

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

Interim       Final

**Date of Report**    November 1, 2018

## Auditor Information

<b>Name:</b> Thomas Eisenschmidt	<b>Email:</b> tome8689@me.com
<b>Company Name:</b> Click or tap here to enter text.	
<b>Mailing Address:</b> 26 Waterford Lane	<b>City, State, Zip:</b> Auburn, New York 13021
<b>Telephone:</b> 315-730-7980	<b>Date of Facility Visit:</b> September 7, 2018

## Agency Information

<b>Name of Agency:</b> Army Corrections Command		<b>Governing Authority or Parent Agency (If Applicable):</b> Click or tap here to enter text.	
<b>Physical Address:</b> RM 10N 67, 200 Stoval St,		<b>City, State, Zip:</b> Alexandria, VA 22332	
<b>Mailing Address:</b> Click or tap here to enter text.		<b>City, State, Zip:</b> Click or tap here to enter text.	
<b>Telephone:</b> 703-545-5920		<b>Is Agency accredited by any organization?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>The Agency Is:</b>	<input checked="" type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

**Agency mission:**    Army Corrections Command (ACC) exercises mission command of Army Correction System (ACS) facilities and assigned units IOT provide care, custody, control, and rehabilitation of U.S. military prisoners. ACC develops and administers corrections policy; plans, programs, budgets, and executes resources; provides oversight to facility design, standardization, and modernization. ACC coordinates the disposition of all prisoners to include transfers and designation, mandatory supervised release, clemency and parole, as well as the execution of condemned military prisoners. ACC provides trained I/R units, leaders, and Soldiers to conduct detainee operations ISO combatant commander requirements worldwide and executes the Secretary of the Army's Executive Agent responsibilities for long term corrections and detainee operations.

**Agency Website with PREA Information:**  
[https://www.army.mil/article/188745/army\\_corrections\\_command\\_prison\\_rape\\_elimination\\_act\\_policy](https://www.army.mil/article/188745/army_corrections_command_prison_rape_elimination_act_policy)

## Agency Chief Executive Officer

<b>Name:</b> BG Brian Bisacre	<b>Title:</b> ACC Commander
<b>Email:</b> brian.r.bisacre.mil@mail.mil	<b>Telephone:</b> 703-545-5294

### Agency-Wide PREA Coordinator

<b>Name:</b> Larry Kester	<b>Title:</b> Correctional Program Specialist
<b>Email:</b> larry.j.kester.civ@mail.mil	<b>Telephone:</b> 703-545-5920
<b>PREA Coordinator Reports to:</b> Mr. Gregory Strobel	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 3

### Facility Information

<b>Name of Facility:</b> Midwest Joint Regional Correctional Facility			
<b>Physical Address:</b> 831 Sabalu Road, Fort Leavenworth, KS 6027-2315			
<b>Mailing Address (if different than above):</b> <a href="#">Click or tap here to enter text.</a>			
<b>Telephone Number:</b> 913-758-4503			
<b>The Facility Is:</b>	<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
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
<b>Facility Mission:</b> The MWJRCF mission is to provide care, custody, and rehabilitative treatment to the military inmates (both pretrial and those sentenced up to ten years of confinement), in order to reintegrate them back into society and simultaneously provides a professionally trained force in corrections/detainee operations who are postured to deploy in support of United Land Operations			
<b>Facility Website with PREA Information:</b> MWJRCF does not maintain a public website			

### Warden/Superintendent

<b>Name:</b> LTC Karin L. Watson	<b>Title:</b> Commander
<b>Email:</b> karin.l.watson.mil@mail.mil	<b>Telephone:</b> 913-758-4506

### Facility PREA Compliance Manager

<b>Name:</b> Melinda Mack	<b>Title:</b> Correctional Program Specialist
<b>Email:</b> melinda.j.mack.civ@mail.mil	<b>Telephone:</b> 913-758-4505

### Facility Health Service Administrator

<b>Name:</b> Anthony Simmons	<b>Title:</b> Deputy Director Treatment Programs
<b>Email:</b> anthony.m.simmons6.civ@mail.mil	<b>Telephone:</b> 913-758-9888

### Facility Characteristics

<b>Designated Facility Capacity:</b> 512		<b>Current Population of Facility:</b> 223	
<b>Number of inmates admitted to facility during the past 12 months</b>			130
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>			123
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>			130
<b>Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:</b>			0
<b>Age Range of Population:</b>	<b>Youthful Inmates Under 18:</b> 0	<b>Adults:</b> 19-50	
<b>Are youthful inmates housed separately from the adult population?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
<b>Number of youthful inmates housed at this facility during the past 12 months:</b>			0
<b>Average length of stay or time under supervision:</b>			0
<b>Facility security level/inmate custody levels:</b>			0
<b>Number of staff currently employed by the facility who may have contact with inmates:</b>			0
<b>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</b>			0
<b>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</b>			0
<b>Physical Plant</b>			
<b>Number of Buildings:</b> 3		<b>Number of Single Cell Housing Units:</b> 0	
<b>Number of Multiple Occupancy Cell Housing Units:</b>		5	
<b>Number of Open Bay/Dorm Housing Units:</b>		1	
<b>Number of Segregation Cells (Administrative and Disciplinary):</b>		48	
<b>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</b>			
246 cameras 35 PTZ monitored from control with 10 days retention.			
<b>Medical</b>			
<b>Type of Medical Facility:</b>		Health Clinic	
<b>Forensic sexual assault medical exams are conducted at:</b>		Saint Luke's Cushing Hospital, Leavenworth, KS	
<b>Other</b>			
<b>Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:</b>			17
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>			4

# Audit Findings

## Audit Narrative

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

Auditor Thomas Eisenschmidt conducted the PREA audit of the Midwest Joint Regional Correctional Facility (MWJRCF) located on 831 Sabalu Road, Fort Leavenworth, KS , on May 1-3, 2018. The auditor received the PREA Pre-Audit Questionnaire, folders for the 43 standards and the supporting documents from the facility 6 weeks prior to the audit. The auditor reviewed the supplied documentation prior to his arrival.

This was the second PREA audit for the Midwest Joint Regional Correctional Facility. Appropriate memo announcing the time and date of the audit were observed throughout the facility. The entrance briefing for the audit was held on May 1, 2018 with Lt. Colonel Karin Watson, Facility Commander, Timothy Callahan, Deputy to the Commander, John Fair, Command Sergeant Major, Theresa Grenier, PREA Auditor, Larry Kester, ACC PREA, Melinda Mack, ACA/PREA Manager, Kristen Pressler, Director of Operations, Michael Robichaux, Deputy Director of Operations, Stephen Hansen, Deputy Director of Correctional Programs, Hunter Callihan, Directorate of Institutional Services, Anthony Simmons, Deputy Director of Treatment Programs, Donald Wallace, Deputy Director of Inmate Administration, Matthew MacQueen, Directorate of Operations, Megan Reardon, Command Judge Advocate, Jonathan Seacrest, Directorate of Pastoral Care, Anthony Temple, Directorate of Operations, Vincent Jarmin, Directorate of Institutional Services, James Russell, Directorate of Operations, Patricia Weishaar, RPM, Arkadiy Lorin, MEDAC, Alexandria Dean, Directorate of Inmate Administration.

The auditor conducted staff and inmate interviews over two days. Prior to the on-site visit the facility supplied a list of inmate names sorted by housing units and a list with targeted designations. A list of employees, volunteers and contractors was also provided to the auditor. From these lists the auditor selected at random a sampling of inmates and staff to be interviewed. the auditor also selected targeted inmates to be interviewed as well. All The interviews were conducted in a private setting.

Once the random and targeted inmate interviews were completed the specialized and random staff interviews were conducted. These interviews included the following staff: Intake Staff, PREA Coordinator, Health Care Practitioner, Human Resources, Mid-Level Supervisors (3), PREA Screening (2), Mental Health Practitioner, Restricted Housing Supervisor, Retaliation Monitor, Support Service Person (2), Training, Incident Review Team Member, PREA Compliance Manager, Facility Investigator (2), CID Investigator, and the Commander.

