades to facilities and technologies (§115.18) (a) When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the Architectural Review Board and NAVFAC Design Staff shall consider the effect of the design, acquisition, expansion, or modification upon the facility’s ability to protect prisoners from sexual abuse (§115.18(a)-1). (b) When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the Technical Director and Operations Officer shall consider how such technology may enhance the facility’s ability to protect prisoners from sexual abuse (§115.18(b)-1). (c) Facilities and technology upgrades must be coordinated with the Facilities Management, Information Technology and Financial Management staff (§115.18(c)-1).

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed prisoners and staff during an on-site visit and tour of the facility. The facility provided the auditor with a facility layout of all the surveillance cameras and locations confirming compliance with the standard for this recertification review period.

Based on the information listed and reviewed: SOP 6495 (PREA SOP); 2017 Annual PREA Report and Review of Physical Plant, Manning and Security; Security System Upgrade Contracts; Proposed Security Upgrade Projects; Master Camera List; Expansion or Renovation MFR; and Request for modification of facility/approval. The auditor concluded that the facility complies with the standard and exceeds the standard for the relevant recertification period.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

NAVCONBRIGCHASNSOP 6495 Policy addresses the standard: Responsive Planning Evidence protocol and forensic medical examinations (§115.21) (a) Evidence Protocols 1. Allegations regarding sexual misconduct shall be referred to NCIS in accordance with reference (h). NCIS will follow its protocols for collection of evidence. Facility staff shall secure the scene, if applicable, until investigators arrive. The referral shall be documented, at a minimum, by email with a reply. 2. To the extent the facility is responsible for investigating allegations of sexual misconduct, the Command Investigators shall follow Naval Criminal Investigative Services (NCIS) and Navy Bureau of Medicine and Surgery (BUMED) protocols for evidence collection and medical examinations for administrative proceedings and criminal prosecutions in accordance with reference (g) (§115.21(a)-1). (b) For youthful prisoners, NCIS follows appropriate uniform evidence protocols that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions (115.21) b-1). usable physical evidence for administrative proceedings and criminal prosecutions (§115.21(b)-1). (c) The Brig Medical Officer shall offer all victims of sexual abuse access to forensic medical examinations at an outside qualified medical facility, without financial cost, where evidentiary or medically appropriate (§115.21(c)-1) (§115.21(c)-2).

The facility shall refer all prisoners of sexual abuse to a local medical facility, Medical University of Charleston, where qualified practitioners are available in accordance with reference (n). Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible (§115.21(c)-3). If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners (§115.21(c)-4) and shall be documented by the facility. The health care professionals at those facilities will document patient history, injuries, and make a determination if referral to a mental health facility other than the brig is required. The Health Authority shall ensure such documentation is maintained in the prisoner medical record. Counseling for sexually transmitted infection, treatment and follow-up will be conducted as appropriate. Reports of sexual misconduct will be made to the Commanding Officer to assure separation of the victim from their assailant (4-4406). (d) Upon learning of a sexual assault, the first staff member that receives report of the sexual assault shall immediately notify the CDO who shall notify the Sexual Assault Prevention and Response Coordinator (SARC) of the incident (§115.21(d)-1) in accordance with references (d) and (e). The SARC will subsequently offer support to accompany the victim through the forensic medical exam process and investigatory interviews. Victims may also request emotional support services, crisis intervention, information and referrals anonymously via the Safe Helpline (Operated by the Rape, Abuse and Incest National Network (RAINN)) at (877) 995-5247, or those listed in enclosure (6). The Safe Helpline 24-hour hotline will be made available to prisoners via the prisoner telephone system and shall not be recorded.

The PREA Compliance Manager in cooperation with the Shared Services Officer shall make and document (e.g., email, letter, MOU, MOA, etc.) efforts to obtain rape crisis center services in the local community (§115.21(d)-2). The PREA Compliance Manager shall maintain copies of agreements or documentation showing attempts to enter into such agreements. to enter into such agreements. (e) If a rape crisis center is not available, the Uniformed Victim Advocate (UVA) or Sexual Assault Prevention and Response (SAPR) representative shall provide emotional support, crisis intervention, information and referrals and document all efforts to support the victim (e.g., email, log, letter, etc.) (§115.21(d)-3). (f) As requested by the victim, and if available, the uniformed victim advocate(UVA), qualified facility staff member, qualified community-based organization staff member, or a combination thereof, shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals (§115.21(e)-1). (g) To the extent the facility is not responsible for investigating allegations of sexual misconduct, NAVPERSCOM shall request that the investigating agency follow the requirements of paragraphs (a) through (f) of this section (e.g., MOU) (§115.21(f)-1). (h) All available case records associated with claims of sexual misconduct, including incident reports, disciplinary reports, investigative

reports, prisoner information, case disposition, medical and counseling evaluation findings, and recommendations for post release treatment and/or counseling will be retained on-site for five years after the prisoner is released and then transferred to long-term storage if part of the prisoner's individual confinement record (ICR). Prisoner CORMIS records are continuously archived. Health records entries will be a permanent part of the prisoner's medical file.

Clinical Services case record entries (to include, medical and counseling evaluation findings and recommendations for post release treatment/counseling) will be kept for five years after the prisoner is released, then destroyed (4-4281-8). Privacy Act (PA) and Freedom of Information Act (FOIA) guidelines and military (USN) correctional records exemption rules shall be followed regarding release of any information contained in the case records. (i) For the purposes of this standard, a qualified facility staff member is, but is not limited to, a Uniform Victim Advocate (UVA) or Sexual Assault Prevention and Response (SAPR) coordinator. These individuals are screened through the SAPR Program Manager and the installation law enforcement agency, and have received 40 hours of education concerning sexual assault and forensic examination issues in general before undertaking duties within the facility (§115.21(h)-1). The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed prisoners and staff during an on-site visit and tour of the facility. The facility provided the auditor with staff training rosters and training curriculum confirming compliance with the standard for this recertification review period.

Based on the information listed and reviewed: SOP 6495 (PREA SOP); NTTP 3-07.2.3; BUPERSINST 1640.23; MFR Youthful Prisoner; Age at Confinement; MFR Medical Examinations; BUMED 6310.11A Forensic Protocol; MOU MUSC Trauma Center; MUSC Hospital Protocol; 32 CFR 199.16; MOU PAR; Victim Responder Certification; National Advocate Credentialing Program Certification; Base SARC Response; SAPR Designation and Training; Advocate Credential; Safe Helpline – RAINN Website; Safe Helpline Contract (DoD); PREA Posters; PREA Prisoner Intake Information Sheet; PREA Training Acknowledgement; PREA Trifold English and Spanish; Prisoner Handbook; Outcome Measures and MFR State and DOJ Component. The auditor concluded that the facility complies with the standard and exceeds the standard for the relevant recertification period.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

NAVCONBRIGCHASNSOP 6495 Policy addresses the standard: Policies to ensure referrals of allegations for investigations (§115.22) (a) All allegations of sexual misconduct, regardless of severity or merit, will be immediately reported to the Naval Criminal Investigative Service per reference (q) (§115.22(a)-1). (b) The facility's policy is to ensure that reported allegations of sexual misconduct are referred to NCIS in accordance with reference (q) for investigation or an appropriate Military Criminal Investigation Organization (MCIO) (§115.22(b)-1). All referrals shall be documented by the command investigators on enclosure (7). Command Investigators shall assign a sequential case control number. Should NCIS decline investigative jurisdiction, NCIS will refer the case to the facility, who shall conduct an investigation using qualified NAVCONBRIGCHASNSOP on the facility's website or make the policy available through other means (§115.22(b)-2). (c) The Memorandum of Agreement between NCIS and the agency describing the responsibilities of both entities is posted on the NAVPERSCOM (PERS-00D) website (§115.22(c)-1).

(d) §115.22(d) and (e) are not applicable. The Shared Services Officer shall publish such policy on the facility's website or make the policy available through other means (115.22 (b)-2). The Memorandum of Agreement between NCIS and the Agency describing the responsibilities of both entities is posted on the NAVPERSCOM (PERS-00D) website (115.22 (c)-1).

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed prisoners and staff during an on-site visit and tour of the facility. The facility provided the auditor with investigator certificates and training confirming compliance with the standard for this recertification review period.

Based on the information listed and reviewed: SOP 6495 (PREA SOP); BUPERSINST 1640.23; Brig Web Page; Draft NCIS/Medical MOA; NCIS Web Page; DTM-14-002; Outside Investigator Training Certificates; Brig Investigator Certificate; Brig Annual Report; Survey of Sexual Victimization; PREA Incident Response Checklist; Referral of Investigation – Declination; Referral of Investigation - Assumed jurisdiction; State DOJ Investigation MFR and Outcome Measures. The auditor concluded that the facility complies with the standard and exceeds the standard for the relevant recertification period.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

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

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

NAVCONBRIGCHASNSOP 6495 Policy addresses the standard: Staff training (§115.31) The Training Officer is responsible for the training all staff members in pre-service training and annually thereafter. Training delivery may be delegated. Any PREA trainer shall be qualified to conduct such training by completing, at a minimum, the following six National Institute of Corrections (NIC) PREA e-courses: 1. Behavioral Health Care for Sexual Assault Victims in a Confinement Setting; 2. PREA Coordinators' Roles and Responsibilities; 3. PREA Audit Process and Instrument Overview; 4. Investigating Sexual Abuse in a Confinement Setting; 5. Medical Health Care for Sexual Assault Victims in a Confinement Setting; and 6. Your Role: Responding to Sexual Abuse. Employee training shall include individual completion of the NIC course "PREA: Your Role Responding to Sexual Abuse" available at <http://nic.learn.com> and the supplemental facility specific training.

