

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Interim Audit Report: August 26, 2021 ☐ N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: January 17, 2022

Auditor Information

Name: Thomas Eisenschmidt	Email: tome8689@me.com
Company Name: Click or tap here to enter text.	
Mailing Address: 26 Waterford Lane	City, State, Zip: Auburn, New York 13021
Telephone: 315-730-7980	Date of Facility Visit: July 26-28, 2021

Agency Information

Name of Agency: Army Corrections Command			
Governing Authority or Parent Agency (If Applicable): Department of the Army			
Physical Address: Suite 8000		City, State, Zip: Alexandria VA, 22202	
Mailing Address: 2530 Crystal Drive		City, State, Zip: Washington, DC 20310-1050	
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 Website with PREA Information: https://www.army.mil/article/149277/army_corrections_command_prea_information			

Agency Chief Executive Officer

Name: Gregory Stroebel	
Email: gregory.j.stroebel.civ@mail.mil	Telephone: (703) 545-5935

Agency-Wide PREA Coordinator

Name: Larry Kester	
Email: larry.j.kester.civ@mail.mil	Telephone: (703) 545-5920
PREA Coordinator Reports to: Mr. Gregory Stroebel	Number of Compliance Managers who report to the PREA Coordinator: 3

Facility Information			
Name of Facility: United States Disciplinary Barracks			
Physical Address: 1301 N. Warehouse Rd, Fort		City, State, Zip: Leavenworth, KS 66027-2304	
Mailing Address (if different from above): Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
The Facility Is:	<input checked="" type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Facility Website with PREA Information: Agency Website			
Has the facility been accredited within the past 3 years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):			
<input checked="" type="checkbox"/> ACA <input type="checkbox"/> NCCHC <input type="checkbox"/> CALEA <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A			
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: Annual Inspections			
Warden/Jail Administrator/Sheriff/Director			
Name: COL Michael A. Johnston			
Email: michael.a.johnston.mil@mail.mil		Telephone: (913)-758-3602	
Facility PREA Compliance Manager			
Name: Nicole Mellick			
Email: nicole.l.mellick.civ@mail.mil		Telephone: (913)-758-3984	
Facility Health Service Administrator <input type="checkbox"/> N/A			
Name: Mr. Anthony Simmons			
Email: anthony.m.simmons6.civ@mail.mil		Telephone: (913)-758-9888	
Facility Characteristics			
Designated Facility Capacity:		515	
Current Population of Facility:		399	

Average daily population for the past 12 months:	398	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	21-66	
Average length of stay or time under supervision:	25 Years, 1 Month and 2 Days	
Facility security levels/inmate custody levels:	Maximum	
Number of inmates admitted to facility during the past 12 months:	34	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	34	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	34	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input checked="" type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	620 (509 military and 111 civilian)	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	192 (179 military and 13 civilian)	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	4	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	42	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	42	

Physical Plant

Number of buildings: Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	12
Number of inmate housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	14
Number of single cell housing units:	12
Number of multiple occupancy cell housing units:	1
Number of open bay/dorm housing units:	3
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	95
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
Investigations	
Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	5
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: CID) <input type="checkbox"/> N/A
Administrative Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	Click or tap here to enter text.
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A

Audit Findings

Audit Narrative (including Audit Methodology)

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

Notice of PREA Audit: The PREA audit notice for the United States Disciplinary Barrack in Fort Leavenworth, Kansas, was provided to Thomas Eisenschmidt DOJ certified PREA auditor via email on June 10, 2021 by facility Compliance Manager Nicole Mellick. Audit notices (Spanish and English) were posted in common areas, the entrance to the facility and inmate living units approximately seven weeks prior to the site visit. The auditor did receive two letters from inmates and none from staff prior to arrival.

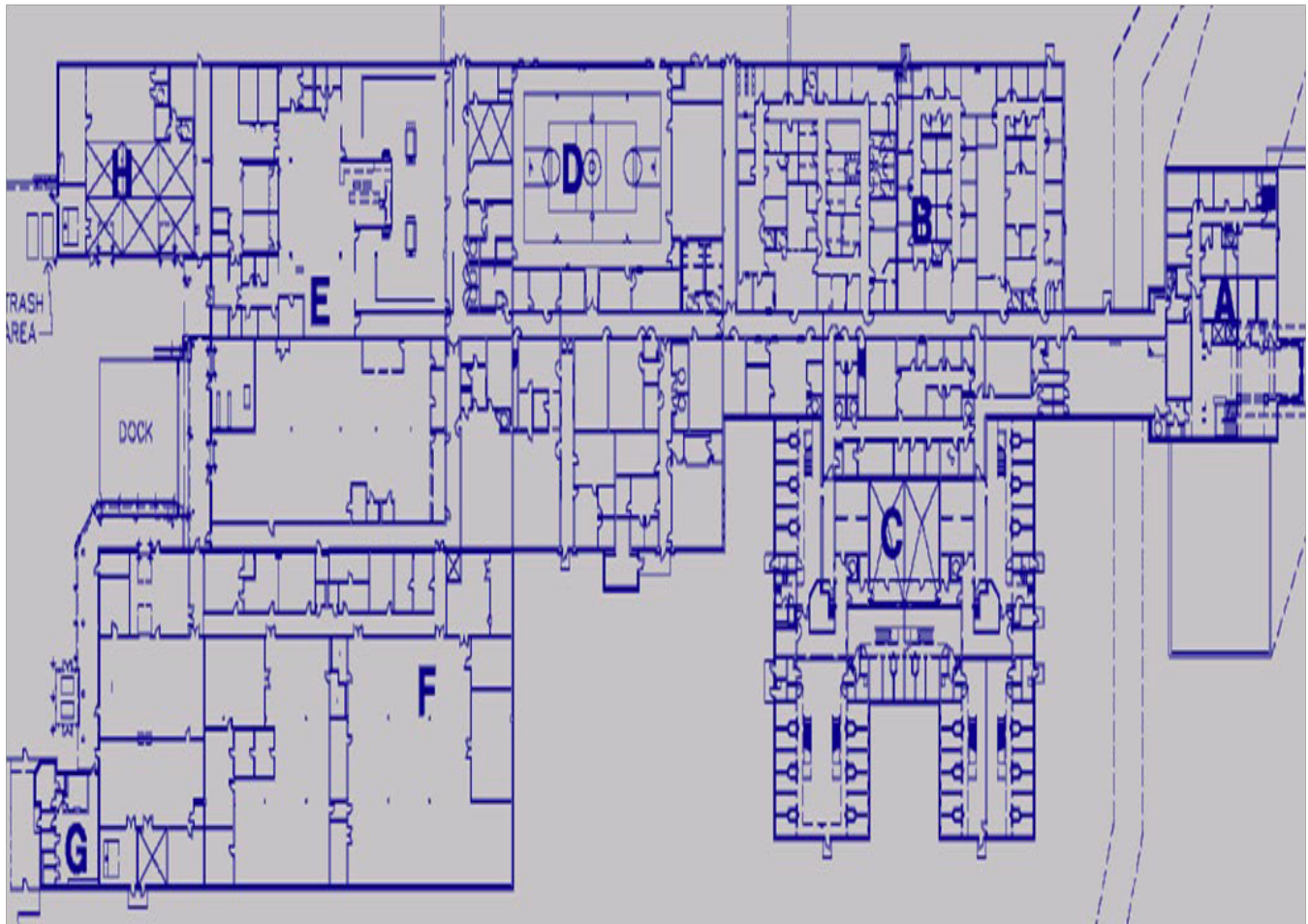
PRE-Audit Questionnaire and Documentation Review:

The auditor reviewed the Pre-Audit Questionnaire (PAQ) and documentation for each of the 43 standards that he received on a disk approximately 5 weeks prior to the onsite examination. The auditor reviewed policy and procedures, documents and files during the pre-audit, onsite audit, and post-audit phases as related to each PREA standard to include secondary documentation submitted both onsite and post audit. Reviewing the agency's PAQ and supporting documentation the auditor found information provided neatly organized and accentuated allowing for ease of auditing. The auditor communicated with the facility's PREA Compliance Manager on all matters relating to the audit via the telephone and email prior to and after the onsite examination.

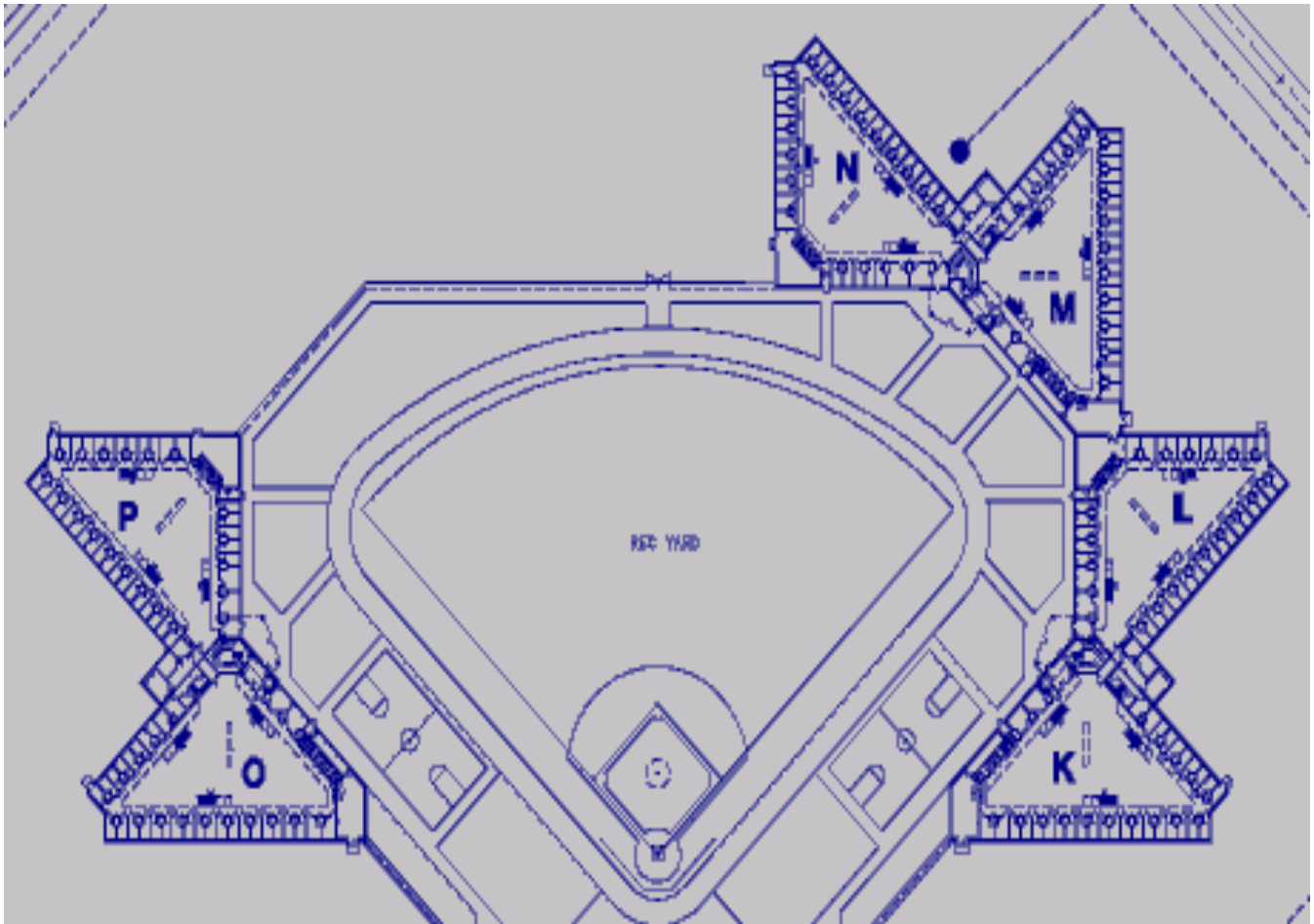
Onsite Audit Activities:

An entrance briefing was held on Monday July 26, 2021 with the following individuals in attendance: Mr. John Snyder, Deputy Commandant, Larry Kester Agency PREA Coordinator, Nicole Mellick, PREA Compliance Manager and members of the Commandants' Executive staff.

After introductions, the auditor discussed the PREA audit process for the onsite phase of the audit and explained the triangulation methodology he would utilize to obtain evidence through observing facility practices; review of written policies and procedures; facility site review observations; staff and inmate interviews, and additional documentation review to confirm practice. The Auditor explained that a PREA audit process is much more invasive than a typical correctional audit and that the association between facility staff and the auditor should be a collaborative undertaking to ensure the USDB achieves full compliance with each of the PREA Standards. He also advised those present that the Department of Justice (DOJ) expects that some corrective action will be necessary and is a normal part of the audit process and should not be viewed adversely. Since the last PREA audit was held in 2017 the auditor informed those present that the requirements including interviews and documentation review would be more extensive due to additional guidance provided by DOJ and the PREA Resource Center.



