

PREA Facility Audit Report: Final

Name of Facility: Adult Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: 11/22/2020

Date Final Report Submitted: 06/20/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Catharine Wright	Date of Signature: 06/20/2021

AUDITOR INFORMATION	
Auditor name:	Wright, Catharine
Email:	cwright@oig.lacounty.gov
Start Date of On-Site Audit:	09/16/2020
End Date of On-Site Audit:	09/19/2020

FACILITY INFORMATION	
Facility name:	Adult Correctional Facility
Facility physical address:	#1 Mashburn Lane, Mangilao, Guam - 96913
Facility Phone	
Facility mailing address:	P.O. Box 3236, Agana, Guam - 96932

Primary Contact	
Name:	Antone F. Aguon
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Warden/Jail Administrator/Sheriff/Director	
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Facility PREA Compliance Manager	
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Facility Health Service Administrator On-site	
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Facility Characteristics	
Designed facility capacity:	434
Current population of facility:	464
Average daily population for the past 12 months:	489
Has the facility been over capacity at any point in the past 12 months?	Yes
Which population(s) does the facility hold?	Males
Age range of population:	19-76
Facility security levels/inmate custody levels:	Maximum to Minimum
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	213
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	20
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Guam Department of Corrections
Governing authority or parent agency (if applicable):	9 Guam Code Annotated Chapter 90
Physical Address:	#1 Mashburn Lane, Mangilao, Guam - 96913
Mailing Address:	P.O. BOX 3236, HAGATNA, Guam - 96932
Telephone number:	6717355170

Agency Chief Executive Officer Information:	
Name:	Joseph S. Carbullido
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Telephone Number:	671-735-5170

Agency-Wide PREA Coordinator Information			
Name:	Mark Perez	Email Address:	mark.perez@doc.guam.gov

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site 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.

A Department of Justice (DOJ) Prison Rape Elimination Act (PREA) audit was conducted at Adult Correctional Facility located in Mangilao, Guam. This audit was the first PREA audit for ACF. ACF is under the jurisdiction of the Guam Department of Corrections (GDOC). The audit team consisted of Catharine Wright, DOJ Certified PREA Auditor (lead auditor) and Noemi Zamacona, DOJ Certified PREA Auditor. Additionally, Daisy Ponce assisted the audit team remotely as support staff.

On August 7, 2020, the audit team signed an audit agreement to conduct PREA audits of three GDOC facilities and one Guam Department of Youth Affairs (GDYA) facility. This audit is one of three PREA audits of GDOC facilities conducted by the audit team. The onsite portion of the audit was originally scheduled to commence on or about August 24, 2020.

On August 16, 2020, the Governor of Guam placed Guam on Pandemic Condition of Readiness (PCOR) due to the rising number of COVID-19 cases. On August 21, 2020, the Governor of Guam announced that all individuals arriving in Guam would be subject to a mandatory 14-day quarantine at a government quarantine facility. Upon arrival in Guam on the evening of August 21, 2020, the audit team was transported to a government quarantine facility and remained under strict quarantine for 14 days. Therefore, the onsite portion of the audit at ACF was rescheduled and conducted from September 16, 2020 to September 19, 2020.

Audit Methodology - Pre-Onsite Audit Phase

The pre-onsite audit phase began with a kick-off meeting held via video conference on June 18, 2020. Present at the meeting were the audit team and leadership and staff from GDOC, GDYA, and Guam's Bureau of Statistics and Planning. Subsequent video conference meetings were held weekly to discuss the audit process, expectations, timelines, documentation required, and logistics for the onsite portion of the audit. During the pre-onsite audit phase, the GDOC indicated that implementation of policies and procedures related to PREA were recent. GDOC leadership indicated lack of funding and inadequate staffing were barriers to becoming compliant with many PREA standards. The audit team discussed the purpose of the corrective action process and the opportunity it will provide the agency to work towards PREA compliance and enhance sexual safety in confinement.

Audit notices in English were provided to GDOC on July 2, 2020. The audit notices included information about the upcoming audit and provided contact information for the audit team. The audit team instructed the GDOC to post the audit notice throughout ACF, in areas visible to all inmates and staff (e.g., visiting areas, recreational spaces, housing units) for six weeks prior to the onsite audit. The audit team also communicated to GDOC that inmates, residents, and detainees shall be permitted to send confidential information or correspondence to the auditors in the same manner as if they were communicating with legal counsel. The audit team received an email from Mark Perez, the Agency PREA Coordinator, advising the audit notice had been posted throughout the facility beginning on July 6, 2020. Prior to the onsite audit, the audit team did not receive any correspondence from inmates or staff.