Employees trained by NCTI-based instructors prior to signature of this policy shall adhere to this policy during subsequent refresher training. Facility supplemental training will cover at a minimum the following topics (§115.31(a)-1): 1. The facility's zero-tolerance policy for sexual misconduct; 2. How to fulfill staff responsibilities under facility sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; 3. Prisoners' right to be free from sexual abuse and sexual harassment; 4. The right of prisoners and staff to be free from retaliation for reporting sexual abuse and sexual harassment; 5. The dynamics of sexual abuse and sexual harassment in confinement; 6. The common reactions of sexual abuse and sexual harassment victims; 7. How to detect and respond to signs of threatened and actual sexual abuse; 8. How to avoid inappropriate relationships with prisoners; 9. How to communicate effectively and professionally with prisoners, including gay, bisexual, intersex, transgender or gender nonconforming prisoners; 10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; 11. Definitions of sexual misconduct; and 12. Prevention and warning signs. Staff awaiting orientation, who are expected to have interaction with prisoners, shall take the training outlined for volunteers, contractors and interns and sign enclosure (2). Facility training shall be tailored to the gender of prisoners at the facility (§115.31(b)-1). Staff shall receive additional training if the employee is reassigned from a facility that houses only female prisoners and vice versa (§115.31(b)-2).

Gender responsiveness training is included in pre-service training and to all staff annually. All staff shall receive training outlined in paragraph (b) above during pre-service training (§115.31(c)-1). The facility shall provide each employee with refresher training every year to ensure that all employees know the agency's current sexual misconduct policies and procedures. Staff shall also be notified via email of all SOP changes and may review the SOP in the "Y" drive Town Hall folder under Instructions and SOPs. Additionally, staff shall be provided a Quick Series PREA standards booklet for quick reference. (e) The Training Officer shall document that all staff members understand the training with the PREA Staff Training Acknowledgement form, enclosure (1) (§115.31(d)-1). An electronic copy of the NIC training certificate and enclosure (1) shall be forwarded to the PREA Compliance Manager for file, archive and audit.

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed prisoners and staff during an on-site visit and tour of the facility.

The facility provided the auditor with PREA Training Acknowledgements and Staff Training Lesson Plan confirming compliance with the standard for this recertification review period.

Based on the information listed and reviewed: SOP 6495 (PREA SOP); BUPERSINST 1640.18 CH-1; Annual Training Plan; Staff Training Lesson Plan; Staff Training PowerPoint; Staff Pre-service Orientation sign-in sheets; Staff PREA Training Acknowledgements; Staff NIC Preventing Sexual Misconduct Against Prisoners; Staff NIC Your Role Responding to Sexual Abuse; Staff Standards of Conduct sheets; Annual Staff Refresher Training; Staff Training Records; Facilitator Certification; All hands SOP Email Update and Outcome Measures. The auditor concluded that the facility complies with the standard and exceeds the standard for the relevant recertification period.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

NAVCONBRIGCHASNSOP 6495 Policy addresses the standard: Volunteer, Contractor and Intern training (§115.32) All volunteers, contractors and interns who have contact with prisoners shall be trained on their responsibilities under the facility's sexual misconduct prevention, detection, and response policies and procedures in accordance with the Model Manager standardized curriculum (§115.32(a)-1). This training shall be provided by a qualified instructor per paragraph 5.b. (3)(a) above and prior to any unescorted contact with prisoners. (b) The level and type of training provided to volunteers, contractors, and interns shall be based on the services they provide and level of contact they have with prisoners, but all volunteers and contractors who have contact with prisoners shall be notified of the facility's zero-tolerance policy regarding sexual misconduct and informed how to report such incidents (§115.32(b)-1). (c) The Training Officer shall maintain documentation confirming that volunteers, contractors and interns understand the training they have received and maintain such files for audit utilizing enclosure (2) (§115.32(c)-1). Should volunteers, contractors and interns attend employee training, enclosure (1) may be used for documentation purposes.

An electronic copy of the Visitor/Contractor/Intern training acknowledgement form shall be forwarded to the PREA Compliance Manager for file archive and audit.

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed prisoners and staff during an on-site visit and tour of the facility. The facility provided the auditor with PREA training certification and Volunteer/Contractor Acknowledgements confirming compliance with the standard for this recertification review period.

Based on the information listed and reviewed: SOP 6495 (PREA SOP); SOP 1008 (Volunteer Contractor Intern Facility SOP); SOP 306 Standards of Conduct; PREA Trainer Certs; Volunteer, Contractor, Intern Training Acknowledgement Form; Full-Time Volunteer - Contractor Training Acknowledgement; Full-Time; Volunteer - Contractor signed Standards of Conduct; Volunteer, Contractor and Intern PREA Tracker and Outcome Measures. The auditor concluded that the facility complies with the standard and exceeds the standard for the relevant recertification period.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No

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

115.33 (c)

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

NAVCONBRIGCHASNSOP 6495 Policy addresses the standard: Prisoner Education (§115.33)
During the intake process, prisoners shall receive information explained orally and in writing the facility's zero tolerance policy regarding sexual misconduct and how to report incidents or suspicions of sexual misconduct. (§115.33(a)-1). (b) Within 30 days of intake, the Prisoner Management Department Director is responsible to provide comprehensive education to prisoners either in person or through video regarding their rights to be free from sexual misconduct and to be free from retaliation for reporting such incidents, and regarding facility policies and procedures for responding to such incidents (§115.33(b)-1). This training shall be provided by a qualified instructor per paragraph 5.b.(3)(a) above. Current prisoners who have not received such education shall be educated by August 19, 2014 of the PREA standards (§115.33(c)-1) and shall receive education upon receipt from another facility to the extent that the policies and procedures differ from those of the previous facility (§115.33(c)-3). The facility shall provide prisoner education in formats accessible to all prisoners, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to prisoners who have limited reading skills (§115.33(d)-1). (e) Upon completion of training, the Orientation Unit Manager shall ensure prisoners sign the PREA Prisoner Training Acknowledgement form, enclosure (3), and place the form in the prisoner's record. A copy of the prisoner training acknowledgement form shall be scanned and forwarded to the PREA Compliance Manager for file, archive and audit (§115.33(e)-1). In addition to providing such education, the Prisoner Management Department shall ensure that key information is continuously and readily available or visible to prisoners in housing units and other communal areas such as the galley through posters, prisoner handbooks, or other written formats (e.g., enclosure (6) (§115.33(f)-1).

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed prisoners and staff during an on-site visit and tour of the facility. The facility provided the auditor with PREA Prisoner Training Acknowledgement form and training confirming compliance with the standard for this recertification review period.

Based on the information listed and reviewed: SOP 6495 (PREA SOP); Intake Information Sheet; Disabilities, Limited English Proficient MFR; Prisoner Rules and Regulations; NIC PREA Training Facilitator Guide; NIC PREA Video overview; Prisoner Training Acknowledgement; Prisoner Training Roster; PREA Resource Information; Photo of PREA Literature; Photo of PREA Poster (Bilingual); Photo of PREA Poster (Phone Unit);

Tri-fold Brochure; Tri-fold Brochure in Spanish; AR 601-270 MEPS - English Proficiency; Picture of TDD and Outcome Measures. The auditor concluded that the facility complies with the standard and exceeds the standard for the relevant recertification period.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

NAVCONBRIGCHASNSOP 6495 Policy addresses the standard: Specialized training: Investigations (§115.34) (a) In addition to the general training provided to all staff pursuant to §115.31, investigators shall receive training in conducting sexual abuse investigations in a confinement setting (§115.34(a)-1). The National Institute of Corrections (NIC) "Investigating Sexual Abuse in a Confinement Setting" course, located at <http://nic.learn.com>, meets the minimum requirement for this standard (§115.34(a)-2). This may be coordinated through the PREA Compliance Manager. Completion certificates shall be forwarded electronically to the Training Officer and PREA Compliance Manager for file, archive and audit (§115.34(c)-1). (b) Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral (§115.34(b)-1).

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed prisoners and staff during an on-site visit and tour of the facility. The facility provided the auditor with the Specialized Training for Investigators and (NIC) "Investigating Sexual Abuse in a Confinement Setting" course confirming compliance with the standard for this recertification review period.

Based on the information listed and reviewed: SOP 6495 (PREA SOP); NIC Investigator Specialized Training Course; Description; Brig Investigator Specialized Training; Draft NCIS MOU; Outside Investigator Specialized Training NCIS and Outcome measures. The auditor concluded that the facility complies with the standard and exceeds the standard for the relevant recertification period.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

NAVCONBRIGCHASNSOP 6495 Policy addresses the standard: Specialized training: Medical and mental health care (§115.35). All medical and mental health care practitioners who work regularly in the facility shall receive the training mandated for staff under §115.31 and complete the “Medical Health Care for Sexual Assault Victims in a Confinement Setting” and “Behavior Health Care for Sexual Assault Victims” located at <http://nic.learn.com>, which includes at a minimum (§115.35(a)-1) (§115.35(a)-2): 1. How to detect and assess signs of sexual abuse and sexual harassment; 2. How to preserve physical evidence of sexual abuse; 3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and 4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Brig medical staff shall not conduct sexual assault forensic examinations (§115.35(b)-1). All other part-time medical and mental health care practitioners shall complete the Volunteer/Contractor/Intern training and NIC courses identified above (§115.35(d)-1). The Clinical Services Director and Medical Branch Head shall ensure documentation of completed training in reference to this standard is scanned and forwarded to the Training Officer and PREA Compliance Manager for file, archive and audit (115.35 c-1).