- A Building Commandant/Administrative/Operations
- B Building Legal/Treatment Programs/ Health & Dental Clinics
- C Building Special Housing Unit/Treatment Programs/Mail and Property
- D Building Pastoral Care/Education/Recreation/Library
- E Building Dining Facility/Laundry
- F Building Vocational Training
- G Building West Gate (Vehicle Gate)
- H Building Vocational Training



K Building -Minimum Inside Only Custody Housing Unit
 L Building -Medium Custody Housing Unit M Building -Minimum Inside Only Housing Unit
 N Building -Medium Custody Housing Unit
 O Building -Medium Custody Housing Unit
 P Building -Minimum and Minimum Inside Only Custody Housing Unit

ON-SITE DOCUMENTATION REQUEST and REVIEW

- 10- Random Employee background checks.
- 2- Contractor background checks.
- 10- Random Employee PREA training documentation.
- 5 -Random Medical/Mental Health PREA Specialized training documentation.
- 5- Medical/Mental Health PREA specialized training documentation.
- 5- Random Contractor/Volunteer PREA training documentation.
- 10-Random Medical/Mental Health PREA Specialized training.
- Samples of written PREA Inmate education material, i.e. Inmate handbooks, posters, brochures.
- 10-Random Inmates that received PREA comprehensive education within 30 days of arrival.

- 10- Random Inmate Risk screenings for sexual victimization/abuse to include reassessment within 30 days of arrival.
- Copies of completed sexual abuse & sexual harassment investigations; PAQ reported (all during audit period).
- Sample documentation for monitoring retaliation of sexual abuse & sexual harassment investigations.
- All Sexual Assault Reviews during (audit period) for completed investigations of sexual abuse, excluding unfounded cases.

Staff Interviews:

Category of Staff	Number of Interviews Conducted
Random Staff (Total)	12
Specialized Staff* (Total):	31
Total Staff Interviewed	43
Breakdown of Specialized Staff Interviews:	
▪ Agency Head	1
▪ Intermediate- or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment	3
▪ PREA Coordinator	1
▪ PREA Compliance Manager	1
▪ Intake Staff	1
▪ Medical staff	2
▪ Mental health staff	1
▪ Victim Support	1
▪ Non-Medical staff involved in cross-gender strip or visual searches - N/A	N/A
▪ Administrative (human resources) staff	1
▪ SAFE and/or SANE staff - N/A	
▪ Volunteers who have contact with inmates	N/A
▪ Contractors who have contact with inmates	
▪ Investigative staff – criminal	1
▪ Investigative staff – facility level	1
▪ Staff who perform screening for risk of victimization and abusiveness	2
▪ Staff who supervise inmates in segregated housing	1
▪ Staff on the sexual abuse incident review team	1
▪ Designated staff member charged with monitoring retaliation	2
▪ First responders, security staff	9
▪ First responders, non-security staff	2
Total Specialized Staff Interviews*	31

Inmate Interviews:

Based upon the inmate population of 399 at the USDB on the first day of the onsite examination of the audit, the PREA Auditor Handbook specifies that a minimum of 26 total inmate interviews must be conducted; a minimum of 13 random inmates and 13 targeted inmate interviews are required. The PREA Compliance Manager and other staff facilitated interviews of all inmates in a private setting located in a programming area. The random inmates were selected across all housing units including general population units and the segregation unit to ensure diversity. The auditor made selections from a list of all inmates provided by the facility on the first day of the onsite portion of the audit. The auditor conducted the following number of inmate interviews during the onsite phase of the audit:

	Number of Interviews Conducted
Random Inmates (Total)	13
Targeted Inmates* (Total):	13
Total Inmates Interviewed	26
Breakdown of Targeted Inmate Interviews: ²	
▪ Youthful Inmates	0
▪ Inmates with a Physical Disability	2
▪ Inmates who are Blind, Deaf, or Hard of Hearing	1
▪ Inmates who are LEP	0
▪ Inmates with a Cognitive Disability	N/A
▪ Inmates who Identify as Lesbian, Gay, or Bisexual	4
▪ Inmates who Identify as Transgender or Intersex	1
▪ Inmates in Segregated Housing for High Risk of Sexual Victimization	0
▪ Inmates Who Reported Sexual Abuse	4-(1 Harassment)
▪ Inmates Who Reported Sexual Victimization During Risk Screening	7
Total Targeted Inmate Interviews*	19

Allegation Breakdown:

The USDB sexual abuse/harassment allegations are broken as follows. During the previous 12 months there were 5 allegations of sexual harassment made at the USDB. Four were determined to be unfounded and one was still open at the time of the on site examination. During this same period there were 3 allegations of sexual abuse filed with 2 alleged against staff and one against another inmate. All three of these allegations were reported to CID as required by the MOU and policy. All but one of these investigations were completed with the two staff allegations determined to be unfounded and the one allegation made against another inmate still open. The USDB confirmed they had not received any allegations of sexual abuse that had alleged to have occur there but was reported by another facility. The USDB also confirmed that the facility did not receive any sexual abuse allegations that occurred at another facility during the audit period.

Onsite Visit Closeout:

The auditor conducted an exit briefing on July 28, 2021 with Mr. John Snyder, Deputy Commandant, Larry Kester Agency PREA Coordinator, Nicolle Mellick, PREA Compliance Manager and members of the Commandants' Executive staff. The Auditor could not give an outcome of the audit but did provide some insight into his preliminary findings. The Auditor thanked facility staff and commended them on their hard work and commitment to the Prison Rape Elimination Act. During the post site visit phase of the audit the auditor communicated with the PREA Compliance Manager via phone calls requesting additional documentation, clarification on policies, procedures and agency practices.

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 United States Disciplinary Barracks (USDB) is located on Fort Leavenworth, Kansas, approximately 23 miles from Kansas City International Airport, Missouri. Fort Leavenworth overlooks the Missouri River, on the border between Kansas and Missouri and is adjacent to the city of Leavenworth, Kansas on Highway 7. The USDB is operated by the United States Army and is the only maximum security correctional facility in the Department of Defense. The mission of the USDB is to incarcerate U.S. Military prisoners sentenced to long terms of confinement; conduct correctional and treatment programs to maintain good order and discipline; and to prepare prisoners for release as civilians or for return to duty with the prospect of being productive Soldiers. On order, conduct execution of condemned U.S. Military prisoners. All sections of the USDB are directed toward the achievement of this mission, with particular attention devoted to the individual inmate and administering treatment according to his individual needs.

The facility consists of approximately 37 acres and 12 buildings. The main doors open into the main administrative building. Entrance to the secure area is through a set of double doors operated by Central Control. Once inside the secure area, you see the main hallway of the facility. The first door to the left is the visitation room which contains contact and non-contact areas. The first door to the right in the main hallway contains the offices of the Command Judge Advocate (CJA), Disciplinary and Adjustment Boards (D&A Bds), Air Force, Marine, and Navy Liaisons, and the parole staff. Continuing down the main hallway the offices of the Directorate of Treatment Programs (DTP) is on the right. Numerous single person offices are provided to maintain privacy when staff counsel inmates.

The Special Housing Unit (SHU) can be found on the left side of the main hallway. The SHU is divided into subunits. SHU East contains four distinct housing units: Death Sentence Inmates; Special Quarters; and two Maximum Custody areas. SHU West contains three distinct housing units: Maximum Custody, Protective Custody and Reception areas. The Reception area is the only housing unit in the facility with double bunk cells. SHU East and SHU West are separated by secure doors which lead to the outside SHU exercise area.

The next area to the right in the main hallway is the Health and Dental Clinics. The Directorate of Pastoral Care (DPC) is located down a short hallway on the left. The Academic section and Library is located in the next hallway to the left. Back in the main hallway the gymnasium, weight room and music room are located on the right. Having reached the end of the main hallway, a hallway extends to the left and to the right. The hallway to the left leads to the vocational/industry shops and the loading dock at the rear of the facility. The hallway to the right leads to the Dining Facility (DFAC), Craft Shop and access to the general population housing units. There are three general population housing units. Each is designed as a bowtie. The bowtie is divided into two housing units separated by an enclosed control center. Rooms are available for group meetings and administrative offices.

The Trusty Unit (TU) is located approximately one and one quarter miles southeast of the facility. Inmates assigned to this unit are housed in a two-story structure with open bays divided into individual sleeping areas. One bay in the housing unit contains exercise equipment and a library. The administrative building at the TU contains visitation, barber services and the administrative staff area.

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 3
List of Standards Exceeded: 115.17,115.31,115.35

Standards Met

Number of Standards Met: 35
115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 115.32, 115.33, 115.34, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65,115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.83, 115.86, 115.87, 115.401,115.403

Standards Not Met

Number of Standards Not Met: 4
List of Standards Not Met: 115.41, 115.82, 115.88, 115.89

PREA Audit Final Report Finding

CAP ending 12/24/2021. The Interim Compliance Report reflected there were four standards (115.41, 115.82, 115.88, 115.89) that were in non-compliance. Therefore, a required corrective action period not to exceed 180 days beginning August 30,2021 and ending December 27, 2021. The Auditor recommended a corrective action plan for the facility and the administration agreed and began immediate corrections of those standards found to be in non-compliance. The Auditor reviewed the submitted documentation for each standard to determine if full compliance was achieved. After reviewing all additional information, the auditor determined that the facility Administration had demonstrated compliance with and full institutionalization of the PREA standards. Therefore, the Auditor determined that the program has achieved full compliance with the PREA standards as of the date of this final report the outcome is as follows:

Number of standards exceeded: 3
Number of standards met: 39
Number of standards not met: 0
Number of standards not applicable: 0
Total Standards: 42

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

(a) The Auditor determined compliance on this subpart of the standard based on 15th MP BDE Regulation 1-2, PRISON RAPE ELIMINATION ACT, that addresses the agency's approach to preventing, detecting, and responding to all forms of sexual abuse and sexual harassment. The policy outlines necessary definitions, sanctions and descriptions of the agency strategies and responses to sexual abuse and sexual harassment. This regulation sets the foundation for the program's training efforts with inmates, staff, volunteers, contractors at the USDB.

(b)(c) The Auditor determined compliance on these subparts of the standard based on the agency appointment letter from the Director designating a PREA Coordinator, Mr. Larry Kester. As the PREA Coordinator he reports directly to the Deputy Director of the Army Corrections Command (ACC). During Mr. Kester's interview he confirmed that he has sufficient time and authority to develop, implement, and oversee the agency efforts toward PREA compliance and he has three PREA Compliance Managers that report directly to him. The USDB Deputy Commandant has a designated PREA Compliance Manager for the facility, Ms. Nicole Mellick. Her official title is Facility PREA Compliance Manager (PCM), and she reports directly to the Deputy Commandant, who reports to the Commandant. Ms. Mellick indicates that she has sufficient time and authority to develop, implement, and oversee the USDB's efforts to comply with the PREA standards.

Policy, Materials, Interviews and Other Evidence Reviewed

- 15th MP BDE Regulation 1-2, PRISON RAPE ELIMINATION ACT
- ACC Organizational Chart
- USDB Organizational Chart
- Review (PAQ)
- Review (PREA Coordinator Appointment Letter)
- Interview (Deputy Commandant)
- Interview (PREA Coordinator)
- Interview (PREA Compliance Manager)

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

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

115.12 (a)

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

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards?

(N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ 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.

Based on the interview with the Deputy Commandant and the review of the PAQ the Auditor confirmed the USDB does not contract with other entities for the confinement of inmates. The facility complies to that extent.

Policy, Materials, Interviews and Other Evidence Reviewed

- Interview (Deputy Commandant)
- Review of the PAQ

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the

staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No

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

115.13 (b)

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

115.13 (c)

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

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

(a)(b) The Auditor determined compliance on these subparts of the standard based on the 15th MP BDE Regulation 1-2, that requires the USBD, "shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: generally accepted detention and correctional practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated); the composition of the inmate population; the number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors." The Auditor was also provided and reviewed USDB SOP 5, Correctional Staffing and USDB SOP 6, Correctional Force Manning, which contains the staffing and post assignments for line staff and supervisors for this facility. The Auditor interviewed the Deputy Commandant and each shift Supervisor during the onsite evaluation. Each of them indicated that each inmate supervision post at the USDB is always staffed and the facility staffing is based on direct supervision. If there is an inmate in the area there is a staff member. These individuals also confirmed

that staff posts are always filled and at no time were any post closed during the audit period. The Director interview confirmed the 11 elements, as outlined in subpart (a), are used in determining staff levels at each of his facilities. During the on-site evaluation the Auditor observed what appeared to be adequate staff levels on each shift and if there were inmates in an area there was always staff observing them.

(c) The Auditor determined compliance with this subpart of the standard based on the 15th MP BOE Regulation 1-2 that requires, “staffing levels shall be reviewed, at a minimum, annually at the facility level and by ACC. During the facility level review the staff shall consider: any applicable Department of Defense Directives, Instructions or Manuals; army regulations; ACA Standards for Adult Correctional Institutions; and PREA Prisons and Jail Standards: any deficiencies identified by the courts, Army agencies, Federal investigative agencies, ACC, and internal inspections or assessments; review of identified blind spots or where staff or inmates may be isolated; ways to mitigate risk through video monitoring, supervisor checks, location and number of supervisors, or through other means; the inmate demographics and trends as presented in the Review and Analysis (R&A) briefings; Security and supervision for programs on each shift; the location and time of substantiated and unsubstantiated incidents of sexual abuse; any other factors unique to the facility and the resources the facility has available to commit to ensure adherence to the staffing plan.” A formalized, annual written review of this staffing plan is in place as outlined in 15th MP BOE Regulation 1-2. The Auditor was provided a copy of the last staffing review to the PREA Coordinator in April 2021 with no recommendations for changes to be made.