The auditor looked at all the PREA cases for the last 12 months as well as a sampling of the investigative case files for years 2015 and 2016 while at the MWJRCF. All case files appeared to thoroughly document the investigation process per policy. These case files typically include, all interviews, photos, recordings, video footage, allegation outcome sheet, and first responder details. There were 4 PREA cases initiated at MWJRCF during the last twelve months. There were three (3) cases alleging sexual abuse and one case alleging sexual harassment. The 3 sexual abuse allegations were against staff. The outcome of these investigations, made against staff, were two (2) determined substantiated and one (1) still open with CID. The sexual harassment case, alleged against another inmate, was determined unfounded upon completion of the investigation. The investigative policy can be found at: <http://www.army.mil/opmg>

There were 26 inmate interviews conducted during the on-site visit by the auditor. Eleven (11) inmates were randomly selected and sixteen (16) were targeted. The targeted group consisted of 11 acknowledging prior victimization, 3 from the GB community, 1 identifying as transgender, and 1 who reported sexual abuse. Each of the inmates interviewed acknowledged receiving PREA training and written materials outlining the agencies zero tolerance policies towards sexual abuse, sexual harassment, and retaliation for reporting, as well as the procedures for reporting during their intake. Inmates that had self-reported as being gay and transgender stated that staff treated them equitably before and after self-reporting and had never placed them in any housing specifically designated for any group. The transgender inmate indicated that staff immediately upon learning of his sexual identity questioned them about safety and any concerns he may have prior to assigning them bed, work or education assignments. He also stated that he was allowed to shower separately and never was submitted to a strip search for the purpose of someone determining his genital status. The auditor received one letter from an inmate prior to the site visit. He was interviewed and stated that he had no issues anymore because they had been addressed prior to the facility visit.

Training records (2015, 2016, and 2017) for staff at MWJRCF were reviewed. The documentation for those years was complete and well documented. During those years every staff member received their annual PREA training. The auditor also reviewed records demonstrating compliance to the onetime additional training requirements for each of the four (4) Military Police Investigators and the Medical and Mental Health full and part time practitioners.

At the conclusion of the site visit the auditor met with Lt. Colonel Karin Watson, Command Sergeant Major John Fair, Melinda Mack, ACA/PREA Manager and Larry Kester, ACC PREA. The auditor let those present know that he could not give them a specific outcome but did leave them with some preliminary findings. He thanked everyone for their obvious hard work and asked them to continue their commitment to insure compliance to the Prison Rape Elimination Act.

## 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.*

Mid-West Joint Regional Correctional Facility





The Midwest Joint Regional Correctional Facility (MWJRCF) is located on Fort Leavenworth, Kansas, approximately 23 miles from Kansas City, Missouri. Fort Leavenworth overlooks the Missouri River, on the border between the states of Kansas and Missouri, and is adjacent to the City of Leavenworth, Kansas on Highway 7. The institution was designed to house 484 offenders but has an actual population of 218.

November 9, 2005, the Department of Defense was ordered to consolidate correctional facilities into five Level II-Medium Security JRCF's. For the Midwest Region, Fort Leavenworth was selected as the site to consolidate the correctional functions from the Lackland Air Force Base Confinement Facility, Texas, the Fort Knox Regional Correctional Facility, Kentucky and the Fort Sill Regional Correctional Facility, Oklahoma with components of the United States Disciplinary Barracks (USDB).

The MWJRCF officially opened on September 28, 2010 and received its first inmates on October 4, 2010. The facility received its initial accreditation from ACA on July 23, 2012 with reaccreditation granted in August, 2015.

The MWJRCF mission is to provide care, custody, and rehabilitative treatment to the military inmates (both pretrial and those sentenced up to ten years of confinement), in order to reintegrate them back into society and simultaneously provides a professionally trained force in corrections/detainee operations who are postured to deploy in support of United Land Operations. The institution has seven goals with multiple objectives and strategies.

The MWJRCF consists of approximately 40 acres with a 250,000 square foot institution consisting of four buildings. The exterior walls of the buildings were built using 1,488 precast concrete panels. Adjacent to the facility but located outside the secure perimeter fence is an administrative building and a utility building. The administrative building has a conference room, training classroom and general offices with a highly professionally practical atmosphere.

Inside the secure perimeter is a vehicle-access security building and the main multi-purpose building. The main building is divided into multiple areas consisting of food services, education, religious services, inmate services, legal services, treatment, medical clinic, dental clinic, central control, visitation, education, vocational-technical training, library, gymnasium, laundry, administrative offices, and seven prisoner housing units. All of the six general population housing units are of the direct supervision design with the correctional staff's control booth is located in the open center of each housing unit. Each unit is of a multi-floor design with one being an open-bay dormitory unit with 32 double bunks, currently used as an agriculture program instead of housing. The remaining five general population housing units consist of 40 cells, with double bunks, lockers, shelves, and toilet/sink combinations. Each housing unit has an open center area containing pay phones, tables, chairs, televisions; and individual showers on both levels. Access to natural light in the cells is gained via cell-door windows to skylights and windows in the open center area.

There is a Special Housing Unit (SHU) in the main administration building. North and south sides divide the SHU with 24 individual cells per division. Along with disciplinary inmates, the SHU is also used to house injured or ill inmates, protective custody and females, if ever needed. The area is clean and well-run in an organized manner.

There is a central open-air recreation yard containing a softball field, two full-sized basketball courts, a handball court, weight pavilion, and a paved jogging track, all with exterior lighting. The perimeter consists of two 12-foot chain link fences with razor wire and an intrusion detection system. The perimeter is illuminated with security lighting and monitored by closed circuit television cameras (CCTV) and armed security patrols.

#### Facility Demographics

Rated Capacity: 484

Actual Population: 218

Average Daily Population for the last 12 months: 240 Average Length of Stay: 4 years, 6 months

Security/Custody Level: Medium. The population breaks down to Maximum 1, Medium High Risk 6, Medium 141, and Minimum 70.

Age Range of Offenders: 18-60 years old

Gender: Male (There is a potential to house females but has not done so to date)

Full-Time Staff: 2634 Administrative, 47 Support, 90 Program, 122 Security

## Summary of Audit Findings

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

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

**Number of Standards Exceeded:** 5



115.21, 115.22, 115.31, 115.41, 115.71

**Number of Standards Met:** 38

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**Number of Standards Not Met:** 0

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### Summary of Corrective Action (if any)

**115.42** (a) requires the facility 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 and bed assignments, The MWJRCF has excellent procedures in place utilizing the information taken from the PREA screening and used by the Initial Classification Board for all bed assignments. However it was determined secondary bed assignments, if the inmate is moved after being there for a period of time, the facility can not demonstrating how they use this same information provided by the Director of Treatment. In order to be able to provide a means to demonstrate all bed changes, after the initial, made with the intent of sexual safety, will be overseen by the PREA Compliance Manager. The facility enacted the change during the site visit. The auditor and facility agreed to monitor this for 120 days. At the completion of the 120 days the facility notified the Auditor and provided documentation demonstrating compliance to all bed and housing assignments at the MWJRCF..

**115.88** (c) requires the agency's annual report approved by the agency head be made readily available to the public through its website or, if it does not have one, through other means. The 2017 annual report was not posted at the time of the site visit and has been added to the military web page.

**115.89** (b) requires the agency make all aggregated sexual abuse data, from facilities under its direct control readily available to the public at least annually through its website. The 2017 annual report was not posted at the time of the site visit and has been added to the military web page

## PREVENTION PLANNING

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

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

#### 115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No

- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.11 (b)

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

#### 115.11 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The Midwest Joint Regional Correctional Facility (MWJRCF) staff follows policies 15<sup>th</sup> MP BOE Regulation 1-2 (PRISON RAPE ELIMINATION ACT) and Army Corrections Command Policy Letter #14-Prison Rape Elimination Act to provide a sexually safe facility for inmates and staff. These two policies document the comprehensive approach to preventing, detecting and responding to sexual abuse, sexual harassment and retaliation at the facility. The policies, which are available to staff and inmates to read, defines for everyone the specific prohibited acts, the staff reporting responsibilities and obligations, investigative responsibilities, the PREA

screenings process and procedures, support responsibilities and the punishment for violations to any portion of the policies. During the facility tour the auditor conducted informal and formal interviews with staff and inmates. Both these groups were well informed about the key elements of the PREA policies and procedures.

The auditor had the opportunity to interview Mr. Gregory Strobel, Director Army Corrections Command. During his interview he stated that he and his staff is committed to providing a sexually safe environment for staff and inmates. He indicated one of his top priorities to accomplishing this task is to ensure his staff and inmates are properly trained with up to date information on the Commands zero tolerance toward all forms of sexual abuse and sexual harassment; the thorough investigating all allegations; proper screening of inmates; staff mandatory standardized annual training; a proactive leadership role; trained first responders; and thorough screening of all new hires and a review of all PREA data collection.