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed prisoners and staff during an on-site visit and tour of the facility. The facility provided the auditor with Staff Annual Training and Staff training certifications confirming compliance with the standard for this recertification review period.

Based on the information listed and reviewed: SOP 6495 (PREA SOP); BUMED 6310.11A Forensic Protocol; SOP 1002 Psychological Services; DON Medical MOU; Staff Annual Training; Staff Training Cert (Behavioral); Staff Training Cert (Medical); Forensic Medical Examinations MFR; Staff Training Cert (Response) and Outcome Measures. The auditor concluded that the facility complies with the standard and exceeds the standard for the relevant recertification period.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

NAVCONBRIGCHASNSOP 6495 Policy addresses the standard: Screening for Risk of Sexual Victimization and Abusiveness (1) Screening for risk of victimization and abusiveness (§115.41) (a) All prisoners shall be assessed upon arrival at the facility, utilizing the objective screening instrument (Screening for Risk of Victimization and Abusiveness Form) provided by the Model Manager, enclosure (5) (§115.41(a)-1)(§115.41(b)-1)(§115.41(c)-1) (b) The intake screening, at a minimum, considers the following criteria to assess prisoners for risk of sexual victimization (§115.41(d)-1): 1. Whether the prisoner has a mental, physical, or developmental disability; 2. The age of the prisoner; 3. The physical build of the prisoner; 4. Whether the prisoner has previously been incarcerated; 5. Whether the prisoner's criminal history is exclusively nonviolent; 6. Whether the prisoner has prior convictions for sex offenses against an adult or child; 7. Whether the prisoner is or is perceived to be gay, bisexual, transgender, intersex, or gender nonconforming; 8. Whether the prisoner has previously experienced sexual victimization; 9. The prisoner's own perception of vulnerability. 10. Whether the prisoner is detained solely for civil immigration purposes. (c) The intake screening considers the following criteria to assess prisoners for risk of being sexually abusive (§115.41(e)-1): 1. Prior acts of sexual abuse; 2. Prior convictions for violent offenses; and 3. History of prior institutional violence or sexual abuse, as known to the facility. For prisoner transfers, Receiving and Release staff shall review the prisoner's transfer record for the aforementioned. Security staff shall conduct a National Crime Information Center (NCIC) check and notify the Clinical Services Director if a prisoner has been arrested for or convicted of the aforementioned offenses. (d) Within 14 days of the arrival at the facility, the Clinical Services Department will reassess the prisoner's risk of victimization or abusiveness (§115.41(f)-1).

A prisoner's risk level shall be reassessed by the Unit Team or Clinical Services Department when warranted due to a referral, request, incident of sexual misconduct, or receipt of additional information, or conviction that bears on the prisoner's risk of sexual victimization or abusiveness (§115.41(g)-1). (f) Prisoners may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section (§115.41(h)-1). (g) The Risk of Victimization and Abusiveness Form shall be maintained within the prisoner's clinical record. Dissemination of the information contained within the form shall be on a need-to-know basis (e.g., Commanding Officer, Executive Officer, Technical Director, Technical Advisor, Clinical Services Director, Prisoner Management Director, Unit Manager, PREA Compliance Manager, etc.) to ensure that sensitive information is not exploited to the prisoner's detriment by staff or other prisoners (§115.41(i)-1). (h) Prisoners who are identified as: being at risk for victimization or abusiveness; transgender; or intersex will be reassessed as directed by paragraph (g) above and paragraph 5.c.(2)(d) below. Access to this sensitive information is on a need to know basis (e.g., Commanding Officer, Executive Officer, Technical Director, Technical Advisor, Clinical Services Director, Prisoner Management Director, Unit Manager, PREA Compliance Manager, etc.).

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed prisoners and staff during an on-site visit and tour of the facility. The facility provided the auditor with PREA Risk Assessments and Reassessments confirming compliance with the standard for this recertification review period.

Based on the information listed and reviewed: SOP 6495 (PREA SOP): PREA Risk Assessment; PREA Guidance Letter; SOP 1002 Psychological Services; PREA Intake Screening Form; Criminal History Check Victimization; PREA Risk Assessment – Completed; Criminal History Check Abusiveness; PREA Annual Report; Post Incident Separation; Post Incident Screening; No Discipline MFR; Information MFR; Clinical PREA Tracker and Outcome Measures. The auditor concluded that the facility complies with the standard and exceeds the standard for the relevant recertification period.

Standard 115.42: Use of screening information

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

115.42 (a)

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

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

NAVCONBRIGCHASNSOP 6495 Policy addresses the standard: Use of screening information (§115.42)
 (a) The Clinical Services department shall inform the Classification and Assignment Board (CAB) if a prisoner is identified as PREA positive for risk of victimization or abusiveness. The Classification and Assignment Board (CAB) shall use this information to inform housing, cell/bed assignment, work, education, and program assignments with the goal of keeping separate those prisoners at high risk of being sexually victimized from those at high risk of being sexually abusive (§115.42(a)-1).

The prisoner AIMS classification is specifically used with male prisoners to separate potential victims from victimizers, but AIMS shall not be the sole factor in determining housing assignment. (b) The Prisoner Management Department Director shall make recommendations to the Commanding Officer regarding individualized determinations about how to ensure the safety of each prisoner (§115.42(b)-1). (c) NAVPERSCOM (PERS-00D) designates the place of confinement for transgender or intersex prisoners. Upon assignment, the Classification and Assignment Board shall consider, on a case-by-case basis, housing and programming assignments to ensure the transgender or intersex prisoner's health and safety, and whether the placement would present management or security problems (§115.42(c)- 1). A transgender or intersex prisoner's own views with respect to his or her own safety shall be given serious consideration (§115.42(e)-1). (d) Placement and programming assignments for each transgender or intersex prisoner shall be reassessed, using the Risk of Victimization and Abusiveness Form, enclosure (5), at least twice each year to review any threats to safety experienced by the prisoner.

The results of these assessments shall be briefed at the Classification and Assignment Board (§115.42(d)-1). (e) All prisoners shall shower separately in private shower stalls. As such, transgender and intersex prisoners shower separately from other prisoners (§115.42(f)-1). (f) Gay, bisexual, transgender, intersex (GBTI) and gender nonconforming prisoners shall not be housed in dedicated housing units solely on the basis of such identification or status, unless otherwise directed by higher authority (§115.42(g)-1).

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed prisoners and staff during an on-site visit and tour of the facility. The facility provided the auditor with Intake Screening and PREA tracker confirming compliance with the standard for this recertification review period.

Based on the information listed and reviewed: SOP 6495 (PREA SOP); BUPERSINST 1640.22 AIMS excerpt; SOP 1002 Psychological Services; SOP 605 AIMS Classification; AIMS Instructions and Worksheet; Intake Screening and 14 Day Review – Victimization; AIMS Classification – Victimization; Classification and Assignment Boards – Victimization; MFR - No one identified as being at Risk for Abusiveness; Intake Screening and 14 Day Review – Abusiveness; Screening Post Incident – Abusiveness; AIMS Classification – Victimization; Classification and Assignment Boards – Victimization; Transgender/Intersex MFR; MFR No LGBTI Prisoners; Clinical PREA Tracker; CORMIS Mitigation Roster and Photos of facility showers. The auditor concluded that the facility complies with the standard and exceeds the standard for the relevant recertification period.

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No

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

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

NAVCONBRIGCHASNSOP 6495 Policy addresses the standard: Protective custody (§115.43) Prisoners at high risk for sexual victimization shall not be placed in involuntary administrative segregation unless an assessment by the Classification and Assignment Board of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. If an immediate assessment cannot be made, the prisoner may be held in administrative segregation for no more than 24 hours while the assessment is being conducted (§115.43(a)-1). Prisoners placed in administrative segregation for this purpose shall have access to programs, privileges, education, commissary, library, social services, counseling services, religious guidance, recreational, and work opportunities to the extent possible.

If access to programs, privileges, education, or work opportunities are restricted, the Director of Prisoner Management shall document such restrictions as listed below on the DD Form 509 and Special Handling Letter/Supplemental Form (§115.43(b)-1): 1. The opportunities that have been limited; 2. The duration of the limitation; and 3. The reasons for such limitations. (c) Prisoners shall be assigned to involuntary administrative segregation only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days (§115.43(c)-1). (d) If an involuntary administrative segregation assignment is made pursuant to paragraph (a) of this section, the following shall be documented in the prisoner record or Corrections Management Information System (CORMIS) (§115.43(d)-1): 1. The basis of concern for the prisoner's safety. 2. The reason why no alternative means of separation can be arranged. The Classification and Assignment Board shall review the status of each prisoner assigned to Protective Custody every 7 calendar days, to determine whether there is a continuing need for separation from the general population (§115.43(e)-1).

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed prisoners and staff during an on-site visit and tour of the facility. The facility provided the auditor with Protective Custody documentation confirming compliance with the standard for this recertification review period.

Based on the information listed and reviewed: SOP 6495 (PREA SOP); SOP 509 Special Quarters; Outcome Measures; Voluntary PC MFR; Involuntary PC MFR; PC Prisoner Request (If Applicable); PC PREA Screening (If Applicable); Custody and Assignment Board PC (If Applicable); PC SQ Handling Letter (If Applicable) and PC Observation Report (If Applicable). The auditor concluded that the facility complies with the standard for the relevant recertification period.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

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

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

NAVCONBRIGCHASNSOP 6495 Policy addresses the standard: Prisoners do not have a restricted reporting option afforded active duty personnel, since PREA requires a criminal investigation for every incident of sexual abuse, including anonymous and third-party reports. In accordance with DoD policy, such reports will be forwarded to the Sexual Assault Response Coordinator (SARC). The SARC will notify the MCF commander or designee where the alleged incident occurred, as soon as possible. The SARC may also forward any information provided voluntarily by the prisoner through the anonymous reporting process. If the prisoner declines to be connected to the SARC or other appropriate point of contact, DoD Safe Helpline personnel will notify the MCF commander or designee of the anonymous report, based on the information provided by the prisoner. If the prisoner has elected to make an anonymous report, the prisoner's name, registration number, and social security number shall not be identified.