(d) The Auditor determined compliance with this subpart of the standard based on the Military Correctional Complex (MCC) Regulation 210-1, Staff Duty/Authentication Officer, that requires the Staff Duty Officer (SDO) to conduct regular and random unannounced rounds to identify and deter staff and inmate sexual misconduct. The Auditor interviewed the SDO from each shift. Each one of the three indicated during their interviews that their unannounced rounds are accomplished by staggering the round times and locations, so staff and inmates do not become aware of when they are conducting them. During the site examination the Auditor found supervisor signatures in housing unit logbooks and other areas inmate were present. The random security staff (soldiers) interviews confirmed that understanding of the policy restriction of them notifying other staff about supervisors conducting rounds.

Policy, Materials, Interviews and Other Evidence Reviewed

- 15th MP BDE Regulation 1-2, PRISON RAPE ELIMINATION ACT
- USDB SOP 5, Correctional Staffing
- USDB SOP 6, Correctional Force Manning
- Military Correctional Complex (MCC) Regulation 210-1, Staff Duty/Authentication Officer
- Interview (Deputy Commandant)
- Interview (Random Staff)
- Interview (Shift Supervisors)
- Review (Supervisor Rounds)

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.

The Auditor determined compliance to these subparts of the standard based on the Army Corrections Command Policy Letter #14 – Prison Rape Elimination Act (PREA) and 15th MP BDE Regulation 1-2 that require, “All youthful prisoners will be designated to the Midwest Joint Regional Correctional Facility (MWJRCF). These prisoners will not be in sight, sound, or have physical contact with any adult prisoner through a dayroom, shower, or sleeping quarters. When outside of the housing units, the MWJRCF will provide direct staff supervision when youthful prisoners and adult prisoners have sight,

sound, or potential for physical contact.” The facility interview with the Deputy Commandant and review of the PAQ indicated that juvenile inmates are not placed at the USDB. The Auditor did not observe any inmates appearing 17 or younger during the onsite examination.

Policy, Materials, Interviews and Other Evidence Reviewed

- Interview (Deputy Commandant)
- Army Corrections Command (ACC) Policy Letter # 14
- 15th MP BDE Regulation 1-2
- Review of the PAQ
- Auditor Observations

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, except in exigent circumstances? (N/A if the facility does not have female inmates.)
☐ 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 if the facility does not have female inmates.) ☐ 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? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (d)

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

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

(a)(c) The Auditor based compliance on these standard subparts after review of MCC SOP 31, Search and Inspection Procedures that outlines the policy and procedures for conducting searches and inspections of facilities, staff members, and inmates and Army Corrections Command Policy Letter

#14). These policies outline the procedures to be used to ensure the security and good order and discipline; locate and control prohibited property and provide for its disposition within the Military Correctional Complex (MCC) facilities, including the United States Disciplinary Barracks (USDB), its satellite Trusty Unit (TU), and the Joint Regional Correctional Facility (JRCF). These policy state, "Absent exigent circumstances, opposite sex frisk searches are not permitted, however use of the handheld wand to conduct searches is permissible. If an alarm occurs during the search the correctional staff member conducting the search shall request a same sex correctional staff member to conduct a frisk search. Exigent circumstances requiring opposite sex frisk searches (not using the handheld wand) shall be documented on DD Form 2713 (OR) and forwarded to the Watch Commander. The report shall include the reason for the search; the location of the search; the staff members who conducted the search; and whether any prohibited property was found. No staff in an ACS facility shall conduct opposite-gender strip searches or opposite-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners." The Auditor confirmed through the Deputy Commandant, PREA Compliance Manager, Medical Staff and the Shift Supervisors that there was no cross-gender searches or cross-gender visual body cavity searches conducted at the USDB during the last thirty-six (36) months. They indicated if one was ever to be conducted it would be documented as required by policy. Interviews with security line staff confirmed they do not conduct cross-gender strip searches or cross-gender visual body cavity searches. The random inmate interviews disclosed that they had not been searched by any of the female staff.

(d) The Auditor determined compliance with this standard subpart based on the Army Corrections Command Policy Letter #14 that requires, "the Facilities shall implement policies and procedures that 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 such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite of the opposite gender to announce their presence when entering a prisoner housing unit." The Auditor heard announcements by female staff entering into inmate leaving areas during the on site examination. The random inmate interviews confirmed that the female staff announce themselves prior to entering the housing units. The female random staff interviewed acknowledged they announce themselves upon entering these areas as well.

(e) The Auditor determined compliance with this standard subpart based on the Army Corrections Command Policy Letter #14 that requires, "facility staff shall not search or physically examine a transgender or intersex prisoner for the sole purpose of determining the prisoner's genital status. If the prisoner's genital status is unknown, it may be determined during conversations with the prisoner, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner." The random staff interviews confirmed their knowledge of this policy restriction. They also stated that this prohibition on searching is also emphasized during their staff training on searches. The Auditor reviewed randomly selected training files and found that search training was provided to the security staff. The Auditor also reviewed the curriculum for this search training and found that the curriculum emphasizes this prohibition. The interview with the one transgender detainee at the USDB indicated she felt that she was never singled out for any search and felt she was always treated respectfully during any search.

(f) The Auditor determined compliance with this standard subpart based on the Army Corrections Command Policy Letter #14 that requires, "ACS facilities shall train security staff to conduct opposite-gender pat-down searches and searches of transgender and intersex prisoners in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs." As noted above the Auditor interviewed random staff who detailed their search training in a respectful and

professional no matter who is being searched. The Auditor randomly reviewed staff training records that demonstrated staff has received this requires training.

Policy, Materials, Interviews and Other Evidence Reviewed

- Interview (Deputy Commandant)
- Interview (PREA Compliance Manager)
- Interview (Medical Staff)
- MCC SOP 31, Search and Inspection Procedures
- Army Corrections Command Policy Letter #14 – Prison Rape Elimination Act (PREA)
- Interviews (Staff)
- Interview (Inmates)
- Interview (Targeted Inmate)

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.

(a)(b)(c) A condition of enlisting in the Army is that the soldier must be able to read, write and understand English. The Auditor determined compliance to these subparts of the standard based on Army Corrections Command (ACC) Policy Letter # 14 that requires "each facility take appropriate steps to ensure that inmates with limited English or disabilities (inmates who are deaf or hard of hearing, or those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The USDB does have a Telecommunication Device for the deaf should they need one." The intake process was discussed during the onsite examination with one of the processing staff. All arriving receives an initial brief on the USDB zero tolerance policy and are given the MCC form 307-3 (Sexual Harassment and Sexual Abuse Prevention Handout) informing them of their right to be free from sexual misconduct, right to be free from retaliation for reporting such incidents, and information regarding facility policies and procedures for responding to such incidents. They further stated that all inmates received at USDB are English speaking but were however aware of the restriction on the use of another inmate for interpretive assistance in sexual abuse allegations. They also stated should they encounter someone with a learning disorder or learning issue they would provide one on one assistance to the inmate to ensure that the information is provided. The Auditor interviewed two deaf inmates during the site examination who indicated they had received information on sexual abuse in a manner that they understood.

Policy, Materials, Interviews and Other Evidence Reviewed

- Army Corrections Command (ACC) Policy Letter # 35 Prison Rape Elimination Act
- Interviews (Staff)
- Interviews (Targeted Inmates)

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

(a)(b)(c)(d)(e)(g) The Auditor determined compliance to these subparts of the standard based on the Army Corrections Command Policy Letter #14 and 15th MP BDE Regulation 1-2 that require, "ACC and ACS facilities will determine Soldiers/applicants unsuitable for employment and current employees unsuitable for promotion regarding anyone who may have contact with prisoners, and shall not enlist the services of any contractor who may have contact with prisoners, who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 USC 1997): Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse or has been civilly or administratively adjudicated to have engaged in the activity described in this policy. ACC and ACS facilities will 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 prisoners. Before hiring new employees who may have contact with prisoners, the ACC and ACS Facilities shall: Perform a criminal background records check; 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. ACS facilities will perform a criminal background records check before enlisting the services of any contractor who may have contact with prisoners. ACC and ACS facilities shall conduct criminal background records checks at least every five years for current employees and contractors who may have contact with prisoners. This will be accomplished upon the initial issue of a badge and every five years upon the reissue of a badge. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Unless prohibited by law, all facilities/agencies shall 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.” The Interview with the facility Human Resource (HR) staff confirmed that anyone with any sexual abuse history would not be hired. This requirement is a condition of employment and the Occupational Questionnaire, a screening tool to determine the best qualified for the position used at the USDB, asks specifically about this type of behavior. If an applicant answers yes to any of these questions, they shall not be referred to the MCC for recruitment selection. She also informed the Auditor that the background process for every prospective employee, contractors and volunteers includes a National Crime Information Center (NCIC) criminal history background check on all newly assigned Soldiers and newly hired Department of the Army Civilians; and every five years thereafter. These checks are conducted prior to the staff member receiving their facility badge and again every five years when their facility badge expires. Each receives a Law Enforcement Agencies Data Systems (LEADS) background check, fingerprint check and a local law enforcement background check. The Auditor reviewed 10 random employee files (to include a promotion and new hires) and 1 contractor file and found background checks completed prior to their contact with inmates. The file review determined staff at USDB working beyond four years received an updated background check and new badge issued at their 5th year. The Facility exceeds the standard requirements because a background check is completed annually on contractors and volunteers instead of the 5 year check.

(f) The Auditor determined compliance on this subpart of the standard based on 15th MP BOE Regulation 1-2 that requires, “MCC staff members assigned duties within an MCC facility who may have contact with inmates, have the affirmative duty to disclose sexual misconduct. IAW 28 CFR Part 115, sexual misconduct includes engaging in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 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. Additionally, staff members must disclose if civilly or administratively adjudicated to have engaged in the activities described above. As part of initial counseling and annually thereafter during the month of April, supervisor's shall explicitly discuss with those whom they rate, the MCC's zero tolerance policy towards all forms of sexual abuse and sexual harassment, and their affirmative duty to disclose any such sexual misconduct. The staff member and their supervisor shall sign and date 15th MP BOE Form 1-2-1, PREA Disclosure Statement (Appendix C). A copy shall be maintained with the staff member's annual evaluation and a copy shall be forwarded to each facility's PREA Compliance Manager (40th MP Battalion to the USDB PREA Compliance Manager. The Auditor reviewed a random sampling of these annual forms. The Compliance Manager confirmed that all staff assigned USDB completed this annual document in 2020.

Policy, Materials, Interviews and Other Evidence Reviewed

- Army Corrections Command Policy Letter #14

- 15th MP BDE Regulation 1-2
- Random Employee File Review
- Random Contractor File Review
- Interview (Human Resource)

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

(a) The interview with the Deputy Commandant, Compliance Manager and review of the PAQ confirmed the USDB has had no substantial expansion or modifications to its physical plant over the last three years.

(b) The Auditor determined compliance on this subpart of the standard after interviews with the Deputy Commandant, Compliance Manager and review of the PAQ which confirmed the facility added additional cameras in the housing units, hallways and exterior portions of the prison. The PCM interview confirmed she was involved in the placement locations of all new cameras and was confirmed during the interview with the Deputy Commandant as well. The Auditor reviewed the locations of the camera and monitored what each camera is able to view from the facility Control Center and the Military Police Investigators offices. There were no privacy concerns associated with any of the cameras positioned at the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Interview Compliance Manager
- Interview (Deputy Commandant)
- Interview (PCM)
- Review of the PAQ
- Review of Camera Placements

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness

to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

(a)(b)(f) The Auditor determined compliance to these subparts of the standard based on the Army Corrections Command Policy Letter #14 and 15th MP BDE Regulation 1-2 that requires, "To the extent that ACS facilities are responsible for investigating allegations of sexual abuse, ACS facilities shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be 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." The Auditor was also provided and reviewed a Memorandum of Understanding between the ACC and the U.S. ARMY CRIMINAL INVESTIGATION COMMAND, the agency with the legal authority to conduct criminal investigations within the agency facilities. This MOU states, "investigating special agents are trained in techniques for interviewing sexual assault victims, proper use of applicable rights advisement (Article 32, Miranda or Garrity warnings), sexual assault evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The CID will maintain documentation that agency special agents have completed the aforementioned training. Investigations will follow a uniform evidence protocol in accordance with AR195-5. Sexual assault medical forensic examinations will be conducted in accordance with DoD 6495.02. A protocol will be 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 protocol developed after 2011." This MOU outlines the agreement of CID to follow the requirements outlined in subpart (f). The Auditor interviewed both the facility Military Police Investigator and the CID Investigator. Each confirmed the evidence protocols training they received and indicated they must follow the most recent addition 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.

(c) The Auditor determined compliance to this subpart of the standard based on the Army Corrections Command Policy Letter #14 that requires, "ACS facilities shall offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where

evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The Facility shall document its efforts to provide SAFE or SANE examinations.” The interview with the USDB HSA confirmed the facility utilized the St. John’s Hospital Center for forensic examinations of victims of sexual assault. The examinations are conducted at no expense to the inmate, by a Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) whenever possible. If a SAFE or SANE nurse is not available, the examination is performed by another qualified medical practitioner. He also indicated the USDB had no forensic examinations conducted in the last 36 months.