Mr. Larry Kester Deputy Correctional Program Specialist is the Agency PREA Coordinator. He has a total of three (3) Institutional PREA Compliance Managers at each of the other these facilities within the Army Corrections Command. His interview confirmed he had sufficient time and authority to coordinate the Agency efforts to comply with each of the PREA standards. His position is found on the Agency organizational chart and he has direct access to the Director and meets regularly with him specifically to discuss PREA matters and issues.

Ms, Melinda Mack is the PREA Compliance Manager at MWJRCF. She indicated that she stated has more than enough time to adequately perform her PREA related work at the facility. Although she is relatively new to this position she has a very good understanding of her responsibilities and the PREA standards. Ms. Mack reports directly to Lt. Colonel Karin L. Watson (Warden). Discussions with the inmates and the staff revealed that each was aware that Ms. Mack is the point of contact for reporting (allegation of sexual abuse/harassment or retaliation), questions, or concerns relating to PREA and sexual safety.

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

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

#### 115.12 (a)

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

#### 115.12 (b)

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

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

The Army Corrections Command does not contract with other entities for the confinement of inmates.

## Standard 115.13: Supervision and monitoring

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

#### 115.13 (a)

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

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

#### 115.13 (b)

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

#### 115.13 (c)

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

### 115.13 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Army Corrections Command Policy Letter #14-Prison requires each facility to develop a posting requirement plan (staffing plan) that provides adequate levels of staffing and video monitoring to protect inmates against sexual abuse. The local facility policy, 15<sup>th</sup> MP BOE Regulation 1-2 (PRISON RAPE ELIMINATION ACT), requires MWJRCF to establish standing operating procedures (SOPs) to determine staffing levels for security postings and postings managed by the Directorate of Operations (OOPS), Directorate of Institutional Services (DIS), and the Directorate of Correctional Programs (DCP).

MWJRCF has such a staffing plan based on; generally accepted detention and correctional practices, judicial findings of inadequacy, findings of inadequacy from Federal investigative agencies, 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 laws, regulations, or standards, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors when designing the plan.

As noted in the PAQ there has been no deviations from this approved staffing plan over the last 12 months. If there were any deviations Lt. Colonel Watson would be notified for approval. This procedure was also verified during interviews with the shift Watch Commanders.

The auditor discussed the annual review of the staffing plan conducted in the spring of each year at MWJRCF with the facility PREA Compliance Manager. She indicated she along with Operations Staff among other things assesses current staffing levels and camera placements during their review. There were no recommendations or changes to the plan made during the 2015, 2016 and 2017 staffing reviews.

The 15<sup>th</sup> MP BOE Regulation 1-2 also requires intermediate-level and higher-level supervisors to conduct regular and random unannounced rounds to identify and deter staff and inmate sexual misconduct. The auditor interviewed supervisors from each shift at the MWJRCF. Each indicated that their documented unannounced checks are accomplished by staggering their round times and locations.

## 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 Army Corrections Command has designated the Mid West Joint Regional Correctional Facility as the institution, in the Midwest part of the country, to house those in the military under the age of 18. Some enlistees may be 17 years old upon graduation from high school and with parental consent may enter the military. Typically he/she reaches the age of 18 during boot camp. If there were ever an occasion this occurs where the enlistee may be charged with a crime prior to their 18<sup>th</sup> birthday they could be placed in MWJRCF.

Youthful inmates can not be placed in any housing unit in which they would have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. These prohibitions can be found in both the Army Corrections Command Policy #14 and the 15<sup>th</sup> Military Police Brigade Regulation 1-2.

Theses two policies further mandate that in any area outside of the housing units, the institution must maintain sight and sound separation between youthful offenders and adult inmates and provide direct staff supervision when adult inmates would have sight, sound, or physical contact with them. These policies prohibit restricting programs or large muscle exercise to adhere to the policy.

There has been no youthful inmates place at the MWJCRF since it opened in 2010.

**Standard 115.15: Limits to cross-gender viewing and searches**

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

**115.15 (a)**

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

**115.15 (b)**

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.)  Yes    No    NA



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

#### 115.15 (c)

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

#### 115.15 (d)

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

#### 115.15 (e)

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

#### 115.15 (f)

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

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

The Mid West Joint Regional Correctional Facility is an adult male facility with male and female staff. The local facility policy, 15<sup>th</sup> MP BOE Regulation 1-2 (PRISON RAPE ELIMINATION ACT), outlines when and under what conditions staff may search inmates at the MWJRCF. It restricts all cross gender strip searches or cavity searches of male inmates by female staff except in exigent circumstances. Cross gender searches, regardless of the type, must be approved and documented with the reason it needed to be performed. The PAQ document, interviews conducted with Lt.Colonel Watson, the facility PREA Compliance Manager and each of the shift Watch Commanders indicated that the facility has not conducted any cross gender searches during the last 36 months. None of the inmates interviewed stated they were exposed to any cross gender searches either.

The auditor questioned staff about search and frisk training they receive and the agency requirements on how and when to conduct them. Each indicated their awareness of the cross gender restrictions on strip-searching and indicated it is part of the training information they receive prior to beginning on the job. They also informed the auditor that the training they received also included the prohibition of the strip-searching of a transgender and/or intersex inmates for the sole purpose of determining their genitalia.

Training curriculum for staff was reviewed at the time of the visit. It included conducting classroom and practical application instructions on pat-down searches of transgender and intersex inmates in a professional and respectful manner, and never for the purpose of determining genitalia status.

The auditor visited each of the six housing units. Because there was a female touring with us, the auditor witnessed announcements being made as we entered each of the male units. All of the random and targeted inmates interviewed confirmed females do announce their presence upon entering their inmate living areas when there is not another female staff member present.

The MWJRCF has 246 cameras throughout the inside of the facility with a recording retention time of 10 days. The majority of these camera are located in the living areas and recreation (common) areas. The living areas have cameras in the recreation area outside of their cells. The cameras do not have the capability to view inside the cells where the toilets are or inside the shower areas. The Restricted Housing Units has two (2) cells set up with cameras inside of them for suicide watch. Presently these cameras are covered and not being utilized because of the possibility of cross gender viewing. The cameras will remain unused until the facility undergoes a complete updating. At which time the toilet area in the cell will be pixelated for all viewing. Should there be a need for suicide watch, prior to the updating, the facility would utilize a one on one watch by a staff member of the same gender as the 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

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Army Corrections Command (ACC) Policy Letter # 14 requires each facility to take appropriate steps to ensure that inmates with limited English or disabilities (inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. All United States Military personnel had to be proficient in English to become a service member. The random staff interviews confirmed that inmates couldn't be used for interpretation in sexual abuse

allegations except for emergency situations if it ever became necessary.

The 15<sup>th</sup> Military Police Brigade Regulation 1-2 policy requires all staff to become vigilant and alert when dealing with inmates with a physical disability, as they may be vulnerable to sexual abuse or sexual harassment. The policy cites examples including, but not limited to inmates requiring a wheel chair or cane for mobility, inmates that are blind or having a hearing deficit interfering with the inmate's ability to maintain adequate situational awareness despite medical devices.

The policy also informs staff that inmates diagnosed with a behavioral health disorder could lead other inmates to believe that he is be vulnerable to sexual abuse or sexual harassment.

## Standard 115.17: Hiring and promotion decisions

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

#### 115.17 (a)

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

#### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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

#### 115.17 (g)

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

#### 115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on

substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Everyone (Staff, volunteers and contractors) including Lt. Colonel Watson gains access into MWJRCF through his or her ID badge. No exceptions. In order to be issued an ID badge the National Crime Information Center (NCIC) must do a complete background check. Once the check is completed and has no issues the Military Correction Complex (MCC) IT office will produce and issue a badge, good for 5 years, to the employee. Since the badges expire at the end of 5 years it requires another background check before being issued. The auditor spoke with the IT staff person who stated that rechecks are up to date and the computer system alerts him two (2) months prior to their expiration so that his office can initiate the NCIC check before the badge expires. A sampling of employee files and records were reviewed at the time of the site visit. This sampling revealed that staff, volunteers and contractors received a background check prior to beginning his or her employment at the MWJRCF.