Prisoners also have access to other external entities listed in enclosure (3) and (6) to make unrestricted reports of sexual misconduct (§115.51(b)-1). 2. Sexual Harassment. Prisoners may report any incident of sexual harassment in accordance with paragraph 5.d.(1)(a) above. In cases of sexual harassment, where not investigated by the NCIS, or referred to the facility by the NCIS, the facility shall ensure a qualified command criminal investigator conducts an investigation based on the available information. (c) This facility does not confine prisoners solely for civil immigration purposes (§115.51(b)-2). (d) Staff shall accept reports made verbally, in writing, anonymously, or from third parties (§115.51(c)-1). Verbal reports shall be immediately documented and forwarded to the Command Duty Officer or other appropriate supervisor (§115.51(c)-2). If a supervisor is the alleged perpetrator, the staff member shall report to a different supervisor in their chain of command (e.g., Operations Officer, Executive Officer, etc.). (e) Staff may privately report sexual misconduct of prisoners via the DoD Safe helpline, SARC, SAPR, Inspector General (IG), etc. (§115.51(d)-1).

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed prisoners and staff during an on-site visit and tour of the facility. The facility provided the auditor with Safe helpline, SARC, SAPR, and Inspector General confirming compliance with the standard for this recertification review period.

Based on the information listed and reviewed: HQ Email - Anonymous Reporting Requirement; DoD Memo on Reporting Options; SOP 6495 (PREA SOP); SOP 306 Standards of Conduct; Prisoner Handbook; PREA Prisoner Training Lesson Plan; PREA Prisoner Training Power Point; Prisoner Training Acknowledgement; PREA Staff Training Power Point; PREA Staff Training acknowledgement form; Staff Training Curriculum; Staff Training Acknowledgement; SAFE Helpline Webpage; Photo of SAFE Helpline Poster; Photo of PREA Posters; Intake Information Sheet; PREA Tri-fold English and Spanish; Photo of Info Poster by Prisoner Phones; Photo of PREA Resource Info Near Prisoner Phones; Reporting Methods MFR; Civil Immigration MFR and Standards of Conduct signed. The auditor concluded that the facility complies with the standard and exceeds the standard for the relevant recertification period.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

115.52 (e)

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

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

NAVCONBRIGCHASNSOP 6495 Policy addresses the standard: Exhaustion of administrative remedies (§115.52). Administrative remedy procedures (e.g., grievance) are not appropriate for complaints or allegations of sexual misconduct. Per DOJ guideline, Federal Register Volume 77, No. 119, Wednesday, June 20, 2012/Rules and Regulations, page 37157-37161, §115.52, the Navy is exempt from this standard. Navy Corrections currently lacks such procedures for responding to allegations of sexual misconduct, and per DOJ interpretation is not required to create them (§115.52(a). Although exempt, prisoners may use the grievance procedures as provided in the Prisoner Handbook, Section 607 "Request for Interview DD Form 510/Request Chit".

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed prisoners and staff during an on-site visit and tour of the facility. The facility provided the auditor with the "Request for Interview DD Form 510/Request Chit", confirming compliance with the standard for this recertification review period.

Based on the information listed and reviewed: SOP 6495 (PREA SOP); Federal Register Exemption; Prisoner Handbook; Exhaustion of Administrative Remedies MFR; PREA Intake Information Sheet.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

NAVCONBRIGCHASNSOP 6495 Policy addresses the standard: Prisoners shall have access to outside victim advocates for emotional support services related to sexual abuse. Mailing addresses and telephone numbers, including the toll-free DoD Safe Helpline, or other local, State, or national victim advocacy or rape crisis organizations shall be available, see enclosure. Reasonable communication between prisoners and these organizations and agencies is permitted in accordance with privileged communications (e.g., legal phone booth, privilege correspondence, designated unrecorded phone numbers, etc.) (§115.53(a)-1). The facility shall inform prisoners, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws, see enclosure (6) (§115.53(b)-1). Prisoners are informed via the Prison Rape Elimination Act Intake Information Sheet, prisoner rules and regulations, posters or other printed materials that calls made to the following organizations may be made from any prisoner phone and that the calls are not monitored or recorded: 1. Joint Base Charleston Sexual Assault Response Coordinator (SARC)- 24-hour duty line is (843) 978-8615 - Victim Advocate line is (843) 834-4527 - Sexual Assault Response Coordinator (SARC) (843) 276-9855 2. Department of Defense Safe Help line (877) 995-5247 (c) Reports of sexual abuse/harassment directed to outside agencies are subject to their governing policy regarding privacy, confidentiality and/or privilege that apply to such disclosures. Prisoners are advised to address these issues with the outside agency (§115.53(b)-2). (d) The PREA Compliance Manager, in coordination with the Shared Services Officer, shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide prisoners with confidential emotional support services related to sexual abuse (§115.53(c)-1). The PREA Compliance Manager shall maintain copies of agreements or documentation showing attempts to enter into such agreements (115.53 c-2).

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed prisoners and staff during an on-site visit and tour of the facility. The facility provided the auditor with the Inmate access to outside confidential support services confirming compliance with the standard for this recertification review period.

Based on the information listed and reviewed: SOP 6495(PREA SOP); PREA Resource Information; Draft MOU NCIS; MFR Reporting Methods; Prisoner Rules and Regulations; PREA intake briefing sheet; PREA Pamphlet English/Spanish; Brig Website; Photo of Housing Unit posters; Photo Legal Phone Booth; DoD Safe Helpline Poster; DoD Safe Helpline Web page; VA Training Participant Guide; SAPR Checklist; Safe Helpline Contract; MOU MUSC; MOU PAR and Civil Immigration MFR. The auditor concluded that the facility complies with the standard and exceeds the standard for the relevant recertification period.

Standard 115.54: Third-party reporting

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

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

NAVCONBRIGCHASNSOP 6495 Policy addresses the standard: Third-party reporting (§115.54) Procedures for third party reporting of sexual abuse and sexual misconduct on behalf of prisoners shall be posted in the housing unit, visitation area, common areas and on the Command website, see enclosure (6) (§115.54(a)-1)(§115.54(a)-2).

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed prisoners and staff during an on-site visit and tour of the facility. The facility provided the auditor with the Third-party reporting poster confirming compliance with the standard for this recertification review period.

Based on the information listed and reviewed: SOP 6495 (PREA SOP); Prisoner Handbook; PREA Prisoner Intake Information Sheet; Clinical Limitations to Confidentiality; Screenshot of Brig Website Public PREA Info; PREA Posters; Photo of PREA Literature; Photo of PREA Poster in Unit; PREA resource information posted by Prisoner; Phones; PREA bilingual poster in visitation; PREA Trifold Pamphlet - English/Spanish; and Photo of Safe Helpline Poster. The auditor concluded that the facility complies with the standard and exceeds the standard for the relevant recertification period.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

NAVCONBRIGCHASNSOP 6495 Policy addresses the standard: Official Response Following a Prisoner Report (1) Staff and facility reporting duties (§115.61) (a) Staff shall immediately report to the Command Duty Officer for immediate action: 1. Any knowledge, suspicion, or information regarding an incident of sexual misconduct that occurs in any facility or custodial setting, whether or not it is part of the Navy corrections system (§115.61(a)-1). 2. Any retaliation against prisoners or staff who reported such an incident (§115.61(a)-2). 3. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation (§115.61(a)-3). (b) Staff shall not reveal any information related to a sexual misconduct report to anyone other than on a need-to-know basis in order to make treatment, investigation, and other security and management decisions (e.g., designated supervisors or officials, clinical services, SAPR CO, XO, TD, etc.) (§115.61(b)-1). (c) Unless precluded by Federal, State or local law, facility medical and mental health practitioners are required to report sexual abuse pursuant to paragraph (a) of this section and to inform prisoners of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services (§115.61(c)-1). (d) If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, the facility shall report the allegation under applicable mandatory reporting laws (§115.61(d)-1). (e) The facility shall report all allegations of sexual misconduct, including third-party and anonymous reports, to NCIS in accordance with reference (g) (§115.61(e)-1).

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed prisoners and staff during an on-site visit and tour of the facility. The facility provided the auditor with the Official Response following a prisoner report confirming compliance with the standard for this recertification review period.