(d)(e) The Auditor determined compliance to these subparts of the standard based on the Army Corrections Command Policy Letter #14 that requires, “ACS facilities shall make available to the victim a Sexual Harassment/Assault Response Program (SHARP)/Victim Advocate representative to provide victim advocate services. As requested by the victim, a SHARP/Victim Advocate (VA) 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.” The Auditor reviewed the MOU between the ACC and SHARP that states, “SHARP is responsible for providing access to a qualified VA in response to a sexual abuse allegation at the MWJRCF and/or USDB when a forensic examination is deemed appropriate and or necessary. Provide, as requested by the victim, a qualified VA to accompany and support the victim through the forensic medical examination Sexual Assault Forensic Examiner/Sexual Assault Nurse Examiner process and investigatory interviews. At a minimum, this support includes emotional support, crisis intervention, information, and outside referrals as needed.” The interview with the SHARP advocate confirmed she would accompany and support the victim through the forensic medical examination process and investigatory interviews, providing emotional support, crisis intervention, information, and referrals if necessary. The Auditor observed contact information (telephone number and mailing address) posted in each of the housing units for this advocate. The Auditor interviewed four inmates who alleged sexual abuse. None required a forensic examination, but each was informed and made aware of these advocate services if needed.

Policy, Materials, Interviews and Other Evidence Reviewed

- Army Corrections Command Policy Act (PREA) Letter #14
- 15th MP BDE Regulation 1-2
- MOU BETWEEN ACC AND the U.S. ARMY CRIMINAL INVESTIGATION COMMAND (CID)
- MOU Between the ACC and SHARP
- Interview (HSA)
- Interview (Victim Advocate)
- Interview (CID)
- Interview (MPI)
- Interviews (Alleged Sexual Abuse Victims)

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

(a)(b)(c) The Auditor determined compliance to these subparts of the standard based on the Army Corrections Command Policy Act (PREA) Letter #14, the 15th MP BDE Regulation 1-2 and then MOU BETWEEN ACC AND the U.S. ARMY CRIMINAL INVESTIGATION COMMAND (CID) that require," all allegations of sexual abuse are referred for investigation to CID and shall retain the associated MOU with CID to conduct such criminal investigations. ACC policy letters are posted on their website. In addition, the MCC shall post this regulation to the internal MCC intranet, stating its policies for compliance with PREA standards. IAW Chapter 8 of this regulation and ACC's MOU with CID, a criminal investigation shall be completed for all allegations of sexual abuse. MPI shall conduct administrative investigations." As previously noted, CID, a separate agency from ACC, has the legal authority and responsibility to conduct all criminal investigations. This investigative unit receives all allegations of sexual abuse alleged to have occurred within the USDB. If CID determines the accusation is not a criminal the case it is returned to the facility (MPI) for an administrative investigation. ACC publishes their investigative policy on its website (<http://www.army.mil/opmg>). Interviews conducted with the CID Investigator and MPI confirmed that an investigation is required and completed on each allegation of sexual abuse or sexual harassment alleged to have occurred at the USDB. The USDB sexual abuse/harassment allegations are broken as follows. During the previous 12 months there were 5 allegations of sexual harassment made at the USDB. Four were determined to be unfounded and one was still open at the time of the on site examination. During this same period there were 3 allegations of sexual abuse filed with 2 alleged against staff and one against another inmate. All three of these allegations were reported to CID as required by the MOU and policy. All but one of these investigations were completed with the two staff allegations determined to be unfounded and the one allegation made against another inmate still open. The USDB confirmed they had not received any allegations of sexual abuse that had alleged to have occur there but was reported by another facility. The USDB also confirmed that the facility did not receive any sexual abuse allegations that occurred at another facility during the audit period.

Policy, Materials, Interviews and Other Evidence Reviewed

- Army Corrections Command Policy Act (PREA) Letter #14
- 15th MP BDE Regulation 1-2
- MOU BETWEEN ACC AND the U.S. ARMY CRIMINAL INVESTIGATION COMMAND (CID)
- Interview (CID)
- Interview (MPI)

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

(a)(b) The Auditor determined compliance with these subparts of the standard based on the Army Corrections Command Policy Act (PREA) Letter #14 and the 15th MP BDE Regulation 1-2 that requires, "All ACS facilities shall train all Soldiers and Civilian employees who may have contact with prisoners on: Its zero-tolerance policy for sexual abuse and sexual harassment; How to fulfill their responsibilities under the sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; Prisoners' right to be free from sexual abuse and sexual harassment; The right of prisoners and employees to be free from retaliation for reporting sexual abuse and sexual harassment; The dynamics of sexual abuse and sexual harassment in confinement; The common reactions of sexual abuse and sexual harassment victims; How to detect and respond to signs of threatened and actual sexual abuse; How to avoid inappropriate relationships with prisoners; How to communicate effectively and professionally with prisoners, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming prisoners and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Such training shall be tailored to the gender of the prisoners at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male prisoners to a facility that houses only female prisoners, or vice versa." The Auditor interviewed soldiers and civilian staff during the site examination. Each of them confirmed the subject matter of the training included the subpart (a) standard requirements. They also stated they were not allowed to work or receive an entrance badge to enter the USDB until they received this PREA training. The Auditor reviewed the training curriculum and confirmed the subpart (a) requirements being covered. Ten random staff training files were reviewed, and the Auditor found signed documentation verifying that employees understood the training they have received.

(c) The Auditor determined compliance with these subparts of the standard based on the Army Corrections Command Policy Act (PREA) Letter #14 and the 15th MP BDE Regulation 1-2 that requires, "The facility shall provide each employee with refresher training every year to ensure that all employees know the facility's current sexual abuse and sexual harassment policies and procedures." Interviews with the random selected staff and review of the 10 training files confirmed staff receives PREA refresher training annually exceeding the standard requirement of refresher training every two years.

Policy, Materials, Interviews and Other Evidence Reviewed

- Army Corrections Command Policy Act (PREA) Letter #14
- 15th MP BDE Regulation 1-2
- Review of Training Curriculum (PREA)
- Interviews (Random Staff)
- Training Records Review (2020, 2019, 2018)
- Interview (Training Staff)

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

(a)(b)(c) The Auditor determined compliance with these subparts of the standard based on the Army Corrections Command (ACC) Policy Letter # 14) and the 15th Military Police Brigade Regulation 1-2

Prison Rape Elimination Act that requires, “Every ACS facility will ensure that all volunteers and contractors who have contact with prisoners have been trained on their responsibilities under the facility’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. 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 prisoners, but all volunteers and contractors who have contact with prisoners shall be notified of the facility’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. All volunteers shall receive this training prior to having contact with inmates and receive refresher training annually. ACS facilities shall maintain documentation confirming that volunteers and contractors understand the training they have received. The documents shall be maintained in the Directorate of Pastoral Care (DPC); and a copy shall be forwarded to each facility’s PREA Compliance Manager.” At the time of the site examination there were no volunteers present in the facility to interview. The Auditor did review the contractor training file and found the signed form acknowledging he understood the facility zero tolerance policy and training provided.

Policy, Materials, Interviews and Other Evidence Reviewed

- Army Corrections Command Policy Act (PREA) Letter #35
- 15th MP BDE Regulation 1-2
- Review of Training Curriculum (PREA)
- Training Records Review
- Interview (Training Staff)

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 the comprehensive education referenced in 115.33(b)? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?
☒ Yes ☐ No

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

(a)(b)(d)(e) The Auditor determined compliance with these subparts of the standard based on the Army Corrections Command Policy Act (PREA) Letter #14, 15th MP BDE Regulation 1-2 and SOP 59 - Inmate Reception Procedures that require, "During the intake process, prisoners shall receive information explaining the facility's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Within 30 days of intake, the facility shall provide comprehensive education to prisoners, either in person or through video, regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and information regarding the facility's policies and procedures for responding to such incidents. Upon transfer to a different facility, the new facility shall provide education to prisoners to the extent that the policies and procedures of the prisoner's new facility differ from those of the previous facility. The facility shall provide prisoner education in formats accessible to all prisoners, including those who are deaf, visually impaired, or otherwise disabled, as well as to prisoners who have limited reading skills. The facility shall maintain documentation of prisoner participation in these education sessions." The interview with staff that process new arrivals indicated that each new arriving inmate receives an initial brief from them, on the USDB zero tolerance policy and are given the MCC form 307-3 (Sexual Harassment and Sexual Abuse Prevention Handout) informing them of their right to be free from sexual misconduct, right to be free from retaliation for reporting such incidents, and information regarding facility policies and procedures for responding to such incidents. The interview with the of Director of Treatment and Programs indicated all prisoners receive an in-depth orientation on all aspects of the facility operation within their first 30 days at the USDB. He further stated that the orientation would include a presentation and video on PREA with questions and answers from the Compliance Manager. The Compliance Manager confirmed this orientation process and the 26 random inmate interviews by the Auditor confirmed they had received it the information as outlined. Signed documentation by the prisoners of this orientation was observed in the random file reviews.

(c) According to the interview with the PREA Compliance Coordinator and the facility Compliance Manager inmates at the USDB at the facility prior to 2014, received the required PREA training prior to their initial PREA audit during "town hall" meetings on each of the housing units. Since that 2014 date all inmates arriving at the USDB have been provided this information on PREA upon arrival.

(f) The Auditor determined compliance with this subpart of the standard based on the 15th MP BDE Regulation 1-2 that requires, "In addition to providing such education, the facility shall ensure that key information is continuously and readily available or visible to prisoners through posters, prisoner handbooks, or other written formats." The Compliance Manager indicated she is responsible to ensure this information is readily available to the inmate population. During the on-site examination the Auditor observed, in all areas of the facility that inmates have access to, posters and documentation informing the inmates on how to report allegations of sexual abuse. The random inmate interviews confirmed their knowledge of this posted reporting information.

Policy, Materials, Interviews and Other Evidence Reviewed

- Army Corrections Command Policy Act (PREA) Letter #14
- 15th MP BDE Regulation 1-2
- SOP 59- Inmate Reception Procedures

- Interview (Intake Staff)
- Interview (Director of Treatment and Programs)
- Interviews (Random Inmates)
- Review of Inmate Files

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

(a)(b)(c) The Auditor determined compliance with these subparts of the standard based on the Army Corrections Command Policy Act (PREA) Letter #14 and 15th MP BDE Regulation 1-2 that require," in addition to the general training provided to all employees pursuant to Title 28 of the CFR, § 115.31, facilities shall ensure that, to the extent the facility itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity (Kalkines Warnings) warnings, Article 31b warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. ACC and ACS facilities shall maintain documentation that CID (if provided) and Military Police Investigators (MPI) have completed the required specialized training in conducting sexual abuse investigations. As required by Title 28 of the CFR, any Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations. The Auditor interviewed the CID Investigator and the Military Police Investigator during the site examination. Both investigators received investigator training through the National Institution of Corrections (NIC), "PREA: Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations", which was documented. The interview with both also detailed the training course content that included interview techniques, evidence collection in confinement settings, use of Garrity warning and criteria and evidence to substantiate administrative cases. The Auditor reviewed the NIC curriculum and found in coincides with the training requirements of the standard and the detailed curriculum by the investigators. There are five trained Military Police Investigators at the USDB. The Auditor reviewed six completed investigative case files during the on site examination, and each was completed by a trained investigator.

Policy, Materials, Interviews and Other Evidence Reviewed

- Army Corrections Command Policy Act (PREA) Letter #14
- 15th MP BDE Regulation 1-2
- Review of NIC Investigator Training
- Review of Training Records (Investigator Training-5)
- Review of Training Certificates.
- Interview (Facility Investigator)
- Interview (CID)
- Review (Sexual Abuse Investigation Case Files)

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

(a)(b)(c) The Auditor determined compliance with these subparts of the standard based on the Army Corrections Command Policy Act (PREA) Letter #14 and 15th MP BDE Regulation 1-2 that require, "Each ACS facility shall 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; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to victims of sexual abuse and sexual harassment; How and to whom to report allegations or suspicions of sexual abuse and sexual harassment; facilities shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the facility or elsewhere; Medical and mental health care practitioners shall also receive the training mandated for employees under Title 28 of the CFR, § 115.31, or for contractors and volunteers under Title 28 of the CFR, § 115.32, depending upon the practitioner's status at the facility." There are currently 43 Medical/Mental health staff at the USDB. The Auditor randomly chose three of these staff to interview each confirmed receiving this additional specialized training along with the staff mandated PREA training. Each of the three detailed the specialized curriculum to include the subpart (a) requirements. As noted earlier the USDB does not perform forensic examination at the facility. The Auditor randomly chose five medical training files and found completed specialized training documented in each of the files. The interview with the HSA confirmed that all 43 of the staff have received this specialized training. He also stated that this staff receives this training on an annual basis which exceeds the standard one time in their career.