Army Corrections Command (ACC) Policy Letter # 14 requires Human Resource Staff to ask all new employee applicants, who will have contact with inmates, whether he/she was ever convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse or been civilly or administratively adjudicated to have engaged in the activity, engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, overt or implied threats of force, or coercion. Should the prospective employee acknowledge or the background check indicates an affirmative response to any of these questions he/she would not be hired or allowed to enter MWJRCF.

Annually each Soldier and civilian is required to read and sign the PREA Disclosure Statement that acknowledges that he/she has not engaged in any sexual misconduct.

## 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**

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The MWJRCF has had no substantial expansion, modifications, updated video monitoring system, over the last three years.

**RESPONSIVE PLANNING**

**Standard 115.21: Evidence protocol and forensic medical examinations**

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

**115.21 (a)**

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence



for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)

Yes  No  NA

#### 115.21 (b)

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

#### 115.21 (c)

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

#### 115.21 (d)

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

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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The Criminal Investigation Command (CID) is the agency with the legal authority to conduct all criminal investigations within Army Correction Command Facilities. A Memo of Agreement (MOA) dated 2014, with no sunset date, requires that Investigators from CID and Investigators from the Military Police adhere to investigative and evidence protocols that are similarly comprehensive and authoritative developed after 2011 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.

Three Investigators (1-Criminal and 2- Administrative) were interviewed for the audit. The auditor reviewed the curriculum and training records of each of the facility Investigators as the CID training record was not available to the auditor for review. The training the MWJRCF Investigators received was from the Moss Group- "Specialized Training: Investigating Sexual Abuse in Confinement Settings. Part of this training included information on evidence protocols that maximizes the potential for obtaining usable physical evidence for criminal prosecutions as required by policy.

St.Luke Cushing Medical Center and St. John Hospital are the primary local hospitals utilized by MWJRCF for forensic examinations. The determining factor for which hospital is used is the availability of a SANE or SAFE Nurse to conduct the examination at the time of need. If there is not one available at either hospital the examination is conducted by a qualified medical practitioner. There were no inmates sent out for a forensic exam during the last 12 month.

Whenever staff become aware of a sexual assault the facility notifies the Sexual Assault Prevention and Response Coordinator (SARC) of the incident. This individual is the battalion (community) Support Services Supervisor. The SARC insures a trained staff member from their office accompanies the victim through the forensic medical exam process, investigatory interviews and aftercare if the inmate wants them to. The auditor had the opportunity to interview the SARC who confirmed her training and her responsibility to provide support and provide assistance to any inmates who requests it.

Victims of sexual assault may also request other emotional support services, crisis intervention, information and referrals anonymously via the Department of Defence (DoD) Safe Helpline. The phone number and address are posted on large posters in each of the housing units and throughout the facility where the inmates have access. This DoD safe line number is directed to the Rape Abuse & Incest National Network (RAINN) which is a support service agency contracted by the Department of Defence (DoD). They provides free and confidential services, educates the public about sexual violence, leads national efforts to end sexual violence, improve services to victims of sexual violence and ensure that rapists are brought to justice.

## Standard 115.22: Policies to ensure referrals of allegations for investigations

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

#### 115.22 (a)

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

#### 115.22 (b)

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

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

#### 115.22 (c)

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

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Every allegations of sexual abuse or sexual harassment alleged to have occurred within the Midwest Joint Regional Correctional Facility must be thoroughly and completely investigated criminally or administratively. This mandate can be found in the Memorandum of Understanding (MOU) with the Criminal Investigation Command, the 15<sup>th</sup> MP BOE Regulation 1-2 policy, Military Corrections Complex (MCC) SOP 68, Crime Scene Protection, Processing and Investigative Procedures and the Army Corrections Command Policy Letter #14-Prison Rape Elimination Act.

As noted earlier the auditor conducted interviews with the Criminal Investigator from CID and the Military Police Investigator (MPI). All three investigators stated that regardless of how the allegation is made (written, verbal, anonymous or third party) an investigation is initiated and completed on every allegations of sexual abuse or sexual harassment. All sexual abuse allegations begin with a criminal case review by the Investigator from CID. If he or she does not believe that a crime has been committed the allegation is handled administratively by the MPI. The auditor looked at all the PREA cases for the last 12 months as well as a sampling of investigative case files

for years 2015 and 2016 while at the MWJRCF. All case files appeared to thoroughly document the investigation process per policy. These case files typically would include, all interviews, photos, recording video footage, and first responder details. There were 4 PREA cases initiated at MWJRCF during the last twelve months. There were three (3) cases alleging sexual abuse and one case alleging sexual harassment. The 3 sexual abuse allegations were against staff. The outcome of these investigations, made against staff, were two (2) determined substantiated and one (1) still open with CID. The sexual harassment case, alleged against another inmate, was determined unfounded upon completion of the investigation. The investigative policy can be found at: <http://www.army.mil/opmg>

The facility had no sexual abuse allegations alleged to have occurred at the MWJRCF reported back to them from other facilities during the previous 12 months. There was also no sexual abuse allegations made to MWJRCF staff occurring at other facilities during the previous twelve (12) months.

## 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.*

Training is the backbone of the Army regardless of the mission. Operating MWJRCF is the mission and the training of the staff, regardless of title or position, is given high priority by Mr. Gregory Strobel, Director Army Corrections Command and Lt, Colonel Watson, Commander.

The auditor reviewed annual PREA in-service training and pre-service PREA training all staff receives at MWJRCF. This PREA specific curriculum contains: (1) The Agency wide zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) the inmate's right to be free from sexual abuse and sexual harassment; (4) Staff and inmate's right to be free from retaliation for reporting sexual abuse and sexual harassment; (5) recognizing the dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with inmates; (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Everyone at the MWJRCF must receive this training, signing they received it and understand it, prior to having contact with inmates.

The auditor conducted random interviews with soldiers and civilians during the site visit. Each of them indicated that they had received the agency zero tolerance training prior to reporting to the facility to work. The auditor pulled a sampling of staff training records including new hires. In each case training was received prior to their report to work date. Those interviewed also indicated that the training included the topics described in the paragraph above.

Both the civilians and soldiers were questioned about their response to sexual abuse as a first responder. The soldiers indicated their first response would be separating the alleged victim and abuser, secure the area the alleged abuse took place if possible, contact their supervisor and preserve evidence from destruction. The civilian first responders indicated that they would immediately secure the alleged victim and then immediately contact a security staff person in the area to take control of the inmate and the situation.

A sampling review of MWJRCF training records for 2015, 2016 and 2017 was done. Except for those staff members out on long-term absence everyone at the facility during those years was provided the annual mandated PREA training.

## **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.*

Army Corrections Command Policy Letter 14, 15<sup>th</sup> Military Police Brigade Regulation 1-2, 15<sup>th</sup> Military Police Brigade Regulation 190-3, (Rules of Conduct), Military Corrections Complex Regulation 350-1, and Military Corrections Complex SOP 403 Volunteer Programs are the documented policies requiring all contractors and volunteers, who have contact with any inmate, be trained on their responsibilities under the facility's zero tolerance policy on sexual misconduct prevention, detection, and response policies and procedures.

The auditor reviewed the training curriculum and training records for volunteers and contractors who entered MWJRCF for years 2015, 2016 and 2017. Contractors and volunteers (except those at the facility prior to 2013) received training prior to entering the facility and signed documents indicating each of them received and understood the PREA training and understands the agency zero tolerance policy.

An interview was conducted with one contractor and one volunteer confirmed the content of the PREA training they had received. Both indicated they were required to sign a document indicating their understanding of the training and the agency PREA policy. The volunteer had been at the facility prior to 2013 but received his PREA training in August of 2013. The second gentleman received the training prior to being allowed inside the facility.

### Standard 115.33: Inmate education

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

### 115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No



- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No

#### 115.33 (b)

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

#### 115.33 (c)

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

#### 115.33 (d)

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

#### 115.33 (e)

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

### 115.33 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Director Strobel and Lt. Colonel Watson indicated inmate education is no less important than staff training. They felt inmate training is a key element to sexual safety.

Army Corrections Command (ACC) Policy Letter #14, 15<sup>th</sup> Military Police Brigade Regulation 1-2, Military Corrections Complex SOP 59, and Military Corrections Complex SOP 307, are the agency and facility policies requiring: inmates receive comprehensive information in formats that they understand on the MWJRCF zero-tolerance policy. Including the means of privately reporting sexual abuse/harassment and retaliation.