Based on the information listed and reviewed: SOP 6495 (PREA SOP); PREA Incident Response Checklist; SOP 306; PREA Incident Response Checklist – Complete; Privacy Act; PREA Guidance Letter; Draft MOU NCIS; Limits of Confidentiality; Rights for Prisoner Clients; Situation Report (SITREP); MFR Youthful Offenders; and Population Age at Confinement. The auditor concluded that the facility complies with the standard and exceeds the standard for the relevant recertification period.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

NAVCONBRIGCHASNSOP 6495 Policy addresses the standard: Agency protection duties (§115.62). Any prisoner who feels at substantial risk of imminent sexual abuse may submit an emergency request, whether or not in the form of a DD Form 510 grievance to any staff member orally or in writing per paragraph 5.d.(1)(a) (4-4281). All emergency requests shall be forwarded to the Command Duty Officer who shall take immediate action (e.g., separate victim from alleged abuser, placement on protective custody, etc.) to protect the prisoner in accordance with reference (k) and notify the CO. If the CO is the subject of the emergency request, the emergency request shall be forwarded to NAVPERSCOM (PERS-00D) for action. The prisoner shall be given an initial response on his emergency requests within forty-eight (48) hours, and a final decision within five (5) calendar days. These responses shall be drafted by the Legal Advisor for the CO's signature. The initial response and final decision shall document any determination whether the prisoner is at substantial risk of imminent sexual abuse, and the action taken in response to the emergency request. This document shall be drafted by the Legal Advisor and forwarded to the CO for signature, see enclosure (8). Even if the facility does not believe the prisoner is at substantial risk of imminent sexual abuse, it does not relieve the facility from the requirement to respond within the forty-eight (48) hour timeframe described herein (§115.62(a)-1). Such actions shall be documented in the Brig Log and identified as a significant event (e.g., highlighted, color coded, searchable, etc.), annotated in the CDO report, documented on a DD Form 2713 Prisoner Observation Report, and filed in the prisoner record and/or CORMIS.

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed prisoners and staff during an on-site visit and tour of the facility. The facility provided the auditor with the Agency protection duties confirming compliance with the standard for this recertification review period.

Based on the information listed and reviewed: SOP 6495 (PREA SOP); PREA Incident Response Checklist; Sample CO Notification of Investigation Status; PC Request MFR; Imminent Risk MFR; PREA Incident Response Checklist; C&A Board Results; PREA Investigation; Observation Report/Incident Review; Notification of Investigative Status; Disciplinary Action Taken; Annual PREA Report with incident review and Outcome Measures. The auditor concluded that the facility complies with the standard and exceeds the standard for the relevant recertification period.

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

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.

NAVCONBRIGCHASNSOP 6495 Policy addresses the standard: Reporting to other confinement facilities (§115.63) (a) Upon receiving an allegation that a prisoner was the victim of sexual misconduct while confined at another facility, the Commanding Officer shall notify the head of the facility/agency where the alleged abuse occurred (e.g., email, correspondence, SITREP, etc.) (§115.63(a)-1). (b) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation (§115.63(b)-1). (c) The PREA Compliance Manager shall maintain documentation that the Commanding Officer has provided such notification (§115.63(c)-1). This documentation shall also be recorded within the prisoner record or CORMIS utilizing the DD Form 2713, Prisoner Observation Report. (d) If the facility receives such notification, allegations shall be investigated in accordance with these standards (§115.63(d)-1).

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed prisoners and staff during an on-site visit and tour of the facility. The facility provided the auditor with the Reporting to other confinement procedures confirming compliance with the standard for this recertification review period.

Based on the information listed and reviewed: SOP 6495 (PREA); MFR - Transfer Notification; Agency Notification; Notification from losing facility; PREA Response Procedures Checklist; Investigation; Observation Report; PREA Incident Review Board determination; Notification of Investigative Status and Outcome Measures. The auditor concluded that the facility complies with the standard for the relevant recertification period.

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.

NAVCONBRIGCHASNSOP 6495 Policy addresses the standard: Staff first responder duties (§115.64)

(a) All facility staff are designated as first responders. Upon learning of an allegation that a prisoner was the victim of sexual misconduct, the first security staff member to respond to the report shall be required to (§115.64(a)-1): 1. Separate the alleged victim and abuser; 2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; 3. If the abuse occurred within seven days of the report, there is still time for the collection of physical evidence. Ensure that the alleged victim and abuser do not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and 4. Immediately call medical and notify the Command Duty Officer, who will inform the chain of command. (b) If the first staff responder is not a security staff member, the responder shall request that the alleged victim and abuser not take any actions that could destroy physical evidence, and then notify security staff or the Command Duty Officer (§115.64(b)-1). (c) All staff shall complete the training identified in paragraph 5.b.(3)(b) above.

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed prisoners and staff during an on-site visit and tour of the facility. The facility provided the auditor with Staff first responder procedures and training curriculum confirming compliance with the standard for this recertification review period.

Based on the information listed and reviewed: SOP 6495 (PREA SOP); PREA Incident Response Checklist; PREA Staff Training PowerPoint First Responder Slide; Staff Training Acknowledgement; Contractor, Volunteer, Intern Training Acknowledgement; First Responder Card; PREA Incident Response Checklist Completed; Command Duty Officer NIC Training Certifications; Command Duty Officer PREA Training Acknowledgements; First Responder MFR and Outcome Measures. The auditor concluded that the facility complies with the standard and exceeds the standard for the relevant recertification period.

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

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.

NAVCONBRIGCHASNSOP 6495 Policy addresses the standard: Coordinated response (§115.65).

This SOP serves as the written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership (§115.65(a)-1).

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed prisoners and staff during an on-site visit and tour of the facility. The facility provided the auditor with Coordinated response procedures confirming compliance with the standard for this recertification review period.

Based on the information listed and reviewed: SOP 6495 (PREA SOP); PREA Incident Response Checklist
The auditor concluded that the facility complies with the standard and exceeds the standard for the relevant recertification period.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

NAVCONBRIGCHASNSOP 6495 Policy addresses the standard: Preservation of ability to protect prisoners from contact with abusers. (§115.66) The facility shall not enter into or renew any collective bargaining agreement or other agreement that limits the facility's ability to remove alleged staff sexual abusers from contact with any prisoners pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted (§115.66(a)-1).

Nothing shall restrict the facility from entering into or renewal of agreements that govern (§115.66(b): 1. The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of paragraphs 5.f.(2) and 5.g.(1); or 2. Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed prisoners and staff during an on-site visit and tour of the facility. The facility provided the auditor with staff training rosters and training curriculum confirming compliance with the standard for this recertification review period.

Based on the information listed and reviewed: SOP 6495 (PREA SOP); MFR No Collective Bargaining Unit. The auditor concluded that the facility complies with the standard for the relevant recertification period.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

NAVCONBRIGCHASNSOP 6495 Policy addresses the standard: Agency protection against retaliation (§115.67) (a) All prisoners and staff who report sexual misconduct or cooperate with sexual misconduct investigations are protected from retaliation by other prisoners or staff (§115.67(a)-1). The PREA Compliance Manager shall be designated in writing as the Retaliation Monitor (§115.67(a)-2). (b) The facility shall employ multiple protection measures, in accordance with reference (k), such as housing changes or transfers for prisoner victims or abusers, removal of alleged staff or prisoner abusers from contact with victims, and emotional support services for prisoners or staff that fear retaliation for reporting sexual misconduct or for cooperating with investigations (§115.67(b)-1). Cautionary administrative measures in response to sexual misconduct allegations, like temporary duty reassignments, in no way indicate a belief by the facility or agency as to guilt, responsibility, truthfulness or otherwise. Allegations will be treated as such until properly investigated and disposed of in accordance with agency policy. (c) For at least ninety (90) days following a report of sexual misconduct, the PREA Compliance Manager shall monitor the conduct and treatment of prisoners or staff who reported the sexual misconduct and of prisoners who were reported to have suffered sexual misconduct to see if there are changes that may suggest possible retaliation by prisoners or staff. The PREA Compliance Manager shall notify the Commanding Officer of such retaliation for resolution. Items the PREA Compliance Manager should monitor are prisoner disciplinary reports, housing or program changes, negative performance reviews, or reassignments of staff. The PREA Compliance Manager shall continue such monitoring beyond ninety (90) days if the initial monitoring indicates a continuing need (§115.67(c)-1). (d) The PREA Compliance Manager shall monitor prisoners to include periodic status checks (e.g., disciplinary actions, housing assignments, work, education, and program assignments, etc.) to ensure retaliation does not occur (§115.67(d)-1). (e) If any other individual who cooperates with an investigation expresses a fear of retaliation; appropriate actions shall be taken to protect that individual against retaliation (§115.67(e)-1). These measures shall be documented and maintained by the PREA Compliance Manager. (f) Monitoring shall terminate if the investigating entity determines that the allegation is unfounded (§115.67(f)-1).

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed prisoners and staff during an on-site visit and tour of the facility. The facility provided the auditor with the Agency protection against retaliation confirming compliance with the standard for this recertification review period.

Based on the information listed and reviewed: - SOP 6495 (PREA SOP); Retaliation Monitor Designation Letter Sipple; PREA Compliance Manager (Alt) LNC; Retaliation Monitoring Tracker; Annual PREA Report 2016; Retaliation MFR and Monitoring MFR. The auditor concluded that the facility complies with the standard for the relevant recertification period.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

NAVCONBRIGCHASNSOP 6495 Policy addresses the standard: Post-allegation protective custody (§115.68). Any use of administrative segregation to protect a prisoner who is alleged to have suffered sexual misconduct shall be subject to the requirements of paragraph 5.c.(3) (§115.68(a)-1). All post-allegation protective measures shall be recorded within the prisoner record or CORMIS/applicable Management Information System (MIS).

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed prisoners and staff during an on-site visit and tour of the facility. The facility provided the auditor with the Post-allegation protective custody procedures confirming compliance with the standard for this recertification review period.