Policy, Materials, Interviews and Other Evidence Reviewed

- Army Corrections Command Policy Act (PREA) Letter #14
- 15th MP BDE Regulation 1-2
- Interviews (Medical/Mental Health -3)
- Review of Training Records

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

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

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

(a)(b)(c)(d)(e)(h) The Auditor determined compliance with these subparts of the standard based on the Army Corrections Command Policy Act (PREA) Letter #14 and 15th MP BDE Regulation 1-2 that require, "All prisoners shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other prisoners or sexually abusive toward other prisoners. Intake screening shall ordinarily take place upon arrival at the facility. Such assessments shall be conducted using an objective screening instrument. The intake screening shall consider, at a minimum, the following criteria to assess prisoners for risk of sexual victimization: Whether the prisoner has a mental, physical, or developmental disability; The age of the prisoner; The physical build of the prisoner; Whether the prisoner has previously been incarcerated; Whether the prisoner's criminal history is exclusively nonviolent; Whether the prisoner has prior convictions for sex offenses against an adult; Whether the prisoner is, or is perceived to be, gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; Whether the prisoner has previously experienced sexual victimization; The prisoner's own perception of vulnerability and whether the prisoner is detained solely for civil

immigration purposes. The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility, in assessing prisoners for risk of being sexually abusive. Prisoners may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked.” Mental Health practitioners (soldier and civilian) conduct the vulnerability assessments on every inmate at the USDB. The initial upon arrival within 2 hours, the reassessment not exceeding the first 30 days and any special assessment required. The Auditor reviewed 10 inmate files that demonstrated the initial assessment was confirmed to have been completed within the required 72 hours. The random interviews with the inmates confirmed, for those inmates arriving after 2014, each received a second assessment with the first month of being at the USDB. The Auditor interviewed two staff who conduct this risk assessment use a screening questionnaire that addresses each of the nine subpart (d) requirements. The 10th consideration is not applicable as this facility detains no one for civil immigration purposes. These practitioners also confirmed no inmate is ever disciplined for refusing to answer any of the vulnerability questions. The Auditor reviewed the screening tool, and it appears objective. It also weights certain questions which place the inmate in the status of being above risk or average risk of being potentially victimized or abusive. Once identified the PCM is notified, and she document their targeted designation and maintains a file.

(f) The Auditor determined compliance with this subpart of the standard based on the Army Corrections Command Policy Act (PREA) Letter #14 and 15th MP BDE Regulation 1-2 that require, “Within 30 days from the prisoner's arrival at the facility, the facility will reassess the prisoner's potential for victimization and abusiveness (using ACC's screening tool). This will also take into account any additional, relevant information received by the facility since the intake screening.” The Auditor reviewed the risk assessments conducted on 10 inmates' files. Each demonstrated the initial assessment and also documented the required reassessment completed within the first 30 days. The random inmate interviews confirmed this second assessment within 30 days except where the inmate was held at the USDB prior to 2014.

(g) Army Corrections Command Policy Act (PREA) Letter #14 and 15th MP BDE Regulation 1-2 require, “A prisoner's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the prisoner's risk of sexual victimization or abusiveness (using ACC's screening tool).” During the review of the investigative files the Auditor found out of 3 cases of sexual abuse the new risk assessment was not completed in two allegations and was done 50 days after the allegation in the third. The USDB does not access the inmates' risk after an allegation of sexual abuse as required by policy and standard.

(I) The Auditor determined compliance with this subpart of the standard based on the Army Corrections Command Policy Act (PREA) Letter #14 and 15th MP BDE Regulation 1-2 that require, “ACS facilities shall implement 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 prisoner's detriment by staff or other prisoners.” The Auditor interviewed the HSA who confirmed that assessment documents become part of the medical record and access to them is restricted to those staff only with a need to know.

Policy, Materials, Interviews and Other Evidence Reviewed

- Army Corrections Command Policy Act (PREA) Letter #14
- 15th MP BDE Regulation 1-2

- Interview (HSA)
- Interview (Staff that Perform Risk Assessment)
- Review (Inmate Files)
- Interviews (Random Staff)

Corrective Action Required

1.The USDB should prepare a formalized, written plan that addresses the risk assessment following allegations of sexual abuse on both the alleged abuser and victim within a specific reasonable time after the allegation. The staff that conduct this assessment should be trained on the new policy.

Corrective Action Provided

The Auditor was provided supplemental documentation prior to the end of the Corrective Action Period (CAP) to evidence and demonstrate actions taken by the USDB administration regarding this standard. The Auditor was provided a copy of a training roster demonstrating the training of those staff involved in the risk/vulnerability assessment on the requirement that the victim and abuser both be reassessed after an allegation of sexual abuse has been made. The Auditor was also provided a copy of the revised policy specifically requiring this assessment and at any time the facility receives additional relevant information. During the 120 day CAP the had no allegations of sexual abuse. Therefore, the facility was unable to document these assessments were being completed on both the alleged victim and alleged abuser. The Auditor interviewed the PCM who confirmed the new policy and procedure that would be followed in every allegation. The facility is now fully compliant with the standard.

Standard 115.42: Use of screening information

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

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those 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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay,

bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

(a)(b) The Auditor determined compliance with these subparts of the standard based on the Army Corrections Command Policy Act (PREA) Letter #14, USDB Regulation 15-3. Initial Classification Board (ICB) policy and 15th MP BDE Regulation 1-2 that require, "that the USDB utilizes the Risk Assessment information as one of the tools when determining an appropriate level of custody for an inmate.. The Inmate Classification Board (ICB) utilizes USDB Form 15-3-3, Classification Assignment (CA)/Correctional Needs Assessment (Appendix E) and the Risk Assessment provided by the DTP Assessment Division when determining an appropriate initial level of custody for an inmate. The ICB also determines an inmate's initial housing, treatment, and training and work assignments while taking into consideration vulnerability to sexual victimization or risk to engage in sexually abusive behavior, recreational preferences, and needs of the inmate. The PREA Compliance Manager, Risk Assessment staff and a member of the ICB staff stated in their interviews that all information obtained from the screening during intake is reviewed, assessed and used to determine housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive

(c)(d)(e)(f) The Auditor determined compliance with these subparts of the standard based on the Army Corrections Command Policy Act (PREA) Letter #14 and 15th MP BDE Regulation 1-2 that require, "A prisoners Gender Marker will assist in deciding whether to assign a transgender or intersex prisoner to a male or female facility. A HQDA/(Navy HQ Corrections, as applicable) special classification

committee will consider, on a case by case basis, whether placement would ensure a prisoner's health and safety, or present a management or security problem. ACS facilities making other housing and programming assignments will consider, on a case by case basis, whether placement would ensure a prisoner's health and safety, or present a management or security problem. These considerations will be reviewed by the facility's classification review committee. Placement and programming assignments for each transgender or intersex prisoner shall be reassessed at least twice each year to review any threats to safety experienced by the prisoner. A transgender or intersex prisoner's own view with respect to his or her own safety shall be given serious consideration. Transgender and intersex prisoners shall be given the opportunity to shower separately from other prisoners." The auditor interviewed a transgender inmate during the site examination. She indicated that she was questioned about any concerns she may have for her safety and questioned if she wanted the opportunity to shower separately from other inmates. She also confirmed she meets at a minimum of every six months for a review with a committee to evaluate her well-being. The Auditor was also provided completed copies of this Bi-Annual Placement and Programming Review for Transgender/Intersex Inmates.

(g) The Auditor determined compliance with this subpart of the standard based on the Army Corrections Command Policy Act (PREA) Letter #14 and 15th MP BDE Regulation 1-2 that require, "ACS facilities shall not place lesbian, gay, bisexual, transgender, or intersex prisoners in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such prisoners." The auditor interviewed 5 inmates who identified as GBT. Each of them indicated during their interviews that they were never placed on any dedicated housing unit and were always placed in general population.

Policy, Materials, Interviews and Other Evidence Reviewed

- Army Corrections Command Policy Act (PREA) Letter #14
- 15th MP BDE Regulation 1-2
- USDB Regulation 15-3. Initial Classification Board (ICB) policy
- Interview (HSA)
- Interview (Staff that Perform Risk Assessment)
- Interview (Classification Staff)
- Review (Inmate Files)
- Interview (Targeted Inmates)
- Interviews (Random Staff)

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 any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

(a)(b)(c)(d)(e) The Auditor determined compliance with these subparts of the standard based on the Army Corrections Command Policy Act (PREA) Letter #14 and 15th MP BDE Regulation 1-2 that requires, "Prisoners at high risk for sexual victimization shall not be placed 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. If a facility assessment immediately, the facility may hold the prisoner in involuntary segregated housing for less than 24 hours while completing the assessment. Prisoners placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document the opportunities that have been limited and the duration of the limitation. If an inmate is "involuntarily" administrative segregated (AS) based on a risk of imminent sexual abuse, Military Police Investigations (MPI) shall complete their investigation within 24 hours. The outcome of the investigation may determine additional time in AS is warranted to protect the inmate from sexual victimization. Assignment to AS shall not ordinarily exceed a period of 30 days. The AS Review Official shall recommend an alternative means of separation or to continue AS. If the decision to continue AS is made, the AS Review Official shall advise the inmate of the purpose for continued AS and the inmate shall acknowledge they were advised by signing Section II of MCC Form 56-1. Inmates placed in AS shall be reviewed every seven days for the first 60 days and at least every 30 days thereafter in order to ensure the reasons for the placement still exist. If the segregation is "involuntary," the basis for the concern for the inmate's safety from substantial risk of imminent sexual abuse and the reason no alternative means of separation can be arranged shall be documented." This policy was confirmed during the interview with the Deputy Commandant. He indicated that if ever an inmate needed protection based on his risk of victimization, he would most likely place him in another housing unit at the USDB until the inmate could be moved to another ACC facility. He also confirmed that there has been no case where segregation was used to place any inmate at high risk of victimization in the last 36 months at the USDB. The Auditor interviewed four inmates whom alleged sexual abuse, each stated they were not placed in segregation as a result of the allegation or protection..

Policy, Materials, Interviews and Other Evidence Reviewed

- Army Corrections Command Policy Act (PREA) Letter #14
- 15th MP BDE Regulation 1-2
- Interview (Deputy Commandant)
- Interviews (Inmate Alleging Sexual Abuse)

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? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) ☐ Yes ☐ No ☒ NA

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

(a)(b) The Auditor determined compliance to these subparts of the standard based on the Army Corrections Command Policy Letter #14 – Prison Rape Elimination Act (PREA) and 15th MP BDE Regulation 1-2 that require, "ACS facilities shall provide multiple internal ways for prisoners to privately report sexual abuse and sexual harassment, retaliation by other prisoners or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Facilities shall also provide at least one way for prisoners to report abuse or harassment to a public or private entity or office that is not part of the facility, and that is able to receive and immediately forward prisoner reports of sexual abuse and sexual harassment to facility officials, allowing the prisoner to remain anonymous upon request. Inmates may report sexual abuse or sexual harassment; retaliation by other inmates or staff for reporting sexual abuse or sexual harassment; and staff neglect or violation of responsibilities contributing to such incidents to the Army Review Board Agency (ARBA) (entity not part of the facility) at the address provided." The Auditor observed contact information for this Agency in each of the living areas throughout the USDB. As previously noted each inmate receives a PREA handout upon arrival, with PREA information, including how to report. There are also posted notifications in every area inmates have access to informing them of multiple ways to privately report PREA allegations. Allegations by inmates can be done verbally to staff, in written reports, through anonymous (unsigned) reports and reports from third parties (family members or friends). The random inmates interviewed confirmed their knowledge and understanding of their reporting opportunities should they need it. The Auditor did check, in three random housing units, the reporting helpline to the Department of Defense. The reporting lines were operational and did not require an inmate PIN to use.

(c)(d) The Auditor determined compliance to these subparts of the standard based on the Army Corrections Command Policy Letter #14 – Prison Rape Elimination Act (PREA) and 15th MP BDE Regulation 1-2 that require, "Facilities will develop a policy mandating that staff will accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. a. IAW 15th MP BOE Regulation 190-3, staff are required to report immediately any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment occurring in the USDB or JRCF. Staff shall ensure only those who have a need to know are informed of the incident. Staff members may privately report sexual abuse or sexual harassment of inmates to the

IG, Chaplain, or the DoD Safe Helpline. All reports (verbal, written, anonymous, and third party) shall be accepted and investigated IAW this regulation.” The Auditor spoke with both soldiers and civilian staff during the site evaluation and questioned them specifically about receiving verbal allegations and reporting outside their chain of command. All were aware that verbal reports must be documented in writing. They were also aware of how and to whom to report allegations outside their command if necessary. In each of the sexual abuse investigative there were written accusations for each incident.

Policy, Materials, Interviews and Other Evidence Reviewed

- Army Corrections Command Policy Act (PREA) Letter #14
- 15th MP BDE Regulation 1-2
- Review (USDB Inmate Handbook)
- Interviews (Random Staff)
- Interviews (Random Inmates)

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

- Does the agency permit 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.

The Auditor determined compliance with this standard based on policies and the PAQ that indicate that grievances are not the appropriate process for handling allegations of sexual misconduct at the USDB. Therefore, the USDB is exempt from this standard.