Inmate education at MWJRCF on sexual safety begins once the inmate leaves the bus and enters the Intake Area. He is required to read the PREA safety information located on the wall in the area. Once he reads it he is asked if he has any questions. If he has no questions he is then provided an inmate handbook. This booklet not only deals with the day to day prison rules and procedures, it provides inmates with information and instructions on how and to whom to report incidents or suspicions of sexual abuse and/or sexual harassment and retaliation. They are informed they can make these allegations verbally, anonymously or in writing and through third parties.

They are then moved to a single cell in the orientation unit where an in-depth orientation from a member of each of the facility operations including Mental Health and Medical. One of the individuals that they will have contact with is the PREA Compliance Manager. She will present them with additional PREA information including the PREA video. This video provides information to them on how they can privately report allegations of sexual abuse for themselves or others without fear of being punished. It also informs them they can report retaliation for reporting sexual abuse or sexual harassment as well. Among other things that are stressed with them is how to privately report allegations if it becomes necessary. The 27 formal interviews with inmates indicated they had been provided PREA information on their first day at the facility, during their time in orientation and they are exposed to it daily through PREA informational postings in all of the housing areas and other areas that they have access to.

As noted in standard #115.16 All United States Military personnel had to be proficient in English to become a

service member.

## Standard 115.34: Specialized training: Investigations

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

#### 115.34 (a)

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

#### 115.34 (b)

- Does this specialized? [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.*

The specialized training requirements for all Investigators at MWJRCF are found in the Army Corrections Command Policy Letter # 14, the 15<sup>th</sup> Military Police Brigade Regulation 1-2 and the Military Corrections Complex Regulation 350-1 Military Correctional Complex Training.

The auditor interviewed the criminal investigator and two of the four administrative investigators during the site visit. All of them detailed the investigative training they received and indicated it included discussions on: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or criminal prosecution.

The auditor reviewed the curriculum and training records of each of the facility Military Police Investigators as the CID training record was not available to the auditor for review. The training the MWJRCF Investigators received was from the Moss Group- “Specialized Training: Investigating Sexual Abuse in Confinement Settings. All four of the facility Investigators successfully completed this course.

## Standard 115.35: Specialized training: Medical and mental health care

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

#### 115.35 (a)

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

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

#### 115.35 (b)

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

#### 115.35 (c)

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

#### 115.35 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Forensic examinations are not conducted at MWJRCF. The Army Corrections Command Policy Letter # 14, the Military Corrections Complex SOP 302, the 15<sup>th</sup> Military Police Brigade Regulation 1-2 and Military Corrections Complex Regulation 350-1 are the polices that require all medical and mental health practitioners full and part-time receive training on how to preserve physical evidence of sexual abuse, how to detect and assess signs of sexual abuse and sexual harassment how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The auditor conducted interviews with medical and mental health practitioners during the visit at MWJRCF. These practitioners told the auditor that they are required to take this additional training along with the mandatory PREA staff training. This one time training requirement is documented at the facility and was presented to the auditor, showing the curriculum for this training and attendance records. All full time and part time medical and mental health staff currently employed at MWJRCF received this training

## **SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

### **Standard 115.41: Screening for risk of victimization and abusiveness**

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

#### **115.41 (a)**

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

#### **115.41 (b)**

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

#### **115.41 (c)**

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

#### **115.41 (d)**

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

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

#### 115.41 (h)

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

#### 115.41 (i)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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



As noted in standard 115.33 inmates arriving at MWJRCF enter through the intake area. Once properly identified, he is required to read the PREA safety information located on the wall in the area. Once he reads it, he is asked if he has any questions. If he has no questions he is then provided an inmate handbook. He is moved to the orientation unit (single cell) and exposed to the Agency PREA video. He then receives a PREA screening, from a trained staff member, to determine the inmates' vulnerability and/or abusiveness. The screening is performed utilizing an objective screening instrument. All inmates arriving at the MWJRCF receive this initial PREA screening within two hours of arrival. No exceptions.

The screener asks the inmate is about his knowledge about PREA. At the conclusion of this information exchange the risk assessment is conducted. The assessment begins by asking the inmate: (1) if he has a mental, physical, or developmental disability; (2) his age; (3) whether the inmate has previously been incarcerated; (4) whether the inmate's criminal history is exclusively nonviolent; (5) whether the inmate has prior convictions for sex offenses against an adult or child; (6) whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (7) whether the inmate has previously experienced sexual victimization; (8) for his own perception of his vulnerability; (9) and conducts an assessment of the physical build of the inmate. The screener also assesses if the inmate is perceived to be gender nonconforming. This information is shared only with individuals with a need to know basis.

Any inmate who may be at risk based on this screening has a Medical and/or Mental Health referral immediately completed and forwarded on his behalf. All inmates arriving at MWJRCF will be assessed by a medical a mental health clinician within the first 14 days. The clinician will have the PREA screening document with them at the time they see the inmate.

The auditor interviewed screening staff (2 screeners, Mental Health, Medical and Directorate of Treatment Programs (DTP) staff) who are involved in this process. Each confirmed the policy and process noted above including their responsibilities in the process. The case manager indicated a second PREA screening is performed on every inmate prior to them leaving the single cell orientation unit which is typically accomplished day 14 at the facility. The interviews also confirmed the inmate's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. These staff also stated inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked about: whether the inmate has a mental, physical, or developmental disability; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the inmate has previously experienced sexual victimization; and the inmate's own perception of vulnerability.

Whenever an inmate alleges sexual abuse the case manager completes a new risk assessment utilizing the same screening form. Upon the investigation being completed another complete assessment is done regardless if the allegation is unfounded, substantiated and unsubstantiated.

The auditor formally interviewed 27 inmates while at MWJRCF. All of them confirmed that they had received an initial risk assessment. Four inmates did not recall receiving the second assessment within the 30-day standard requirement. The auditor reviewed those inmate files and verified the second assessment was in fact completed. None of those inmates interviewed stated they were disciplined for refusing to answer, or for not disclosing complete information in response to any questions asked during their assessment

## **Standard 115.42: Use of screening information**

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

#### **115.42 (a)**

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

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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The Army Corrections Command Policy Letter # 14, the 15<sup>th</sup> Military Police Brigade Regulation 1-2, the Military Corrections Complex SOP 311, Joint Regional Correctional Facility Regulation 15-3, are the policies detailing how

and when information gleaned from the PREA risk screening is to be used by the Initial Classification Board with the primary goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The auditor interviewed Anthony Simmons, Deputy Director of Treatment Programs. He is the individual who oversees this Classification Board. He detailed how the information from the PREA screening, the inmate risk assessment and any information available to the Board is used when determining where the inmate will work and be housed. He stressed the importance of keeping victims and abusers separate. His office produces a list of those inmates who are at risk of being victimized and a list of those at risk of abusing. This list has limited distribution.

The MWJRCF has excellent procedures in place utilizing the information taken from the PREA screening and used by the Initial Classification Board for all bed assignments. However it was determined secondary bed assignments, if the inmate is moved after being there for a period of time, the facility can not demonstrating how they use this same information provided by the Director of Treatment. In order to be able to provide a means to demonstrate all bed changes, after the initial, made with the intent of sexual safety, will be overseen by the PREA Compliance Manager. The facility enacted the change during the site visit. The auditor and facility agreed to monitor this for 120 days. At the completion of the 120 days the facility notified the Auditor and provided documentation demonstrating compliance to all bed and housing assignments at the MWJRCF.

The auditor interviewed a total of five (5) inmates from gay/bisexual/transgender community during the site visit. All confirmed that they were never placed on a dedicated housing unit based on sexual identity. One (1) transgender inmate indicated he was allowed to provide input about this safety concerns prior to his bed and work assignment being made. He also indicated the facility made accommodations allowing him to shower at times when other inmates were not in the area of the showers.

In deciding whether to assign a transgender or intersex prisoner to a male or female facility, a special classification committee considers, on a case by case basis, whether the placement would ensure an inmate's health and safety, or present a management or security problem. All facilities in making housing and programming assignments 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 are reviewed by the facilities classification review committee.

## Standard 115.43: Protective Custody

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

#### 115.43 (a)

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

#### 115.43 (b)

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

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

#### 115.43 (c)

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

#### 115.43 (d)

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

#### 115.43 (e)

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

#### Auditor Overall Compliance Determination

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

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

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

### Instructions for Overall Compliance Determination Narrative

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

The Army Corrections Command Policy Letter # 14 states that inmates 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 the facility cannot conduct such an assessment immediately, they may hold the prisoner in involuntary segregated housing for less than 24 hours while completing the assessment.