Online Audit System (OAS) access was requested for the facility on August 2, 2020. Access to the OAS was granted to the facility on August 5, 2020. A copy of the audit process map was provided to the GDOC on August 25, 2020. The facility completed and submitted the Pre-Audit Questionnaire (PAQ) on August 28, 2020. The audit team reviewed the answers and documentation submitted by the facility. On August 30, 2020, the audit team provided ACF with an issues log, which outlined information and documentation missing from the facility's PAQ. The facility immediately responded to the audit team's issues log. However, much of the requested documentation was not provided.

Prior to the onsite portion of the audit, the audit team requested the facility identify a comprehensive list of inmates, staff, volunteers, and contractors along with relevant facility records to determine the universe of information from which the auditor would sample during the onsite portion of the audit. From these listings, the auditor selected representative samples for interviews of inmates and staff and document reviews during the onsite portion of the audit. The listings requested by the auditors in the pre-onsite audit phase included:

1. Complete inmate roster based on actual population on the first day of the onsite portion of the audit.
2. Youthful inmates (if any)
3. Inmates with disabilities (i.e., physical disabilities, blind, deaf, hard of hearing, cognitive disabilities)
4. Inmates who are Limited English Proficient (LEP)
5. Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) inmates (identify all inmates in each category).
6. Inmates in segregated housing
7. Inmates who reported sexual abuse
8. Inmates who reported sexual victimization during risk screening
9. Complete staff roster (indicating title, shift, and post assignment)
10. Specialized staff which includes:
 - o Agency contract administrator
 - o Intermediate- or higher -level facility staff responsible for conducting and documenting unannounced rounds to identify and deter sexual abuse and sexual harassment
 - o Line staff who supervise youthful inmates, if any
 - o Education staff who work with youthful inmates, if any
 - o Program staff who work with youthful inmates, if any
 - o Medical staff
 - o Mental health staff
 - o Non-medical staff involved in cross-gender strip or visual searches
 - o Administrative (human resources) staff
 - o SAFE and/or SANE staff
 - o Volunteers who have contact with inmates
 - o Contractors who have contact with inmates
 - o Criminal investigative staff (e.g., at agency level, facility level, external entity, etc.)
 - o Administrative investigative staff (e.g., at agency level, facility level, external entity, etc.)
 - o Staff who perform screening for risk of victimization and abusiveness
 - o Staff who supervise inmates in segregated housing
 - o Staff on the sexual abuse incident review team
 - o Designated staff member charged with monitoring retaliation
 - o First responders, security staff (individuals who have responded to an incident of sexual abuse)

- First responders, non-security staff (individuals who have responded to an incident of sexual abuse)
 - Intake staff
11. All grievances made in the 12 months preceding the audit
 12. All incident reports from the 12 months preceding the audit
 13. All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit including:
 - Total number of allegations
 - Number determined to be substantiated, unsubstantiated, or unfounded
 - Number of cases in progress
 - Number of criminal case investigations
 - Number of administrative case investigations
 14. All hotline calls made during the 12 months preceding the audit
 15. Listing of all inmates the facility has determined to be at heightened risk of sexual victimization
 16. Listing of all inmates the facility has determined to be at heightened risk of sexual abusiveness

The audit team conducted outreach to community-based organizations and advocates to gain insight into relevant conditions at ACF. The audit team contacted Victim's Advocates Reaching Out (VARO), the Guam Coalition Against Sexual Assault and Family Violence, West Care Foundation, Healing Hearts Rape Crisis Center, and the Federal Public Defender's Office.

The audit team conducted internet research to gain insight into relevant conditions at ACF. Through internet research, the audit team learned the following:

- GDOC was under a federal consent decree from May 29, 1991 to April 13, 2017. The consent decree was a settlement agreement the government entered into designed to remedy constitutional violations reported during a federal investigation of a GDOC facility pursuant to the Civil Rights of Institutionalized Persons Act. The settlement agreement required the GDOC to improve practices and the conditions in facilities related to constitutional violations, sanitation, fire safety, and access to medical, mental, and dental health care.
- During a public hearing at the Guam Legislature on January 20, 2020, former GDOC Director Frank Ishizaki indicated the conditions at GDOC are "not humane."
- After a personal inspection of the ACF on January 31, 2020, the Governor of Guam Lou Leon Guerrero described the conditions as inhumane.

Onsite Audit Phase

On September 16, 2020, the audit team began the onsite portion of the audit with an entrance briefing with the facility's Deputy Warden. The Deputy Warden is also the facility's PREA Compliance Manager (PCM). The audit team reiterated prior communication regarding unfettered access to all parts of the facility, staff, and documents requested for review. The audit team also discussed the audit process and expectations. ACF leadership and staff welcomed the audit team into the facility and were extremely cooperative throughout the onsite audit.