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? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

(a)(b)(c) The Auditor determined compliance to these subparts of the standard based on the Army Corrections Command Policy Letter #14 and 15th MP BDE Regulation 1-2 that require, "Inmates may use the DoD Safe Helpline to contact an outside victim advocate for emotional support services relating

to sexual abuse. Communications with outside victim advocates shall be conducted in as confidential a manner as possible. The MCC shall comply with all mandatory reporting laws. Instructions on how to contact the DoD Safe Helpline are located in the housing units and provided at PREA training T inmates. Communication with the DoD Safe Helpline is unmonitored.” The PREA Coordinator informed the Auditor that there is no MOU but In May 2010, the DoD Sexual Assault Prevention and Response Office (SAPRO) awarded a contract to the Rape, Abuse & Incest National Network (RAINN) to provide an anonymous online and telephone hotline to allow Service members of the DoD community to seek anonymous one-on-one crisis support securely. The Sexual Harassment Assault Prevention (SHARP) Program plays a vital role in making this Safe Help Line a success. A SHARP Advocate assists victim of sexual assault with the different treatment option available to them and educates them about their rights. SHARP services include developing a safety plan and assessing the victim's medical needs. They also provide information on resources available to them, information on the sexual assault forensic examination, and information on the military disciplinary system. A SHARP advocate is available 24 hours a day 7 days a week either through personal contact or through the DoD hotline USDB has the phone number to contact posted on each of the living units and posted in inmate common areas as well. The Auditor interviewed an individual from SHARP. She discussed her duties of supporting victims of sexual assault as outlined in subpart (a). The random inmate interviews confirmed their knowledge of SHARP Program and the service that SHARP offers. They were also aware that calls to this advocate are not monitored or a PIN needed.

Policy, Materials, Interviews and Other Evidence Reviewed

- Army Corrections Command Policy Act (PREA) Letter #14
- 15th MP BDE Regulation 1-2
- Review (USDB Inmate Handbook)
- Interviews (Random Staff)
- Interviews (Random Inmates)

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.

The Auditor determined compliance to the standard based on the Army Corrections Command Policy Letter #14 and 15th MP BDE Regulation 1-2 that require, "The MCC accepts all third party reporting of sexual abuse and sexual harassment on behalf of an inmate. Each inmate's family receives a safe arrival letter identifying the zero tolerance policy on sexual abuse and sexual harassment with contact information on how to report any allegation, both telephonically and written." Posters for third party reporting were observed posted in all visitation areas and front entry buildings. The posters notify inmate family members and friends of the USDB and agency phone numbers, mailing addresses, and email address where they can report allegations of sexual abuse and/or sexual harassment on behalf of any inmate. The Auditor also reviewed the USDB web page https://www.army.mil/article/149277/army_corrections_command_prea_information that also provides a means for the general public to report allegations of sexual abuse and/or sexual harassment on behalf of any inmate. The random inmate interviews their aware that their awareness that family members could make a call on their behalf either to the facility or to the DOD helpline if necessary, to report any issues they have. The PREA Coordinator confirmed that USDB had one third party allegation reported during the audit period. One of the allegations made at the USDB during the last 12 months was initiated through the DoD helpline.

Policy, Materials, Interviews and Other Evidence Reviewed

- Army Corrections Command Policy Act (PREA) Letter #14
- 15th MP BDE Regulation 1-2
- Review (Army Web Site)
- Auditor Observations (Reporting Posters)
- Interview (PREA Coordinator)
- Interviews (Random Inmates)
- Review (Investigative Files)

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

(a)(b) The Auditor determined compliance to these subparts of the standard based on the Army Corrections Command Policy Letter #14 and 15th MP BDE Regulation 1-2 that require, "all staff to report immediately, and according to the facility's 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 ACC; any retaliation against prisoners or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in the facility policy, to make treatment, investigation, and other security and management decisions. "As noted earlier the Auditor interviewed over 35 staff during the onsite examination at the USDB and questioned them directly about reporting incidents of sexual abuse, sexual harassment and retaliation as outlined in this policy. They indicated their first responsibility would be to secure the inmate and report it immediately to the Watch Commander. They all also confirmed their duty to keep all information confidential and only report it to a supervisor or investigator.

(c) The Auditor determined compliance to this subpart of the standard based on the Army Corrections Command Policy Letter #14 and 15th MP BDE Regulation 1-2 that require, "Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to this policy, and inform prisoners of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services." The interviews with the medical and mental health practitioners confirmed their requirement on reporting all allegations of sexual abuse and their responsibility to inform inmates about the limits of confidentiality prior to their initiating services to them. They indicated that they had not received an allegation during the audit period.

(d) The interview with the Deputy Commandant, PREA Coordinator and the PCM confirmed that the USDB does not receive or accept inmates under the age of 18. They also confirmed that as a military entity they do not follow state report obligations. If a vulnerable adult were sexually abused in one of their facilities the CID would make all necessary federal notifications. They also indicated the USDB had no reported allegations involving a vulnerable adult during the previous three years.

(e) The Auditor determined compliance to this subpart of the standard based on the Army Corrections Command Policy Letter #14 and 15th MP BDE Regulation 1-2 that require, "the facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators." The interview with the MP Investigator confirmed he receives and investigates all allegations of sexual abuse regardless of how it is reported and received to the USDB. As previously noted the USDB had a reported allegation from a third party and the Auditor confirmed it was investigated.

Interviews and Other Evidence Policy, Materials, Reviewed

- Army Corrections Command Policy Act (PREA) Letter #14
- 15th MP BDE Regulation 1-2
- Interview (Deputy Commandant)
- Interview (PREA Coordinator)
- Interview (PCM)
- Interview (MP Investigator)
- Review (Investigative files)
- Interview (Random staff)

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

(a) The Auditor determined compliance with this standard based on the Army Corrections Command Policy Letter #14 and 15th MP BDE Regulation 1-2 that require, "When a facility learns that a prisoner is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the prisoner." Random staff were questioned about what their response would be upon learning an inmate may be at substantial risk of sexual abuse. Each of them confirmed their primary concern would be the inmate safety to include finding the inmate and then contacting his/her supervisor. This same question was posed to the Deputy Commandant. As with the line staff he indicated the inmate's well-being would be his primary concern and movement within or from the facility, depending on the circumstances. He also informed the Auditor that the USDB has had no reported incidents of inmates at substantial risk of imminent sexual abuse in the last three years.

Policy, Materials, Interviews and Other Evidence Reviewed

- Army Corrections Command Policy Act (PREA) Letter #14
- 15th MP BDE Regulation 1-2
- Interview (Deputy Commandant)
- Interview (Random staff)

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

(a)(b)(c) (d) The Auditor determined compliance to these subparts of the standard based on the Army Corrections Command Policy Letter #14 –and 15th MP BDE Regulation 1-2 that require, "Upon receiving an allegation that a prisoner was sexually abused while confined at another facility, the Facility Commander of the facility that received the allegation shall notify the Facility Commander of the facility where the alleged abuse occurred. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The gaining facility shall document that it has provided such notification The Facility Commander or ACC employee that receives such notification shall ensure that the allegation is investigated in accordance with these standards." The Compliance Manager, MP Investigator and PAQ confirmed that During the past 12 months, USDB received no allegations of sexual abuse or sexual harassment by an inmate while he was confined at another facility. The interview with the Deputy Commandant confirmed should the facility ever received information about an incident of sexual abuse occurring at another facility he would contact the Facility Administrator within 72 hours requesting the incident be investigated,

Policy, Materials, Interviews and Other Evidence Reviewed

- Army Corrections Command Policy Act (PREA) Letter #14
- 15th MP BDE Regulation 1-2
- Interview (Deputy Commandant
- Interview (Compliance Manager)
- Interview (MP Investigator)
- Review (PAQ)

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

(a) The Auditor determined compliance with this subpart of the standard based on the Army Corrections Command Policy Letter #14 – Prison Rape Elimination Act (PREA) and 15th MP BDE Regulation 1-2 that require, "Upon learning of an allegation that a prisoner was sexually abused, the first security staff member to respond to the report shall be required to: Separate the alleged victim and abuser and preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, 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, 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." At the USDB all staff are trained as first responder regardless of title. The random security staff (soldiers) indicated they would respond to incidents of sexual assault by separating and isolating the victim, preserving evidence to the extent possible, notify a supervisor and medical. As noted earlier in the report the facility reported 8 allegations of sexual assault/harassment during the audit period. One allegation was reported through a third party and the remaining seven were made to uniform staff. The review of the six completed investigative files confirmed the staff responded as required by policy and standard.

(b) The Auditor determined compliance with this subpart of the standard based on the Army Corrections Command Policy Letter #14 – Prison Rape Elimination Act (PREA) and 15th MP BDE Regulation 1-2 that require, "If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff." The Auditor interviewed two civilians about their responder duties during the site examination. Both staff stated that if ever presented with a sexual abuse allegation that after securing the alleged victim they would immediately notify the closest uniform staff person.

Policy, Materials, Interviews and Other Evidence Reviewed

- Army Corrections Command Policy Act (PREA) Letter #14
- 15th MP BDE Regulation 1-2
- Interview (Uniform Staff)
- Interview (Civilian Staff)
- Review (Investigative Files)

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.

The Auditor determined compliance with the standard based on the Army Corrections Command Policy Letter #14 and 15th MP BDE Regulation 1-2 that require ACC, "facilities develop a written plan that coordinates actions to be taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and the facility Command." The Deputy Commandant confirmed the USDB coordinated response is found in 15th Military Police Brigade Regulation 1-2 Appendix D. The Auditor reviewed this appendix and then interviewed medical staff, mental health staff, the facility Investigator and multiple supervisors during the site examination. Each confirmed they were aware of their coordinated responsibilities should it become necessary to respond to a reported incident of sexual abuse.

Policy, Materials, Interviews and Other Evidence Reviewed

- Army Corrections Command Policy Act (PREA) Letter #14
- 15th MP BDE Regulation 1-2
- Interview (Medical Staff)
- Interview (Mental Health Staff)
- Interview (Investigator)
- Interview (Supervisors)
- Review (Appendix D)

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.

The Auditor determined compliance with the standard based on the Army Corrections Command Policy Letter #14 that requires, "Neither the facility, nor any other governmental entity responsible for collective bargaining on the facility's behalf, shall 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. Nothing in this standard shall restrict the entering into or renewal of agreements that govern: The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of Title 28 of the CFR, § 115.72 and § 115.76. 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." According to the interview with the Deputy Commandant and the Agency PREA Coordinator the USDB has a collective bargaining unit agreement for civilian employees was updated in 2015. Nothing limits their ability to remove alleged staff sexual abusers from contact with any inmate pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted. Military staff members are not eligible for membership in a collective bargaining unit. Nothing limits their ability to remove alleged staff sexual abusers from contact with any inmate pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted either..

Policy, Materials, Interviews and Other Evidence Reviewed

- Army Corrections Command Policy Act (PREA) Letter #14

- Interview (Deputy Commandant)
- Interview (Agency PREA Coordinator)

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

(a)(b)(c)(d)(e)The Auditor determined compliance to these subparts of the standard based on the Army Corrections Command Policy Letter #14 and 15th MP BDE Regulation 1-2 that require," ACS facilities shall establish a policy to protect the victim, all prisoners, staff contractors, and volunteers who report

sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other prisoners or staff, and shall designate which staff members or departments are charged with monitoring retaliation. ACS facilities shall employ multiple protection measures, such as housing changes or transfers for prisoner victims or abusers, removal of alleged staff or prisoner abusers from contact with victims, and emotional support services for prisoners or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. For at least 90 days following a report of sexual abuse, the facility shall monitor the conduct and treatment of prisoners or staff who reported the sexual abuse and of prisoners who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by prisoners or staff, and shall act promptly to remedy any such retaliation. Items the facility should monitor include any prisoner disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff. In the case of prisoners, such monitoring shall be a proactive team approach which includes documented periodic status checks. ACS facilities will designate either Medical/Investigations/operations section appoint one individual as a "lead" to oversee/coordinate/collect information gathered in order to determine if any retaliation has occurred, or if the initial 90 day monitoring may be terminated or extended. If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual against retaliation." This requirement is achieved at the USDB through the Monitoring Retaliation Committee (MRC) chaired by the Director of Treatment Programs. His retaliation review committee consist of the USDB Deputy Commandant, the USDB PREA Compliance Manager, the Director or Deputy Director for the Directorate of Operations, the Directorate of Correctional Programs, the Directorate of Institutional Services, the Directorate of Pastoral Care; Office of the Command Judge Advocate (OCJA) attorney; and Military Police Investigations (MPI). Additional personnel may include, but is not limited to, the inmate's treatment provider, Housing Unit Noncommissioned Officer (NCO), and/or treating medical personnel. Her further stated that these individuals monitor everyone involved in a report of sexual abuse or sexual harassment to prevent and to remediate retaliation secondary to the reported incident. Based on the incident being reviewed, additional members may be added at the discretion of the USDB Deputy Commandant Minutes are taken and kept by the DTP Office Automation Assistant (OAA) and include attendees, topics discussed, recommendations made, and courses of action taken. He confirmed as the chair signs the minutes. He indicated that the committee employs 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 that fear retaliation for reporting sexual misconduct or for cooperating with investigations. Retaliation is monitored for a minimum of 90 days and it can be extended indefinitely if needed. The auditor reviewed monitoring conducted on all eight individuals during the last 12 months. Monitoring was continued on everyone, except the 4 unfounded cases, and for the 90 days as required.

Policy, Materials, Interviews and Other Evidence Reviewed

- Army Corrections Command Policy Act (PREA) Letter #14
- Interview (Director of Treatment Programs)
- Review (Retaliation Monitoring Records)

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.