The auditor interviewed the Restricted Housing Supervisor and Lt. Colonel Watson. Both informed the auditor that Segregation is never used to place inmates at high risk for victimization to separate him from an abuser. An inmate told the auditor that when he made an allegation of sexual abuse against another inmate they were both placed in Restricted Housing. He was released after 90 minutes once it was determined what role each played in the allegation. It should be noted that this allegation involved brushing up against inmate with clothes on.

Lt. Colonel Watson further stated if ever a situation presented itself where an inmate alleging risk of victimization needed to be separated her last choice would be his placement in Restricted Housing. The inmate would be moved to one of the facility other housing units. Moved to another facility if needed. If Restricted Housing was however used the inmate would have access to programs, privileges, education, and work opportunities or the reason it was not granted would be documented.

## REPORTING

### Standard 115.51: Inmate reporting

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

##### 115.51 (a)

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

### 115.51 (b)

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

### 115.51 (c)

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

### 115.51 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The Army Corrections Command Policy Letter # 14 requires MWJRCF to provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The facility also must provide at least one way for prisoners to report abuse or harassment to a public or private entity not part of the facility and able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to facility officials, allowing the inmate to remain anonymous upon request.

“How to” report allegations of sexual abuse and sexual harassment is provided to every inmate arriving at MWJRCF. As noted in standard 115.33 they receive an inmate handout outlining how to privately report, posters are made available in all inmate accessible areas noting how to privately report as well. They are informed during their PREA screening by the screener and then again by the PREA Compliance Manager during their orientation. Allegations by inmates can be made verbally to staff, in written reports, through anonymous (unsigned) reports and reports from third parties (family members or friends).

The preferred private contact point for reporting sexual abuse is through the Army Review Boards Agency. The mailing address is posted in each of the living areas. There is some confusion by staff and inmates of whom this private/public entity contact is. This was made apparent during interviews with both groups. Largely in part because the DoD hotline phone number (currently used for support services only) is posted on each of the housing units phones and inmates and some staff believe is a reporting number. The facility has changed the signs posted throughout the facility notifying inmates of their ability to report to both areas.

Inmates in segregation have the opportunity to utilize the same public/ private notification system as used by general population inmates. There are posters in the Restricted Housing Unit informing inmates of reporting incidents of sexual assault and retaliation through staff (verbally, in writing-signed or unsigned), third party or to a private entity by mailing to the Army Review Boards Agency. This mail is treated as privileged correspondence.

## Standard 115.52: Exhaustion of administrative remedies

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

#### 115.52 (a)

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

#### 115.52 (b)

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



### 115.52 (c)

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

### 115.52 (d)

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

### 115.52 (e)

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

### 115.52 (f)

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

#### 115.52 (g)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

The Army Corrections Command (ACC) Policy Letter # 14 informs staff and inmates that grievances are not the appropriate process for filing allegations of sexual misconduct. Therefore MWJRCF 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?  Yes  No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### 115.53 (b)

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

#### 115.53 (c)

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

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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The Sexual Harassment Assault Prevention (SHARP) is the outside victim advocate program available to inmates providing confidential support services to victims of sexual abuse. A Sharp advocate has the ability to provide victims of sexual assault different treatment options to them and educate them about their rights. They provide information on available support resources, help develop a safety plan and assess the victim's medical and mental health needs. The SHARP advocate is available 24 hours a day, 7 days a week either through personal contact or through the DoD hotline.

The Department of Defense (DoD) SAFE Help Line is the phone number MWJRCF inmates could also utilize for emotional support services for victims of sexual abuse/harassment. 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 anonymous online and telephone hotline allowing Service members (including inmates) of the DoD community to seek secure anonymous one-on-one crisis support.

As noted earlier in the report the contact information for this advocacy program is available to the prisoners through his/her facility rulebook and on posters throughout the facility. All means of contact with this program is treated confidentially over the phone or through correspondence. All 27 inmates interviewed, were aware of the program.

## Standard 115.54: Third-party reporting

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

#### 115.54 (a)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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As noted earlier in the report inmates are informed the numerous ways of reporting allegations of sexual abuse, sexual harassment and retaliation. This includes third party reporting. At the entrance to the MWJRCF, were inmate visitors are processed and in the facility visiting room, are informational postings informing inmate families and friends of contact addresses and phone numbers (including the Army website) where they can report allegations of sexual abuse, sexual harassment or retaliation on behalf of any inmate. The web page <https://www.army.mil/e2/c/downloads/358762.pdf>.

Every MWJRCF inmates' friend or family member, listed as their next of kin, receives a "Safe Arrival" letter from the facility Commander. Among other information in this letter this it informs them of the facility zero tolerance of sexual abuse and sexual harassment. It also provides them with phone numbers and addresses should they wish to report an allegation on behalf of the inmate.

Inmates interviewed during the site visit knew of third party reporting. Some even responded to the interview question of "how to report privately" with having their family make a report on their behalf.

## 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

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Army Corrections Command Policy Letter # 14 requires all staff to report immediately any knowledge, suspicion, or information regarding incidents of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of Army Corrections Command or not. This policy further requires staff to report any retaliation against inmates or staff who reported such an incident or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

The auditor interviewed random soldiers, civilian staff, a contractor, a volunteer and medical/mental health

practitioners while on the premises at MWJRCF. All of them acknowledged their obligation to immediately report and allegation so an investigation can be initiated without delay. They also informed the auditor that any and all information that they become aware of in the performance of their duties is not to be reported or repeated to anyone except for reporting it to a designated supervisor or an official.

## Standard 115.62: Agency protection duties

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

#### 115.62 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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The Army Corrections Command Policy Letter # 14 requires when the facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, they take immediate action to protect the inmate

Interviews conducted with soldiers, civilians and Lt. Colonel Watson were specifically questioned about what action each would take if they became aware of an inmate who was at substantial risk of being sexual abused. Each indicated the safety of the inmate at risk would be their primary concern. Their first course of action would be to seek out and locate the inmate, then isolate him from the abuser if necessary and then notify their supervisor and hold the inmate until further directed by them.

Lt. Colonel Watson indicated she would expect the situation to be resolved before it reached her but would base her decision and direction on the degree of vulnerability of the inmate. She has additional housing units within the facility where the inmate could be placed. Remove the threat (abuser) from general population if known. She indicated he could move the inmate to another facility if it was an extreme case. Placement in restricted housing area would be her last resort.

## Standard 115.63: Reporting to other confinement facilities

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

### 115.63 (a)

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

### 115.63 (b)

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

### 115.63 (c)

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

### 115.63 (d)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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The Army Corrections Command Policy Letter # 14 requires requires that the Officer in Charge (Facility Commander) at MWJRCF notify the facility Officer in Charge or facility head about any sexual abuse allegation that occurred while confined at their facility. This notification must be made within 72 hours of (facility) becoming aware of this allegation. The policy indicates that the notification is issued by the Lt. Commander and the notification be maintained by the PREA Compliance Manager. This was detailed by both the Lt. Commander and PREA Compliance Manager.

MWJRCF had no sexual abuse allegations alleged to have occurred at their facility reported back to them from other facilities during the previous 12 months. There were also no sexual abuse allegations made to MWJRCF staff that occurred at another facility during the previous twelve (12) months either either.



## 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.*

The Army Corrections Command Policy Letter # 14 and the 15<sup>th</sup> Military Police Brigade Regulation 1-2 details what action is required by staff, contractors and the volunteers when responding to allegations of sexual abuse and sexual harassment. Each of them is considered a first responder regardless of rank, position, title or length of service. Although specific duties differ when responding, everyone responds with the primary purpose to protect the alleged victim. The training curriculum reviewed by the auditor covers the two policies and responding obligations.

The soldiers first responder training is more in depth and details what is expected of them including separating the alleged victim and abuser, contacting medical if required, preserving and protecting any crime scenes, insuring that the alleged victim or abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating.

The civilian staff indicated that if an inmate approached them and made an allegation of sexual abuse they would first secure/separate the alleged victim from the abuser if both were present and then immediately contact the closest soldier to take charge of the situation.

## **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 Army Corrections Command Policy Letter # 14 requires every facility within the Command to develop an institutional plan to coordinate actions among first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse. Appendix E of the 15<sup>th</sup>

Military Police Brigade Regulation 1-2 is the coordinated response plan for MWJRCF for incidents of sexual abuse. It details the coordinated actions to be taken among staff first responders, medical and mental health practitioners, investigators, and facility leadership when responding to incidents.