Based on the information listed and reviewed: SOP 6495 (PREA SOP); Memo; Prisoner Request Chit (if applicable); C&A Board results (if applicable); Observation Report (if applicable); PREA Screening (if applicable); PC SQ Handling Letter (if applicable). The auditor concluded that the facility complies with the standard for the relevant recertification period.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

NAVCONBRIGCHASNSOP 6495 Policy addresses the standard: Investigations (1) Criminal and administrative agency investigations (§115.71) (a) As soon as reasonable suspicion of sexual misconduct has occurred, the allegations shall be referred to NCIS for investigation (§115.71(a)-1). (b) All allegations of sexual misconduct shall be referred to NCIS for investigation. NCIS agents have been trained in conducting sexual abuse investigations (§115.71(b)-1). Should NCIS decline investigative jurisdiction, NCIS will refer the case to command criminal investigators who shall conduct their own investigations into the allegations, and shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports (§115.71(a)-1). Command criminal investigators shall complete specialized training in sexual abuse investigations pursuant to paragraph 5.b.(6) prior to being assigned these investigations (§115.71(b)-1). (c) NCIS Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator according to their protocols. Should NCIS decline investigative jurisdiction, the command criminal investigators shall complete the above tasks (§115.71(c)-1). (d) When the quality of evidence appears to support criminal prosecution, the investigative agency or command criminal investigators shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution (§115.71(d)-1). (e) Investigating agencies shall assess the credibility of an alleged victim, suspect, or witness on an individual basis and not by the person's status as a prisoner or staff. Prisoners who allege sexual misconduct shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation (§115.71(e)-1). (f) Administrative investigations (§115.71(f)-1): 1. Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and 2. Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. 3.

The format for administrative investigations shall be consistent with an officially approved format designated by the model manager. (g) Criminal investigations shall be documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence, and attaches copies of all documentary evidence where feasible (§115.71(g)-1). (h) Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution (§115.71(h)-1). (i) The PREA Compliance Manager shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the facility, plus five years (§115.71(i)-1). All staff and departments are required to provide the PREA Compliance Manager all documentation for file, archive, and audit. A copy of the investigation shall be placed in the prisoner record and maintained in accordance with SECNAV.

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed prisoners and staff during an on-site visit and tour of the facility. The facility provided the auditor with the Criminal and Administrative agency investigation procedures confirming compliance with the standard for this recertification review period.

Based on the information listed and reviewed: SOP 6495 (PREA SOP); PREA Incident Response Procedures; NTTP 3-07.2.3; NCIS MOA; DTM 13-002; Outside Investigators Specialized Training Cert; Brig Investigator NIC Training Cert; Records Retention Schedule; Prisoner PREA Training Acknowledgement; Investigation MFR; Admin Investigation Report; NCIS Investigation Report; PREA Observation Report; D&A Board Results; Vacation Hearing Results (Vacating PTA) and No Referral of Charges MFR. The auditor concluded that the facility complies with the standard and exceeds the standard for the relevant recertification period.

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

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.

NAVCONBRIGCHASNSOP 6495 Policy addresses the standard: Evidentiary Standards for Administrative Investigations (§115.72). The facility shall not impose an evidentiary standard higher than a preponderance of evidence in determining whether allegations of sexual misconduct are substantiated (§115.72(a)-1).

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed prisoners and staff during an on-site visit and tour of the facility. The facility provided the auditor with the Evidentiary Standards for Administrative Investigation procedures confirming compliance with the standard for this recertification review period.

Based on the information listed and reviewed: SOP 6495 (PREA SOP); Admin Investigation Report and 2016 Annual PREA Report. The auditor concluded that the facility complies with the standard for the relevant recertification period.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released

from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No

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

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.

NAVCONBRIGCHASNSOP 6495 Policy addresses the standard: Reporting to prisoners (§115.73)

(a) Following an investigation into a prisoner's allegation that they suffered sexual misconduct in the facility, the prisoner shall be informed in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded (§115.73(a)-1). This determination shall be made, by a preponderance of the evidence, by the CO; this is a non-delegable responsibility. The document communicating the decision shall be drafted by the Legal Advisor and forwarded to the CO for signature per enclosure (8). If the alleged incident occurred at another facility, notification shall be made via NAVPERSCOM (PERS-00D). (b) If the facility did not conduct the investigation, it shall request the relevant information from the investigative agency (e.g., NCIS, OSI, CID, IG, etc.) in order to inform the prisoner (§115.73(b)-1). (c) Following a prisoner's allegation that a staff member has committed sexual abuse against a prisoner, the prisoner shall subsequently be informed in writing, unless the facility has determined that the allegation is unfounded, whenever (§115.73 (c)-1) (§115.73(c)-2):

1. The staff member is no longer posted within the prisoner's unit. The term "unit" is defined to mean any area where the alleged staff member and prisoner would be co-located. Subsequent staff posting or prisoner housing/work/programmatic assignments shall not result in co-location, depending on the nature of the allegation;
2. The staff member is no longer employed at the facility;
3. The staff member has been formally charged; or
4. The staff member has been convicted on a charge related to sexual abuse within the facility.

(d) Following a prisoner's allegation that they have been sexually abused by another prisoner, the alleged victim shall be notified in writing whenever (§115.73(d)-1):

1. The alleged abuser has been charged; or
2. The alleged abuser has been convicted on a charge related to sexual abuse within the facility.

(e) All such notifications or attempted notifications shall be documented on the Prisoner Notification of Investigative Status Form, enclosure (8), and a DD Form 2704, Victim/Witness Notification for all cases resulting in a sentence to confinement in accordance with reference(c) (§115.73(e)-1). (f) The facility's obligation to report under this standard terminates if the prisoner is released from custody (§115.73(f)-1). (g) Allegations of sexual abuse and sexual harassment per PREA guidelines can only be substantiated, unsubstantiated, or unfounded. The CO determination for purposes of reference (a) is concurrent and separate to military justice and internal brig discipline processes. The CO's determination for purposes of reference (a) does not relieve the facility of military justice requirements including but not limited to forwarding of matters to the Sexual Assault – Initial Disposition Authority (SA-IDA). Neither does the CO determination for purposes of reference (a) necessarily coincide, dictate, or otherwise bind subsequent and related decisions regarding discipline, administrative processing, and recommendations.

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed prisoners and staff during an on-site visit and tour of the facility. The facility provided the auditor with staff training rosters and training curriculum confirming compliance with the standard for this recertification review period.

Based on the information listed and reviewed: SOP 6495 (PREA); CO's Notification of Investigation Status Reports; PREA Status Notification and Outcome Measures. The auditor concluded that the facility complies with the standard and exceeds the standard for the relevant recertification period.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

NAVCONBRIGCHASNSOP 6495 Policy addresses the standard: Discipline (1) Disciplinary sanctions for staff (§115.76) (a) Staff shall be subject to disciplinary action up to and including termination for violating sexual abuse or sexual harassment policies (§115.76(a)-1). The term “termination” for civilians means removal from federal employment, after due process. For military, termination means processing for separation from military service, after due process. For contractors and volunteers, termination means cessation of any further relationship with the facility. In any case where an allegation of sexual abuse or sexual harassment is substantiated, but does not result in termination, discipline shall include removal of the staff member from working in any naval confinement facility. (b) Termination shall be the presumptive disciplinary action for staff who have engaged in sexual abuse (§115.76(b)-1). (c) Disciplinary actions for violations of policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed; the staff member’s disciplinary history; and the sanctions imposed for comparable offenses by other staff with similar histories (§115.76(c)-1) (4-4281-6). (d) All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing or endorsement bodies (e.g., nursing board, education board and institutions, credentialing organization, or religious endorsing agencies, etc.) (§115.76(d)-1). The Legal Advisor shall make these notifications.

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed prisoners and staff during an on-site visit and tour of the facility. The facility provided the auditor with the Disciplinary sanctions for staff and training curriculum confirming compliance with the standard for this recertification review period.

Based on the information listed and reviewed: SOP 6495 (PREA SOP); SOP 306 Standards of Conduct; Standards of Conduct Form; MFR Disciplinary Sanctions; MFR Termination for Violations; MFR No Termination or Resignation; MFR No Reported Incidents to Law Enforcement; Annual PREA Report 2016; Notification of Investigation Status; Standards of Conduct signed and Outcome Measures. The auditor concluded that the facility complies with the standard for the relevant recertification period.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes
 No

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

NAVCONBRIGCHASNSOP 6495 Policy addresses the standard: Corrective action for volunteers, contractors, or interns (§115.77) (a) Any volunteer, contractor, or intern who engages in sexual abuse shall be prohibited from contact with prisoners and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing or endorsement bodies (e.g., nursing board, education board or institutions, credentialing organization, or religious endorsing agencies, etc.) (§115.77(a)-1). (b) For cases involving violations of sexual abuse or sexual harassment policies by a volunteer, contractor or intern, appropriate remedial measures shall be taken including prohibition of further contact with prisoners and reporting, as appropriate, the violation to the volunteer or intern's host organization (§115.77(b)- 1). The PREA Compliance Manager shall maintain copies of all remedial measures documentation for file, archive and audit purposes.

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed prisoners and staff during an on-site visit and tour of the facility. The facility provided the auditor with the Corrective action procedures for volunteers and contractors confirming compliance with the standard for this recertification review period.