The Auditor determined compliance to the standard based on the Army Corrections Command Policy Letter #14) and 15th MP BDE Regulation 1-2 that require, "Any use of segregated housing to protect a prisoner who is alleged to have suffered sexual abuse shall be subject to the requirements of Title 28 of the CFR, § 115.43." As noted earlier in this report with standard 115.43 the use to protect any inmate who alleged to have suffered sexual abuse is prohibited by policy unless an assessment of all available alternatives has been made and a determination has been made that there is no available means of separating a victim from a likely abuser." The Deputy Commandant stated that segregation has never been used to protect a victim. If it were ever used for this purpose the inmates would have access to: programs, privileges, and education. The auditor observed and confirmed no inmates were in protective custody for protection from sexual abuse during the tour of the SHU. The interviews with four inmates who alleged sexual abuse confirmed none of them were placed in segregation as a result of their sexual abuse allegation.

Policy, Materials, Interviews and Other Evidence Reviewed

- Army Corrections Command Policy Act (PREA) Letter #14
- 15th MP BDE Regulation 1-2
- Interview (Deputy Commandant))
- Interview (Targeted Inmates)
- Interview (Investigator)
- Auditor Observations.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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(a)(b)(c)(d)(e)(f)(g)(h)(i)(j)(l) The Auditor determined compliance to these subparts of the standard based on the Army Corrections Command Policy Letter #14 , 15th MP BDE Regulation 1-2 and the SOP 68, Crime Scene Protection, Processing and Investigative Procedures that require," CID will be notified whenever there is an allegation of sexual abuse other than voyeurism. If CID determines it will not accept the case because it does not meet the definition of an offense under Article 120, UCMJ, then the facility will conduct its own investigation. When the facility conducts its own investigation into allegations of sexual abuse, including voyeurism and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Where sexual abuse is alleged, each ACS facility will use investigators who have received special training in sexual abuse investigations pursuant to Title 28 of the CFR, § 115.34. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; investigators shall interview alleged victims, suspected perpetrators, and witnesses, and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. When the quality of evidence appears to support criminal prosecution, the facility shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Substantiated allegations of conduct that appear to be criminal shall be referred to the Commander for appropriate disposition, including referral for prosecution. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as prisoner or staff. ACS facilities shall not require a prisoner who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Administrative investigations shall: include an effort to determine whether staff actions or failures to act contributed to the abuse; 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. ACS facilities shall retain all written reports referenced for as long as the alleged abuser is incarcerated or employed by the facility, plus five years. The departure of the alleged abuser or victim from the employment or control of the facility shall not provide a basis for terminating an investigation. Any Department of Justice component that conducts such investigations shall do so pursuant to the above requirements. When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation." The Auditor reviewed an MOU between the United States Army Criminal Investigations Command (CID) and the Army Corrections Command. This MOU outlines the process and responsibilities when conducting criminal investigations within the USDB. CID has the legal authority to conduct these criminal investigations. As previously noted all allegations are initially considered criminal until CID makes a determination that the facts/evidence do not support a crime. The USDB sexual abuse/harassment allegations are broken as follows. During the previous 12 months there were 5 allegations of sexual harassment made at the USDB. Four were determined to be unfounded and one was still open at the time of the on site examination. During this same period there were 3 allegations of sexual abuse filed with 2 alleged against staff and one against another inmate. All three of these allegations were reported to CID as required by the MOU and policy. All but one of these investigations were completed with the two staff allegations determined to be unfounded and the one allegation made against another inmate still open. The USDB confirmed they had not received any allegations of sexual abuse that had alleged to have occur there but was reported by another facility. The USDB also confirmed that the facility did not receive any sexual abuse allegations that occurred at

another facility during the audit period. A review of the six completed investigations at the USDB confirmed each was conducted by a trained investigator.

Policy, Materials, Interviews and Other Evidence Reviewed

- Army Corrections Command Policy Act (PREA) Letter #14
- 15th MP BDE Regulation 1-2
- SOP 68, Crime Scene Protection, Processing and Investigative Procedures
- Interview (CID Investigator)
- Interview (MP Investigator)
- Review (Case Files)

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.

The Auditor determined compliance to the standard based on the Army Corrections Command Policy Letter #14 – Prison Rape Elimination Act (PREA), 5th MP BDE Regulation 1-2 and the SOP 68, Crime Scene Protection, Processing and Investigative Procedures that require, "The investigating agency (CID/MPI) shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated." During the interviews with the CID Investigator and the MP Investigator the Auditor was informed that preponderance of the evidence is the standard that is used during investigations by them when determining cases of sexual abuse/harassment. The review of the six completed investigative files appeared to utilize this standard of preponderance when determining investigative outcome.

Policy, Materials, Interviews and Other Evidence Reviewed

- Army Corrections Command Policy Act (PREA) Letter #14
- 15th MP BDE Regulation 1-2
- SOP 68, Crime Scene Protection, Processing and Investigative Procedures
- Interview (CID Investigator)
- Interview (MP Investigator)
- Review (Case Files)

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

(a)(b)(e)(f) The Auditor determined compliance with these subparts of the standard based on the Army Corrections Command Policy Letter #14) and 15th MP BDE Regulation 1-2 that require, "Following an investigation into a prisoner's allegation that he or she suffered sexual abuse in a facility, the facility shall inform the prisoner as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the facility did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the prisoner. ACS facilities' obligation to report under this standard shall terminate if the prisoner is released from the custody of ACC. All such notifications or attempted notifications shall be documented." The Auditor interviewed both the CID Investigator and the USDB MP Investigator. Both confirmed their obligation to ensure inmates receive a copy of their investigative outcome or document their attempts. The Auditor interviewed four inmates who made an allegation of sexual abuse/harassment. Each of them confirmed they were provided a copy of the investigation outcome from the Investigator. Reviews of the six completed investigative case files confirmed notifications of the investigation outcome being completed.

(c) The Auditor determined compliance with this subpart of the standard based on the Army Corrections Command Policy Letter #14) and 15th MP BDE Regulation 1-2 that require," Following a prisoner's allegation that a staff member has committed sexual abuse against the prisoner, the facility shall subsequently inform the prisoner (unless an investigation has determined that the allegation is unfounded) whenever: The staff member is no longer posted within the prisoner's unit; The staff member is no longer employed at the facility; The facility learns that the staff member has been indicted on a charge and the facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility." The Auditor interviewed the Deputy Commandant, the CID Investigator and the MP Investigator. All three indicated the USDB has had no cases involving staff that required this type of notification to the inmate within the last 12 months. The MP Investigator also confirmed that all such notifications would be documented and become part of the investigative case file. The investigative case file review confirmed there were no cases involving this type of conduct requiring this type of notification within the last 12 months.

(d) The Auditor determined compliance with this subpart of the standard based on the Army Corrections Command Policy Letter #14 and 15th MP BDE Regulation 1-2 that require," Following a prisoner's allegation that he or she has been sexually abused by another prisoner, the facility shall subsequently inform the alleged victim whenever: The facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility and the facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility." The Auditor interviewed the Deputy Commandant, the CID Investigator and the MP Investigator. All three indicated the USDB has had no cases involving any inmate that required this type of notification to the inmate within the last 12 months. The MP Investigator also confirmed that all such notifications would be documented and become part of the investigative case file. The investigative case file review confirmed there were no cases involving this type of conduct requiring this type of notification within the last 12 months.

Policy, Materials, Interviews and Other Evidence Reviewed

- Army Corrections Command Policy Act (PREA) Letter #14
- 15th MP BDE Regulation 1-2
- Interview (Deputy Commandant)
- Interview (CID Investigator)
- Interview (MP Investigator)
- Review (Case Files)

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

(a)(b)(c)(d) The Auditor determined compliance with this subpart of the standard based on the Army Corrections Command Policy Letter #14, 15th Military Police Brigade Regulation 190-3, Rules of Conduct, and the 15th MP BDE Regulation 1-2 that require, "staff shall be subject to disciplinary sanctions up to and including termination for violating ACC/ACS facility policies regarding sexual abuse. Disciplinary sanctions for violations of ACC/ACS facility 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. 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 bodies." The interview with the USDB Human Services staff person confirmed that any staff member (soldier or civilian) found guilty of any act of sexual abuse or sexual harassment would be terminated with the immediate notification to law enforcement and relevant licensing bodies if required. The Deputy Commandant confirmed termination

is the presumptive penalty for violating any of the USDB sexual abuse policies. For civilians this means removal from federal employment and criminal prosecution. For the military staff it means processing them out of the service court martial and criminal prosecution. Sexual harassment penalties would be commensurate with the nature and circumstances of the incident. The civilian staff and random staff confirmed their knowledge of the consequences for violating the facility zero tolerance policy against sexual abuse. The USDB has not terminated any staff member for violation of the agency sexual abuse policy during the previous 12 months as noted in the PAQ and the interview with the Deputy Commandant.

Policy, Materials, Interviews and Other Evidence Reviewed

- Army Corrections Command Policy Act (PREA) Letter #14
- 15th MP BDE Regulation 1-2
- 15th Military Police Brigade Regulation 190-3, Rules of Conduct
- Interview (Deputy Commandant)
- Interview (HR staff)
- Interview (Random staff)
- Review (PAQ)

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.

(a)(b) The Auditor determined compliance with this subpart of the standard based on the Army Corrections Command Policy Letter #14 , 15th Military Police Brigade Regulation 190-3, Rules of Conduct, and the 15th MP BDE Regulation 1-2 that require, "Any contractor or volunteer 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 bodies. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with prisoners, in the case of any other violation of the facility's sexual abuse or sexual harassment policies by a contractor or volunteer." The Deputy Commandant indicated any volunteer or contractor would be removed from the facility and reported to licensing bodies if appropriate and referred for possible criminal prosecution, for any violation of the agency zero tolerance policy. There were no contractors or volunteers present to interview at the time of the site examination. The USDB has not terminated any staff member for violation of the agency sexual abuse policy during the previous 12 months as noted in the PAQ and the interview with the Deputy Commandant.

Policy, Materials, Interviews and Other Evidence Reviewed

- Army Corrections Command Policy Act (PREA) Letter #14
- 15th MP BDE Regulation 1-2
- 15th Military Police Brigade Regulation 190-3, Rules of Conduct
- Interview (Deputy Commandant)
- Interview (HR staff)
- Review (PAQ)

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)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

(a)(b)(c)(d)(e)(f)(g) The Auditor determined compliance with this subpart of the standard based on the Army Corrections Command Policy Letter #14, Military Corrections Complex (MCC) SOP 4, Discipline and Adjustment Board, Army Corrections Command (ACC) Policy Letter 8, Institutional Offenses and the 15th MP BDE Regulation 1-2 that require, "Prisoners shall be subject to disciplinary sanctions

pursuant to a formal disciplinary process following an administrative finding that the prisoner engaged in prisoner-on-prisoner sexual abuse or following a criminal finding of guilt for prisoner-on-prisoner sexual abuse. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the prisoner's disciplinary history, and the sanctions imposed for comparable offenses by other prisoners with similar histories. The disciplinary process shall consider whether a prisoner's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending prisoner to participate in such interventions as a condition of access to programming or other benefits. ACS facilities may discipline a prisoner for sexual contact with staff only upon a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. ACS policy prohibits all sexual activity between prisoners and may discipline prisoners for such activity. ACS facilities may not, however, deem such activity to constitute sexual abuse if it determines that the activity was not coerced." The Deputy Commandant and the Compliance Manager confirmed the USDB has an inmate disciplinary process with sanctions commensurate with the nature and circumstances for any offense committed and with sanctions imposed for comparable offenses by other inmates with similar histories as well as a system of appeals. Each of them also confirmed that in all cases, including those involving sexual abuse, the disciplinary process considers whether the inmate's mental disability or mental illness contributed to his behavior when determining what type of sanction should be imposed. During the previous 12 months there were no substantiated incidents of sexual abuse between inmates resulting in disciplinary charges.

Policy, Materials, Interviews and Other Evidence Reviewed

- Army Corrections Command Policy Act (PREA) Letter #14
- 15th MP BDE Regulation 1-2
- Military Corrections Complex (MCC) SOP 4
- Army Corrections Command (ACC) Policy Letter 8, Institutional Offenses
- Interview (Deputy Commandant)
- Interview (Compliance Manager)

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.

(a)(b)(c)(d)(e) The Auditor determined compliance with this subpart of the standard based on the Army Corrections Command Policy Letter #14 and 15th MP BDE Regulation 1-2 that require, "If the screening pursuant to Title 28 of the CFR, § 115.41 indicate that a prisoner has experienced prior sexual victimization, 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 medical or mental health practitioner within 14 days of the intake screening. If the screening pursuant to Title 28 of the CFR, § 115.41 indicate that a prisoner has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the prisoner is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.” The auditor discussed the risk assessment process with two staff members who conduct them. Each indicated that they follow facility policy and offered documentation showing medical/mental health service were offered to inmates disclosing prior victimization during their intake screening. The auditor interviewed seven inmates who had disclosed prior victimization to staff. Each of them informed the Auditor that they were offered intervention services with mental health when they disclosed this information to the assessment staff. Some took advantage and some declined. The inmates interviewed, who took advantage of the referral, stated they were seen within the first couple hours of arrival. The Auditor also interviewed an inmate who was documented as an abuser. He indicated that he was offered mental health services but declined. As noted staff were aware that any information related to sexual victimization or abusiveness that occurred in an institutional setting that they became aware of be shared only with medical and mental health practitioners and investigators. During the interview with the HSA the Auditor was informed that the medical and mental health practitioners obtain informed consent from victims prior to reporting prior victimization not occurring in an institutional setting.