Interviews conducted with medical staff, mental health staff, PREA Compliance Manager, facility Investigators and multiple supervisors confirmed their awareness to this specific Appendix E and their specific responsibilities as they relate to responding to sexual abuse incidents.

## **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**

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Army Corrections Command (ACC) Policy Letter # 14 mandates that neither the facility nor any other governmental entity responsible for collective bargaining on behalf of MWJRCF 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. This policy and practice was confirmed during the interview with Mr. Gregory Strobel, Director Army Corrections Command.

Military staff members are not eligible for membership in a collective bargaining unit. MWJRCF has no collective bargaining unit agreement which limits the facility 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

## Standard 115.67: Agency protection against retaliation

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

#### 115.67 (a)

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

#### 115.67 (b)

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

#### 115.67 (c)

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

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

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The Army Corrections Command Policy Letter # 14, the 15<sup>th</sup> Military Police Brigade Regulation 1-2, the Military Corrections Complex SOP 302, and the Military Corrections Complex SOP 311 detail who, how and when retaliation monitoring occurs at MWJRCF. These policies set up the minimum time of 90 days for monitoring (unless the incident requires more time) and the requirement that the monitoring be documented and periodic. Monitoring responsibilities for all cases involving sexual abuse for inmates and employees, except those determined unfounded, falls under the responsibility of the Director of Treatment Programs.

The auditor discussed the policy and process of monitoring with the Director of Treatment Programs. He described the process by which he monitors staff and inmate monitoring and we both reviewed allegation case files for the previous 12 months. Upon completion of the investigation, unless unfounded, monitoring is done by committee regardless if it is an inmate or staff member. Make up of the committee is the Director of Treatment, Operations Staff, Institution Staff, Medical, Mental Health, the inmates Case Manager and the Chaplain. The Committee meets every two weeks while the monitoring is in effect and a complete review of his prior two weeks is discussed at each of them. Minutes are taken and kept by the Directors Office and include attendees, topics discussed, recommendations made, and courses of action taken. The Director signs the minutes.

MWJRCF 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. There were no reported incidents of retaliation over the last 12 months.

## Standard 115.68: Post-allegation protective custody

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

#### 115.68 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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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.

Army Corrections Command (ACC) Policy Letter # 14 prohibits the placement of any inmate in Restricted Housing for his protection after alleging sexual abuse. Unless an assessment of all available alternatives has been made and there is no available means of separation from the likely abuser (no longer than 24 hours).

The auditor interviewed the Restricted Housing Supervisor and Lt. Colonel Watson. Each informed the auditor that Segregation is never used for inmates his protection after alleging sexual abuse. An inmate told the auditor that when he made an allegation of sexual abuse against another inmate they were both place in Restricted Housing but he was released after 90 minutes once it was determined what role each played in the allegation. It should be noted that this allegation involved brushing up against inmate with clothes on.

## 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 (I)

- 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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The Army Corrections Command Policy Letter # 14, the 15<sup>th</sup> Military Police Brigade Regulation 1-2 and the MOU (dated 2014 with no sunset date), between the Army Corrections Command and the Criminal Investigation Division Command require a criminal or administrative investigation be done promptly, thoroughly and objectively on every allegation of sexual abuse that is received or the facility becomes aware of. These policy detail the process for the completion of sexual abuse and sexual harassment investigations conducted at MWJRCF.

Regardless of the circumstances of how the facility became aware, every allegation of sexual abuse must be immediately reported to CID. Once notified a trained Investigator from that office will make a determination if elements of a crime exist in the allegation. If the CID Office believes that criminal elements are present their office will conduct a criminal investigation. If they believe criminal conduct does not exist, an administrative investigation must be conducted by the facility MPI Office. Both agencies require the Investigator receive specialized training and as this was noted in Standard 115.34 with regards to their specialized investigative training being received and verified by the auditor.

The interviews conducted with the Military Police Investigator and with the CID Investigator indicated that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as an inmate or staff member. Both indicated they do not and would not require the inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling devices as a condition for proceeding with the investigation of such an allegation. The one inmate who made a sexual abuse allegation indicated in his interview that he was not asked or required to submit to a lie detector test as a condition of the investigation.

Both Investigators detailed their investigative process to the auditor. The investigative process involves gathering and preserving direct and circumstantial evidence, including available physical and DNA evidence, available

electronic monitoring data, conducted interview notes with alleged victims, suspected perpetrators, and witnesses, and also includes reviewing any prior complaints and reports of sexual abuse involving the suspected perpetrator. The departure of the alleged abuser or victim from the employment or service does not provide a basis for terminating any investigation according to both of them and outlined in the policy. The auditor reviewed all 3 case files (the fourth was still with CID) for the previous twelve months and found each file contained direct and circumstantial evidence that each investigator described during their interviews.

The auditor looked at the PREA cases for the last 12 months as well as a sampling of investigative case files for years 2015 and 2016 while at the MWJRCF. All case files appeared to document the investigation process per policy. These case files typically would include, all interviews, photos, recording video footage, and first responder details. There were 4 PREA cases initiated at MWJRCF during the last twelve months. There were three (3) cases alleging sexual abuse and one case alleging sexual harassment. The 3 sexual abuse allegations were against staff. The outcome of these investigations, made against staff, were two (2) determined substantiated and one (1) still open with CID. The sexual harassment case, alleged against another inmate, was determined unfounded upon completion of the investigation. The investigative policy can be found at: [https://www.army.mil/article/188745/army\\_corrections\\_command\\_prison\\_rape\\_elimination\\_act\\_policy](https://www.army.mil/article/188745/army_corrections_command_prison_rape_elimination_act_policy)

The facility had no sexual abuse allegations alleged to have occurred at the MWJRCF reported back to them from other facilities during the previous 12 months. There was also no sexual abuse allegations made to MWJRCF staff occurring at other facilities during the previous twelve (12) months.

## Standard 115.72: Evidentiary standard for administrative investigations

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

#### 115.72 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Military Police Investigators impose an evidentiary standard no higher than a preponderance of evidence in determining whether allegations of sexual misconduct/harassment are substantiated in any administrative

investigation. This is the requirement found in The Army Corrections Command Policy Letter # 14 and the 15<sup>th</sup> Military Police Brigade Regulation 1-2, documented in the Specialized Investigation Training lesson plan and was confirmed during the facility Investigator interviews.

## Standard 115.73: Reporting to inmates

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

#### 115.73 (a)

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

#### 115.73 (b)

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

#### 115.73 (c)

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

#### 115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the

alleged abuser has been indicted on a charge related to sexual abuse within the facility?

Yes  No

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?

Yes  No

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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Inmates at MWJRCF who make an allegation of sexual harassment or sexual abuse must be informed in writing at the conclusion of the investigation as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. This requirement is outlined in the Army Corrections Command Policy Letter # 14 and the 15<sup>th</sup> Military Police Brigade Regulation 1-2. The inmate is provided a written decision about his allegation by the Military Police Investigator. The inmate is required to sign that he has received it. Once signed it becomes part of the case file.

These same policies requires that following an inmates allegation that a staff member has committed sexual abuse against the inmate, the facility informs the inmate (unless the investigation has determined that the allegation was unfounded) whenever the employee is no longer assigned on his unit, no longer employed in the facility and if the employee was indicted or charged. There were no cases involving this type of conduct at Mansfield during the previous 12 months requiring this type notification.

The inmate making the allegation is also required to be notified where the case made against another inmate results in and indictment and trial. He must also be appaised of the outcome of the trial as wll. There were no cases at MWJRCF during the previous 12 months requiring this type of notification either.

The auditor interviewed one inmate who filed an allegation of sexual abuse. He indicated he was informed of the investigation outcome. The 3 case files were reviewed and each contained copies of investigation outcomes provided to the inmate making an allegation.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

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

#### 115.76 (d)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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The Army Corrections Command Policy Letter # 14, the 15<sup>th</sup> Military Police Brigade Regulation 1-2, and the 15<sup>th</sup> Military Police Brigade Regulation 190-3 require termination as the presumptive disciplinary sanction for violations of these agency policies relating to sexual abuse or sexual harassment. These policies further require discipline 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.

Lt Colonel Watson stated in her interview that any of her staff (soldiers) that violated the military zero tolerance policy would be court marshaled and discharged from service. There has been two soldier discharged from service for violations of the Military zero tolerance policy.