Based on the information listed and reviewed: SOP 6495 (PREA); Volunteer/Contractor/Intern Staff PREA Training Acknowledgement; SOP 306 Standards of Conduct; Standards of Conduct; Contractor PREA Training Acknowledgement; Volunteer PREA Training Acknowledgement; Intern PREA Training Acknowledgement; Full-time Contractor PREA Staff Training Acknowledgement; Full-time Contractor Signed Standards of Conduct; MFR No Incidents of V/C/I on Prisoner Abuse and Outcome Measures. The auditor concluded that the facility complies with the standard for the relevant recertification period.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

NAVCONBRIGCHASNSOP 6495 Policy addresses the standard: Disciplinary sanctions for prisoners (§115.78) (a) Prisoners shall be subject to disciplinary actions pursuant to the disciplinary process SOP following an administrative finding that the prisoner engaged in sexual misconduct specifically including prisoner-on-prisoner sexual abuse or following a criminal finding of guilt for prisoner-on-prisoner sexual abuse (§115.78(a)-1). (b) Actions shall be commensurate with the nature and circumstances of the abuse committed, the prisoner's disciplinary history, and the actions imposed for comparable offenses by other prisoners with similar histories (§115.78(b)-1). (c) Should a prisoner have mental disabilities or a mental illness which may have contributed to his or her behavior as documented by medical or mental health practitioners, the disciplinary board shall take these factors into consideration when determining what type of action, if any, should be imposed (§115.78(c)-1). This information shall be documented on the DD Form 2714, Disciplinary Report, by the Disciplinary Board Chair. (d) Therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse (e.g., sex offender education or treatment, violent offender education and treatment, individual counseling, etc.), shall be offered, if available (§115.78(d)-1).

The Clinical Services Department in coordination with the Unit Team shall consider whether the offending prisoner should be required to participate in therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse as a condition of access to programming or other benefits (§115.78(d)-2). (e) Disciplinary action may be imposed on a prisoner for sexual contact with staff only upon a finding that the staff member did not consent to such contact (§115.78(e)-1). (f)

For the purpose of disciplinary action, a report of sexual misconduct 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 (§115.78(f)-1). (g) All sexual activity between prisoners is prohibited and prisoners will face disciplinary action for such misconduct (§115.78(g)-1). Such activity does not constitute sexual abuse if determined that the activity is not coerced (§115.78(g)-2).

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed prisoners and staff during an on-site visit and tour of the facility. The facility provided the auditor with the Disciplinary sanctions for prisoners confirming compliance with the standard for this recertification review period.

Based on the information listed and reviewed: SOP 6495 (PREA SOP); BUPERSINST 1640.22; SOP 6000.39 Special Needs; NAVCONBRIGINST 1640.1H Prisoner Handbook; SOP 503 Discipline; Consensual Sexual Contact MFR; No Instances MFR; Mental Illness/disabilities MFR; NCIS Investigation report; PREA Review Board Findings; PREA Observation Report; Prisoner DR w/ Results; Vacation of PTA (if applicable); Referral of Charges (if applicable); Clinical Assessment; Retaliation monitoring sample report and Outcome Measures. The auditor concluded that the facility complies with the standard for the relevant recertification period.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

NAVCONBRIGCHASNSOP 6495 Policy addresses the standard: Medical and Mental Health Care (1) Medical and mental health screenings; history of sexual abuse (§115.81) (a) If the screening pursuant to paragraph 5. c. (1) indicates that a prisoner has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, medical and mental health staff shall ensure that the prisoner is offered a follow-up meeting with a medical or mental health practitioner within fourteen (14) days of the intake screening (§115.81(a)/(c)-1) (§115.81(a)/(c)-2). These prisoners are identified, monitored and counseled (4-4281-5). Medical and Mental Health staff shall maintain secondary documentation (e.g., clinical/medical notes, log, etc.) documenting compliance with the aforementioned standard (§115.81(a)/(c)-4). (b) If the screening pursuant to paragraph 5. c.(1) indicates that a prisoner has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the prisoner is offered a follow-up meeting with a mental health practitioner within fourteen (14) days of the intake screening (§115.81(b)-1).

These prisoners are identified, monitored and counseled. (c) Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners (§115.81(d)-1) and other staff, as necessary (e.g., CO, XO, TD, Prisoner Management Director, Unit Manager, PREA Compliance Manager), to assign treatment plans, security and management decisions to include housing, cell/bed assignment, work, education, and program assignments, or as otherwise required by Federal, State, or local law (§115.81(d)-2). (d) Medical and mental health practitioners shall obtain informed consent from prisoners before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the prisoner is under the age of 18 (§115.81(e)-1).

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed prisoners and staff during an on-site visit and tour of the facility. The facility provided the auditor with the Medical and mental health screenings; history of sexual abuse confirming compliance with the standard for this recertification review period.

Based on the information listed and reviewed: SOP 6495 (PREA SOP); SOP 1002 Psychological Services; C&A Board MFR; Informed Consent MFR; SAPR MFR; Youthful Offender MFR; Intake Screening Form (Past Victimization); MH Treatment (Past Victimization); MH Referral (Past Victimization); C&A Board (Victimization); Informed Consent (Victimization); MFR No one identified as being at Risk for Abusiveness during Intake; Intake Screening Form (Past Abusiveness); Follow-up Assessment Post Incident (Abusiveness); MH Treatment (Abusiveness); Informed Consent (Abusiveness); C&A Board (Abusiveness) and Outcome Measures. The auditor concluded that the facility complies with the standard and exceeds the standard for the relevant recertification period.

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.

NAVCONBRIGCHASNSOP 6495 Policy addresses the standard: Access to emergency medical and mental health services (§115.82) (4-4281) (a) Prisoner victims of sexual abuse shall 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 (§115.82(a)-1). (b) If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to paragraph 5.e.(2), immediately notify the Command Duty Officer who shall immediately notify Emergency Medical Services for evaluation and transport. The Command Duty Officer will then notify the SAPR, NCIS, Commanding Officer, Clinical Services Director or on-call medical or mental health representative (§115.82(b)-1). (c) Prisoner victims of sexual abuse shall be offered information about and access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate (§115.82(c)-1). (d) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser(s) or cooperates with any investigation arising out of the incident (§115.82(d)-1).

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed prisoners and staff during an on-site visit and tour of the facility. The facility provided the auditor with Access to emergency medical and mental health services confirming compliance with the standard for this recertification review period.

Based on the information listed and reviewed: - SOP 6495 (PREA); PREA Incident Response Checklist; SOP 1002 Miscellaneous Services; SOP 6000.11 Communicable Disease; 32 CFR 199.16 (Free Medical Treatment); MFR Medical and Mental Health Records; MFR No Victims; MFR Immediate Protection; MFR Transport ER; PREA Trifold Pamphlet (No Cost Treatment); NIC Training Certificates - Medical/Clinical; Staff Training Acknowledgements - Medical/Clinical; NIC Training Certificates – CDO; Staff Training Acknowledgements – CDO and PREA Incident Response Checklist. The auditor concluded that the facility complies with the standard and exceeds the standard for the relevant recertification period.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

NAVCONBRIGCHASNSOP 6495 Policy addresses the standard: Ongoing medical and mental health care for sexual abuse victims and abusers (§115.83). (a) The health authority shall offer medical and mental health evaluation and, as appropriate, treatment to all prisoners who have been victimized by sexual abuse in any prison, jail, lock-up or juvenile facility (§115.83(a)-1). (b) The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, community-based referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody (§115.83(b)-1). Prisoners will be provided community-based referrals from the Clinical Services Department prior to release. (c) Victims shall be provided medical and mental health services consistent with the community level of care (§115.83(c)-1). (d) Naval Consolidated Brig Charleston does not house female prisoners; therefore, §115.83(d) and (e) do not apply. (e) Prisoner victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate (§115.83(f)-1). (f) Treatment services shall be 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 (115.83 g. 1). abuser or cooperates with any investigation arising out of the incident (§115.83(g)-1). (g) Clinical Services shall conduct a mental health evaluation of all known prisoner-on-prisoner abusers within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners (§115.83(h)-1).

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided

by the facility staff; and interviewed prisoners and staff during an on-site visit and tour of the facility. The facility provided the auditor with Ongoing medical and mental health care for sexual abuse victims and abusers confirming compliance with the standard for this recertification review period.

Based on the information listed and reviewed: - SOP 6495 (PREA SOP); SOP 1002 (Psychological Services); SOP 6000.11 Communicable Disease and Infection Control; SOP 6000.58 Counseling for Pregnant Inmates; 32 CFR 199.16 Supplemental Health Care Program; Prisoner Handbook; Intake Screening Form (Past Victimization); MH Referral (Past Victimization); MH Treatment (Past Victimization); Intake Screening Form (Past Abuse); MH Treatment (Past Abuse); MH Referral (Past Abuse); Community Level of Care MUSC; Community Level of Care Trident Med Center; PREA Trifold English and Spanish; STD Testing MFR; PREA Tracker MFR; Pregnancy Services MFR; Community Level of Care MFR and No Treatment MFR. The auditor concluded that the facility complies with the standard and exceeds the standard for the relevant recertification period.

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.

NAVCONBRIGCHASNSOP 6495 Policy addresses the standard: Data Collection and Review (1) Sexual abuse incident reviews (§115.86) (a) A PREA Incident Review Board shall convene within thirty (30) days of the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded (§115.86(a)-1) (§115.86(b)-1). An investigation is concluded when a substantiated, unsubstantiated, or unfounded determination is made by the facility CO. (b) The PREA Incident Review Board shall include the Commanding Officer, Executive Officer, Technical Director, Department Heads, and the PREA Compliance Manager with input from relevant personnel, line supervisors, investigators, and medical or mental health practitioners (§115.86(c)-1). (c) The PREA Incident Review Board shall (§115.86(d)): 1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual misconduct; 2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; gay, bisexual, transgender, intersex or gender nonconforming identification status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; 3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may

enable abuse; 4. Assess the adequacy of staffing levels in that area during different shifts; 5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and 6. PREA Incident Review Board chair shall prepare a report of its findings, including but not necessarily limited to determinations made pursuant to section (c)(1)-(c)(5) of this section, and any recommendations for improvement. This report shall be submitted to the Commanding Officer, PREA Compliance Manager, and the NAVPERSCOM (PERS-00D) PREA Coordinator (§115.86(d)-1). The PREA Compliance Manager shall maintain this documentation for file, archive and audit. (d) The facility shall implement the recommendations for improvement or shall document its reasons for not doing so in the PREA Annual Report. All staff will provide any and all documents to the PREA Compliance Manager for file, archive, and audit (§115.86(e)-1).