Policy, Materials, Interviews and Other Evidence Reviewed

- Army Corrections Command Policy Act (PREA) Letter #14
- 15th MP BDE Regulation 1-2
- Interview (HSA)
- Interview (Risk Assessment staff)
- Interview (Targeted inmates)

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.

(a) The Army Corrections Command Policy Letter #14 – Prison Rape Elimination Act (PREA), 15th MP BDE Regulation 1-2 and SOP 330, Scope of Practice and General Duties for the Military Correctional Complex (MCC) Health Clinics require, "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." The Auditor reviewed the 3 allegations of sexual abuse. In two cases (voyeurism and pat search procedure) the inmate was not taken to medical as a result of the allegation. USDB believed that because the frisk procedure was captured and reviewed on video demonstrating nothing improper and the voyeurism allegation was a viewing incident those alleged victims were not required to bring those inmates to medical. The Auditor explained to both the PREA Coordinator and Compliance Manager that their policy and the standard requires inmate victims receive timely unimpeded access to medical and mental health services. Since both these allegations were sexual abuse allegations the inmates needed to be brought to medical and seen. Both agreed and the practice of bringing everyone alleging sexual abuse to medical for access to medical or mental health services. The Facility is not in compliance with this standard. The Auditor would like to see, during the corrective action period, staff trained on this new practice and review random allegations of sexual abuse made for 90 days beginning July 28, 2021.

(b)(c)(d) The Auditor determined compliance with this subpart of the standard based on the Army Corrections Command Policy Letter #14 – Prison Rape Elimination Act (PREA) and 15th MP BDE

Regulation 1-2 that require,” 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 shall immediately notify the appropriate medical and mental health practitioners. Prisoner victims of sexual abuse while incarcerated shall be 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. 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.” The Auditor interviewed the Mental Health practitioner and the Medical practitioner. Each confirmed all treatment services for victims of sexual assault are provided without financial cost to the victim regardless of whether the victim names the abuser or cooperates with any investigation. The Auditor was also informed by them that the nature and scope of medical and mental health services provided to the inmate are determined according to their professional judgment and victims are provided timely information and timely access to sexually transmitted infections prophylaxis and crisis intervention services. The Auditor interview with a medical practitioner indicated that no forensic exams were performed at the USDB over the last three years. Any inmate requiring a forensic exam would be sent to St. John’s Hospital. That hospital conducted no forensic exams on any inmates from the USDB during the last 36 months. The Auditor interviewed four inmates, during the site examination, who made an allegation of sexual abuse. Two of them indicated they were not taken to the facility hospital and seen by medical and offered mental health services as noted in subpart (a). All four of them confirmed they never charged for any services.

Corrective Action Required

1.The USDB should ensure the policy and practice is clear that all allegations of sexual abuse require the inmate receive timely, unimpeded access to medical and mental health staff. Staff must be trained on this practice and the facility must provide documentation on access to Medical/Mental Health upon allegations of sexual abuse made for 90 days beginning July 28, 2021.

Corrective Action Provided

The Auditor was provided supplemental documentation prior to the end of the Corrective Action Period (CAP) to evidence and demonstrate actions taken by the USDB Administration regarding this standard. The Auditor was provided a copy of a training rosters demonstrating the training of staff on the requirement that inmates alleging sexual abuse receive timely, unimpeded access to medical and mental health staff. The Auditor was provided a copy of the revised policy requiring inmates receive this timely, unimpeded access to medical and mental health staff upon every allegation of sexual abuse. During the 120 day CAP period the facility had no allegations of sexual abuse. Therefore, the facility was unable to document alleged victims of sexual abuse have timely, unimpeded access to emergency medical and crisis intervention services. The Auditor interviewed the PCM who confirmed the new policy and procedure would be followed upon every allegation. The facility is now fully compliant with the standard.

Policy, Materials, Interviews and Other Evidence Reviewed

- Army Corrections Command Policy Act (PREA) Letter #14
- 15th MP BDE Regulation 1-2

- Interview (Medical Staff)
- Interview (Mental Health Staff)
- Interview (Targeted inmates)
- Review (Investigative Files)
- Review (Medical Records)

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. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ 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.

(a)(b)(c)(f)(g) The Auditor determined compliance with these subparts to the standard based on the Army Corrections Command Policy Letter #14, 15th MP BDE Regulation 1-2 and SOP 330, Scope of Practice and General Duties for the Military Correctional Complex (MCC) Health Clinics that require, "ACS facilities 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, lockup, or juvenile facility. The evaluation and treatment of such victims shall include, as appropriate follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody. ACS facilities shall provide such victims with medical and mental health services consistent with the community level of care. Prisoner victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. 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." The interviews with the Medical and Mental Health practitioners confirmed that the USDB emergency medical services and crisis interventions services are available to everyone victimized by sexual abuse regardless of when or where it occurred, and the level of care is consistent with the community level of care. They stated that treatment of sexual abuse victims at the facility would include evaluation and treatment of anyone victimized; follow-up services as required and needed; treatment plans, tests for sexually transmitted disease and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. As noted earlier medical and mental health

practitioners confirmed there is no financial cost for treatment services regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The Auditor interviewed four inmates who alleged sexual abuse and each indicated they were never charged for any services.

(d)(e) These standards are non applicable as the USDB is a male facility.

(h)) The Auditor determined compliance with this subpart to the standard based on the Army Corrections Command Policy Letter #14, 15th MP BDE Regulation 1-2 and SOP 330, Scope of Practice and General Duties for the Military Correctional Complex (MCC) Health Clinics that require, "All ACS facilities shall attempt to conduct a mental health evaluation of all known prisoner-on-prisoner abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners." The interview with the Mental Health practitioner indicated that when they are notified or whenever they become aware of an inmate abuser, her department would meet with the inmate and offer services to him. There were no sexual abuse allegations substantiated during the previous 12 months requiring a referral of this type.

Policy, Materials, Interviews and Other Evidence Reviewed

- Army Corrections Command Policy Act (PREA) Letter #14
- 15th MP BDE Regulation 1-2
- Interview (Medical Staff)
- Interview (Mental Health Staff)
- Interview (Targeted inmates)
- Review (Investigative Files)
- Review (Medical Records)

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

(a)(b)(c)(d)(e) The Auditor determined compliance with this subpart to the standard based on the Army Corrections Command Policy Letter #14 and the 15th MP BDE Regulation 1-2 that require, " All ACS facilities will 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. Reviews shall ordinarily occur within 30 days of the conclusion of the investigation. The review team shall include upper-level facility staff, with input from correctional supervisors, investigators, and medical or mental health practitioners. The review team shall: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.; Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility, and examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; Assess the adequacy of staffing levels in that area during different shifts; Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff and prepare a report of its findings including, but not necessarily limited to, determinations made pursuant to this policy and any recommendations for improvement, and submit such report to the facility Commander, the PREA compliance manager, and PREA coordinator. The facility shall implement the recommendations for improvement or shall document its reasons for not doing so.” The Deputy Commandant confirmed the USDB conducts an administrative review for all alleged sexual abuse and staff sexual harassment incidents, unless the allegation was determined unfounded. The review team consists The USDB MRC members consist of the USDB Deputy Commandant, the USDB PREA Compliance Manager, the Director or Deputy Director for the Directorate of Operations, the Directorate of Correctional Programs, the Directorate of Institutional Services, the Directorate of Pastoral Care; Office of the Command Judge Advocate (OCJA) attorney; and Military Police Investigations (MPI). Based on the incident being reviewed, additional members may be added at the discretion of the USDB Deputy Commandant. He stated the committee reviews each of the subpart (b) requirements and assess any recommended changes to policy, staffing or practice at the USDB. The Auditor reviewed two reviews conducted during the audit period as outlined by standard and policy. In each review there were no recommended changes.

Policy, Materials, Interviews and Other Evidence Reviewed

- Army Corrections Command Policy Act (PREA) Letter #14
- 15th MP BDE Regulation 1-2
- Interview (Deputy Commandant)
- Review (Incident Reviews,)

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

(a)(b)(c)(d)(e)(f) The Auditor determined compliance with this subpart to the standard based on the Army Corrections Command Policy Letter #14 – Prison Rape Elimination Act (PREA), and the 15th MP BDE Regulation 1-2 that require “ACC will collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. ACC shall compile the incident-based sexual abuse data at least annually. the incident-based data collected shall 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. ACC will maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Upon request, ACC will provide all such data from the previous calendar year to the Department of Justice no later than June 30.” The interview with the Compliance Manager confirmed that she collects at the USDB all relevant data as required and forwards it to the agency PREA Coordinator as required. During his interview, the PREA Coordinator

confirmed he aggregates data from every facility and reviews it annually for the purpose of identifying problem areas, taking corrective action on an ongoing basis and preparing the annual report. She provided the SSV2 for 2020

Policy, Materials, Interviews and Other Evidence Reviewed

- Army Corrections Command Policy Act (PREA) Letter #14
- 15th MP BDE Regulation 1-2
- Interview (PREA Coordinator)
- Interview (PREA Compliance Manager)
- Review (SSV2)

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

(a)(b)(c)(d) The Army Corrections Command Policy Letter #14 – Prison Rape Elimination Act (PREA), and the 15th MP BDE Regulation 1-2 that require, "The ACC shall review data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and training, including by: Identifying problem areas; Taking corrective action on an ongoing basis; and preparing an annual report (previous calendar year) of its findings and corrective actions for each facility, as well as the agency as a whole. This report will be completed by 1 April of each calendar year. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the ACC's progress in addressing sexual abuse. ACC's report shall be approved by the ACC Commander and made readily available to the public through its website. ACC may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. The 2020 annual report has not been posted as required. According to the Agency PREA Coordinator the 2020 annual report was completed in compliance with the standard requirements but has not been signed and uploaded to the agency web site.

Corrective Action Required

1.The USDB should ensure the 2020 annual report is published on the agency web site as required and the agency comply with the Army Corrections Command Policy Letter #14 requiring it be completed by 1 April of each calendar year.

Corrective Action Provided

The Auditor was provided supplemental documentation during the Corrective Action Period (CAP) to evidence and demonstrate actions taken by the USDB Administration regarding this standard. The Auditor was provided information on September 20, 2021, that the Army Corrections Command posted the 2020 annual report on its' web site. The Auditor reviewed the required report, in compliance with the standard requirements, on the agency web page. The USDSB is now fully compliant with the standard.

Policy, Materials, Interviews and Other Evidence Reviewed

- Army Corrections Command Policy Act (PREA) Letter #14

- 15th MP BDE Regulation 1-2
- Interview (PREA Coordinator)
- Interview (PREA Compliance Manager)

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

(a)(b)(c)(d) The Auditor determined compliance with this subpart to the standard based on the Army Corrections Command Policy Letter #14 – Prison Rape Elimination Act (PREA), and the 15th MP BDE Regulation 1-2 that require, “ACC will ensure that data collected pursuant to paragraph this policy and Title 28 of the CFR, § 115.87, is retained with the Privacy Act. ACC will make all compiled sexual abuse data from facilities under its direct control readily available to the public at least annually through its website. Before making the compiled sexual abuse data publicly available, ACC will remove all personal identifiers. ACC will maintain sexual abuse data collected pursuant to paragraph. The 2020 annual report has not been posted as required. According to the Agency PREA Coordinator the 2020 annual report was completed in compliance with the standard requirements but has not been signed and uploaded to the agency web site.

Corrective Action Required

1.The USDB should ensure the 2020 annual report is published on the agency web site as required and the agency comply with the Army Corrections Command Policy Letter #14 requiring it be completed by 1 April of each calendar year.

Corrective Action Provided

The Auditor was provided supplemental documentation during the Corrective Action Period (CAP) to evidence and demonstrate actions taken by the USDB Administration regarding this standard. The Auditor was provided information on September 20, 2021, that the Army Corrections Command posted the 2020 annual report on its’ web site. The Auditor reviewed the required report, in compliance with the standard requirements, on the agency web page. The document was produced by the April 1 policy requirement but due to Covid and individuals working off site the posting did not occur on time. The USDB is now fully compliant with the standard.

Policy, Materials, Interviews and Other Evidence Reviewed

- Army Corrections Command Policy Act (PREA) Letter #14
- 15th MP BDE Regulation 1-2
- Interview (PREA Coordinator)
- Interview (PREA Compliance Manager)

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note:*

The response here is purely informational. A "no" response does not impact overall compliance with this standard.) ☒ Yes ☐ No

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Army Corrections Command ensued each of the facilities under their command was compliant with the PREA Standards beginning in 2013. All of their facilities were audited and in compliance with each of the forty three standard during the first cycle. As noted earlier this is the third audit for the United Stated Disciplinary Barracks into the third cycle.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Army Corrections Command provides a copy of each of their audited facilities audit report on the agency website.

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.

Thomas Eisenschmidt

January 17, 2022

Auditor Signature

Date

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

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