## Standard 115.77: Corrective action for contractors and volunteers

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

#### 115.77 (a)

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

#### 115.77 (b)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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Army Corrections Command Policy Letter # 14 mandates any contractor or volunteer who engages in sexual abuse shall be prohibited from having any contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

During the interview with Lt. Colonel Watson she indicated that if a volunteer or contractor violated and provisions of the PREA policy she would pull their ID badges (not allowing entrance) during the investigation. If it was determined that he or she violated the policy they would be reported to law enforcement and licensing bodies if appropriate.

There were no reported allegations involving contractors or volunteers during the previous 12 months.

## Standard 115.78: Disciplinary sanctions for inmates

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

#### 115.78 (a)

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

#### 115.78 (b)

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

#### 115.78 (c)

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

#### 115.78 (d)

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

#### 115.78 (e)

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

#### 115.78 (f)

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

#### 115.78 (g)

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

#### Auditor Overall Compliance Determination

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

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Army Corrections Command Policy Letter 16 details the offenses under which an inmate may be disciplined for following an administrative finding that he engaged in sexual misconduct specifically including inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.

The policy requires the sanctions be commensurate with the nature and circumstances of the abuse committed, taking into account the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories, and consider whether an inmate's mental disabilities or mental illness contributed to his behavior. Special considerations are required for inmates charged with or suspected of a disciplinary infraction who are mentally ill to determine if the disability or mental illness contributed to the behavior when determining what type of sanction should be imposed. Lt. Colonel Watson confirmed these considerations during her interview.

## 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*)

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Army Corrections Command Policy Letter # 14 requires that when any staff member becomes aware either through disclosure by the inmate or it is noted anywhere in his institutional record that he has experienced sexual victimization (institutional setting or in the community) he is to be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the facility becoming aware of it. If this screening reveals the inmate had perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the staff ensures that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days.

The auditor interviewed Mr. Anthony Simmons, Director of Treatment Programs. He detailed the process where medical and mental health practitioners see all inmates upon arrival, typically before day seven (7) but before day 14. During the time they are seen the practitioner has the PREA risk screening in front of them. If that screening denotes abusive behavior or prior victimization he is offered continued follow up by the clinician. The auditor interviewed a total of ten (10) inmates who disclosed prior victimization either upon arrival and one who had abusive history. All but three of the indicated they were offered medical or mental health intervention as a result of the PREA screening. During the time with the Director of Treatment the auditor reviewed those inmates case records who indicated they had not been offered services. In each of their files the staff member had noted it.

This same letter (policy) mandates that all information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to allow for informed decisions for treatment plans, security and management decisions, including housing, bed, work, education, and program assignments. The PREA Compliance Manager, Director of Treatment Programs, two PREA screeners interviews conducted by the auditor indicated that all information is shared only on a need to know basis.

## Standard 115.82: Access to emergency medical and mental health services

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

#### 115.82 (a)

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

#### 115.82 (b)

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

#### 115.82 (c)

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

#### 115.82 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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The Army Corrections Command Policy Letter # 14, 15<sup>th</sup> Military Police Brigade Regulation 1-2 and the Military Corrections Complex (MCC) SOP 330 define the protocols medical staff at MWJRCF must follow insuring victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, These policies further requires the nature and scope of the services provided to the inmates be based according to medical staff and mental health professional judgment.

As noted in standard 115.64 safety of the inmate is the primary concern of the incident first responder, Soldiers indicated during interviews they would make contact with medical and mental health providers as required in responding to incidents of sexual abuse.

Mental Health and Medical Practitioners indicated during their interviews that the nature and scope of the services provided by MWJRCF medical and mental health staff are based according to their professional judgment. They further stated If it is required, the outside hospital typically starts the medication (sexually transmitted infections

prophylaxis) and it is then continued at the facility. All treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

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

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

#### **115.83 (a)**

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

#### **115.83 (b)**

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

#### **115.83 (c)**

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

#### **115.83 (d)**

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

#### **115.83 (e)**

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

#### **115.83 (f)**

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

#### **115.83 (g)**

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

### 115.83 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Medical and Mental Health evaluations and treatment is to be provided to all inmates, without cost, who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. These requirements are found in the Army Corrections Command Policy Letter # 14, 15<sup>th</sup> Military Police Brigade Regulation 1-2, Military Corrections Complex SOP 311 and the Military Corrections Complex SOP 330.

The auditor interviewed Medical and Mental Health practitioners during the visit. Staff indicated that the evaluation and treatment of anyone victimized includes, 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. They also indicated the policy and practice they are required to follow requires these treatment services be provided to victims without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

As previously noted the audit team interviewed a total of ten (10) inmates who disclosed prior victimization upon arrival at MWJRCF. All but three of the indicated they were offered medical or mental health intervention as a result of the PREA screening. During the time spent with the Director of Treatment the auditor reviewed those inmate files that indicated they had not been offered services. In each of their files the staff member had noted offering it.

## DATA COLLECTION AND REVIEW

## Standard 115.86: Sexual abuse incident reviews

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

#### 115.86 (a)

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

#### 115.86 (b)

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

#### 115.86 (c)

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

#### 115.86 (d)

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

#### 115.86 (e)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

The 15<sup>th</sup> Military Police Brigade Regulation 1-2A requires MWJRCF to establish an incident review committee and convened within thirty (30) days of the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded. The committee, by policy, is comprised of the Deputy to the Commander (chair), PREA Compliance Manager (recorder), Deputy for Office of the Command Judge Advocate, Deputy for Director of Treatment Programs, Director of Operations (DOPS), Deputy for DOPS, NCOIC for DOPS, MPI, Deputy for Director of Correctional Programs, Deputy for Director of Pastoral Care, Director of Institutional Services, Deputy for Director of Institutional Services.

The Committee is required to conduct a thorough review of the circumstances of each incident of sexual abuse. Their review and report must contain the name(s) of the person(s) involved; events leading up to and following the incident; a consideration of whether the actions taken were consistent with agency policies and procedures; consider whether the allegation or investigation indicates a need to change policy or practice to better detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility; an examination of the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; an assessment of the adequacy of staffing levels in that area during different shifts; an assessment as to whether monitoring technology should be deployed or augmented to supplement supervision by staff; recommendations to the facility administrator and PREA Compliance Manager for improvements based on the above assessments.

The facility is further required to implement any recommendations resulting from this review, or document the reasons for not doing so. Sexual abuse incident reviews were completed on two cases determined substantiated.. The Committee reports were observed by the auditor at the time of the visit. The reviewed documents include the teams requirement to look at the items listed in the above paragraph. There were no recommendations made by the committee in either of these 2 cases that were reviewed

## 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.*

The Army Corrections Command (ACC) Policy Letter # 14 and the 15<sup>th</sup> Military Police Brigade Regulation 1-2 t



requires policies, requires uniform data be collected for every incident of sexual abuse alleged to have occurring at the MWJRCF using a standardized instrument and set of definitions. Data from this facility is sent to the central office where it is aggregated annually with the other the four facilities within the Army Corrections Command. The incident-based data includes information needed to complete the standardized instrument Survey of Sexual Violence 2012 (SSV) to the Department Of Justice. All available incident-based documents, including reports, investigation files, and sexual abuse incident reviews shall be maintained, reviewed, and collected as needed to complete the SSV.

## 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

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The agency's annual report is made available to the public through its website  
[http://fugitives.army.mil/ACC\\_PREA/index.html](http://fugitives.army.mil/ACC_PREA/index.html).

### 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*)

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The Army Corrections Command (ACC) Policy Letter # 14 requires Army Correction Command maintain, review, and collect data from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

The Agency is required to retain all records for 10 years after the date of initial collection. CID policy requires that they maintain criminal records for 50 years.

The agency's annual report is available to the public through its website ([http://fugitives.army.mil/ACC\\_PREA/index.html](http://fugitives.army.mil/ACC_PREA/index.html)).

## 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

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

#### Auditor Overall Compliance Determination

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

## AUDITOR CERTIFICATION

I certify that:

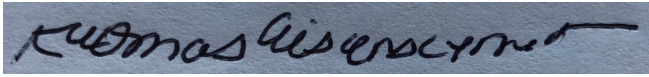
The contents of this report are accurate to the best of my knowledge.

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.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.



November 1, 2018

**Auditor Signature**

**Date**

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

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