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed prisoners and staff during an on-site visit and tour of the facility. The facility provided the auditor with Sexual Abuse Incident Review confirming compliance with the standard for this recertification review period.

Based on the information listed and reviewed: SOP 6495 (PREA SOP); Incident Review Team Results w/ Investigation; Incident Reviews; 2016 PREA Annual Report; 2016 Annual PREA Review of Physical Plant, Manning and Security Procedures- Security Camera; Annual Review Recommendations MFR; Contracts for physical plant and camera modifications; Proposals for physical plant and camera modifications and Outcome Measures. The auditor concluded that the facility complies with the standard and exceeds the standard for the relevant recertification period.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

NAVCONBRIGCHASNSOP 6495 Policy addresses the standard: Data collection (§115.87) (a) The facility shall collect accurate, uniform data for every allegation of sexual misconduct using a standardized instrument and set of definitions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. (§115.87(a)/(c)-1). (b) The Technical Director and PREA Compliance Manager shall aggregate the incident-based sexual abuse data and forward the results to the NAVPERSCOM (PERS-00D) PREA Coordinator annually (§115.87(b)-1). (c) The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the SSV (§115.87(a)/(c)-2). (d) The PREA Compliance Manager shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews (§115.87(d)-1). (e) The PREA Compliance Manager shall provide by 15 March of each year all such data from the previous calendar year to NAVPERSCOM (PERS-00D), who will forward the data to the Department of Justice as required (§115.87(f)-1). (f) This facility does not contract with private facilities for the confinement of prisoners (§115.87(e)-1).

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed prisoners and staff during an on-site visit and tour of the facility.

The facility provided the auditor with Data collection confirming compliance with the standard for this recertification review period.

Based on the information listed and reviewed: SOP 6495 (PREA SOP); SSV-4 2016; PERS-00D Webpage; PERS-00D PREA Guidance Letter #1; HQ PREA Annual Report 2016; Army Corrections Command PREA Webpage; Brig 2016 PREA Annual Report; Navy Request to Military Services to validate PREA compliance; Military Confinement Facility PREA Reports; Contracted Facility PREA Reports Wyatt Detention; Contracted Facility PREA Reports McHenry County; Sitrep for Alleged PREA Incident ; Follow-up Sitreps for Alleged PREA Incident and Compliance Manager MFR. The auditor concluded that the facility complies with the standard for the relevant recertification period.

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.

NAVCONBRIGCHASNSOP 6495 Policy addresses the standard: Data collection (§115.87) (a) The facility shall collect accurate, uniform data for every allegation of sexual misconduct using a standardized instrument and set of definitions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. (§115.87(a)/(c)-1). (b) The Technical Director and PREA Compliance Manager shall aggregate the incident-based sexual abuse data and forward the results to the NAVPERSCOM (PERS-00D) PREA Coordinator annually (§115.87(b)-1). (c) The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the SSV (§115.87(a)/(c)-2). (d) The PREA Compliance Manager shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews (§115.87(d)-1). (e) The PREA Compliance Manager shall provide by 15 March of each year all such data from the previous calendar year to NAVPERSCOM (PERS-00D), who will forward the data to the Department of Justice as required (§115.87(f)-1). (f) This facility does not contract with private facilities for the confinement of prisoners (§115.87(e)-1).

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed prisoners and staff during an on-site visit and tour of the facility. The facility provided the auditor with Data Collection confirming compliance with the standard for this recertification review period.

Based on the information listed and reviewed: SOP 6495 (PREA SOP); SSV-4 2016; PERS-00D Webpage; PERS-00D PREA Guidance Letter #1; HQ PREA Annual Report 2016; Army Corrections Command PREA Webpage; Brig 2016 PREA Annual Report; Navy Request to Military Services to validate PREA compliance; Military Confinement Facility PREA Reports; Contracted Facility PREA Reports Wyatt Detention; Contracted Facility PREA Reports McHenry County; Sitrep for Alleged PREA Incident; Follow-up Sitreps for Alleged PREA Incident and the Compliance Manager MFR. The auditor concluded that the facility complies with the standard for the relevant recertification period.

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.

NAVCONBRIGCHASNSOP 6495 Policy addresses the standard: Data storage, publication, and destruction (§115.89) (a) The PREA Compliance Manager shall ensure that data collected pursuant to paragraph 5.i.(2) is securely retained (§115.89(a)-1). (b) All aggregated sexual abuse data shall be forwarded to NAVPERSCOM

(PERS-00D) for consolidation in order to make it readily available to the public annually through its website or through other means (§115.89(b)-1). (c) Before submitting aggregated sexual abuse data to NAVPERSCOM (PERS-00D), the facility shall remove all personal identifiers (§115.89(c)-1). (d) The PREA Compliance Manager shall maintain sexual abuse data (to include, incident reports, investigative reports, offender information, case disposition, and evaluation finding) collected pursuant to paragraph 5.i. (2) for at least 10 years after the date of the initial collection unless legally required otherwise. All staff and departments will forward any and all PREA related documentation and sexual abuse data to the PREA Compliance Manager for file, archive, and audit (§115.89(d)-1).

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed prisoners and staff during an on-site visit and tour of the facility. The facility provided the auditor with Data storage, publication, and destruction confirming compliance with the standard for this recertification review period.

Based on the information listed and reviewed: SOP 6495 (PREA SOP); PERS Website; PERS Annual Report; Photos Kardex Machine and MFR PERS – Secure Retention/Retention of Records. The auditor concluded that the facility complies with the standard for the relevant recertification period.

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 three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.) Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, 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? Yes No

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

NAVCONBRIGCHASNSOP 6495 Policy addresses the standard: 115.401 Frequency and scope of audits

During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency ensured that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. During each one-year period starting on August 20, 2013, the agency ensured that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited. The agency demonstrated compliance with the standards. The auditor reviewed all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations for the facility. The audits were reviewed, at a minimum, a sampling of relevant documents and other records and information for the most recent one-year period. The auditor had access to, and observed, all areas of the audited facilities. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor shall retain and preserve all documentation (including, e.g., video tapes and interview notes) relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request. The auditor interviewed a representative sample of prisoners, staff, supervisors, and administrators. The auditor reviewed a sampling of available videotapes and other electronically available data that may be relevant to the provisions being audited. The auditor was permitted to conduct private interviews with prisoners. Prisoners were

permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The Auditors was able to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility.

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed prisoners and staff during an on-site visit and tour of the facility. The facility provided the auditor with staff training rosters and training curriculum confirming compliance with the standard for this recertification review period.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Agency Website with PREA Information: www.public.navy.mil/bupers-npc/support/correctionprograms/brigs/charleston/Pages/PrisonRapeEliminationAct.aspx

Sexual abuse and sexual harassment is a criminal act that is absolutely incompatible with the today's core values, high standards of professionalism, and personal discipline. The Charleston Naval Consolidated Brig maintains a zero-tolerance policy approach in all cases of sexual abuse and sexual harassment in accordance with the United States Department of Justice, Bureau of Justice Statistics, Prison Rape Elimination Act (PREA) Standards for Prisons and Jails. It is the goal of the brig to eliminate sexual abuse and sexual harassment incidents that impact staff, contractors, volunteers, interns, and prisoners. To reach this goal, the brig has established a standardized and effective sexual assault prevention and victim assistance program at the command level that meets mandated reporting requirements without unduly compromising victim confidentiality or safety or generating fear of reprisal; and will provide education to staff, contractors, volunteers, interns, and prisoners on socially responsible standards of behavior and factors that contribute to victimization.

It is Naval Consolidated Brig Charleston policy to ensure that allegations of sexual abuse, sexual harassment, or any form of sexual misconduct are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency that conducts criminal investigations is the Naval Criminal Investigation Service (NCIS). Administrative investigations are processed internally at the confinement facility. The Charleston Brig is subject to an external audit by a Department of Justice certified auditor to ensure compliance with all of the required Prison Rape Elimination Act Standards. The Prison Rape Elimination Act Standards are available for public access and review at www.prearesourcecenter.org. Rape or any form of sexual misconduct is not part of any sentence or confinement and the facility encourages any and all forms of reporting, to include prisoner family members and representatives, in confidence or anonymous, to the following agencies, community-based, or outside organizational resources:

Facility POC

PREA Compliance Manager
1050 Remount Road, Building 3107
Charleston, South Carolina 29406

POC: 843-794-0089 (DSN: 794-0089)

Base POC

Joint Base Charleston Sexual Assault Coordinator

24-hour duty line is 843-478-8615 and Victim Advocate line is 843-794-7428, Secondary Victim Advocate line is 843-834-4527

Department of Defense Safe Line (National POC)

24-hour duty line is 877-995-5247 or www.safehelpline.org

People Against Rape (Community-based Outside Agency POC)

259 Meeting Street, 2nd Floor
Charleston, South Carolina 29401

24 hours hotline is 843-745-0144

Medical University of South Carolina (Community-based Outside Agency POC)

Department of Psychiatry and Behavioral Sciences
National Crime Victims Center

67 President Street, Suite 207
Charleston, South Carolina 29425

POC: 843-792-2945

Naval Criminal Investigative Service (Outside brig investigative authority)

1661 Redbank Road, Suite 220
Goose Creek, South Carolina 29445

Telephone: 843-794-7788

PREA Audit Report 2015 - Final 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.

Noelda Martinez

May 18, 2018

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.