ACF's population on the day of the site review was 480. The facility has two 12-hour shifts, Alpha Platoon (2400-1200) and Bravo Platoon (1200-2400). The facility currently operates with approximately 142 security staff. The facility has several agency mental health, casework, and parole staff on site. Staff from Guam Memorial Hospital are assigned to ACF to provide medical care to inmates, which includes one doctor and up to six nurses. At the time of the site review, all volunteer services were suspended due to

the COVID-19 pandemic.

Following the entrance briefing, the audit team was escorted on a site review by the GDOC's Special Operations Response Team (SORT). The audit team visited all areas in the operations building, the facility's Visitation Processing Center (VPC), and the Vocational Rehabilitation Services (VRS) workshops, the library, and all 16 housing units. Throughout the site review, the audit team noted staff of the opposite gender diligently announced their presence when entering an inmate housing unit. The audit team inspected cell housing, dormitory housing, restroom and shower areas, and correctional officer control areas. The audit team inspected audit notices and PREA posters posted throughout the facility and housing units. During the site review, the audit team conducted informal interviews with staff and inmates.

The audit team observed the facility is dilapidated and facility staff indicated the facility is in constant need of repairs. Several inmates throughout the facility mentioned the facility does not have hot water and complained about the poor living conditions. The audit team noted and documented several issues during the site review. The facility does not have adequate video surveillance camera coverage. Therefore, there are several blind spots throughout the facility. The agency indicated there are infrastructure issues due to a lack of internet access at several of the units. Therefore, they have been unable to expand the number of video surveillance cameras at the facility. The facility will not be able to eliminate these blind spots and enhance sexual safety at the facility unless several additional video surveillance cameras are installed, or staffing is increased. The audit team noted several blind spots throughout the facility, the operations building, housing units, the Vocational Rehabilitation Services (VRS) workshops, chapel, barbershop, galley, and library. Additionally, the audit team noted there was no visibility into several rooms throughout the facility because doors did not have a window, including administrative offices in the operations building. Additionally, the audit team observed there is no emergency or call system for inmates to contact officers in case of an emergency.

The audit team observed the audit notice posted in housing areas and throughout the facility in inmate accessible areas. The audit notice was also observed in areas only accessible to staff. However, despite communicating to the GDOC that the audit notice should be translated into languages commonly spoken within the inmate population, the audit notice was only posted in English. The GDOC indicated they do not currently have funding for translation services.

The audit team observed telephones located within the housing units. PREA posters within the housing units included information for a PREA hotline (operated by the GDOC) for inmate reporting of sexual abuse and/or sexual harassment. The PREA poster does not include contact information for inmates to confidentially report to a public or private entity that is not part of the GDOC. Informal interviews with inmates and staff indicated telephones had several issues. Inmates indicated they are often unable to make telephone calls due to inoperable telephones. The audit team tested telephones in the housing units and noted some telephones did not have a dial tone. Staff indicated that inmates must pay for all telephone calls and are only able to call telephone numbers that are approved and added to the inmate's account.

The audit team observed boxes located outside of the housing units. Staff indicated these boxes are for submission of Sick Call Forms which inmates complete to request medical care. The audit team did not observe any grievance boxes located anywhere in the facility and staff indicated they do not exist. Staff indicated inmates must request an Inmate Remedy Request Form or Inmate Grievance Form from staff and submit the completed form to staff.

The facility provided the audit team with requested information related to inmate and staff rosters be

provided by the first day of the onsite audit. However, the facility was unable to formally identify disabled, LEP, and LGBTI inmates. The facility indicated this information is not electronically tracked in any database. The facility also does not electronically track grievances or incident reports. From the information provided, the auditor selected and reviewed a variety of files, records and documents summarized in detail below:

Personnel and Training Files. The facility has 213 full and part-time staff. The facility hired 65 staff who have contact with inmates in the 12 months preceding the audit. The facility promoted three staff in the 12 months preceding the audit. Medical staff assigned to the facility are employees of the Guam Memorial Hospital (GMH). The audit team did not review any personnel files because the agency indicated they do not conduct criminal background records checks prior to hiring or promoting staff. The agency also indicated they have not conducted criminal background records checks of or provide PREA training to GMH staff, volunteers or contractors. The agency also does not conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates and do not have in place a system for otherwise capturing such information for current employees. The audit team reviewed training files for all 16 of the random staff interviewed and seven of the specialized staff interviewed.

Inmate Files. On the first day of the onsite phase of the audit, the inmate population was 480. Because the facility was unable to formally identify disabled, LEP, and LGBTI inmates, inmates in these categories were identified through conversations with staff during the site review. A total of 33 inmate records were reviewed by the audit team. 25 inmate records were sampled across all housing units in the facilities. Additionally, the audit team reviewed the records for eight targeted inmates that were identified and interviewed.

Medical and Mental Health Records. Medical records are secured by GMH medical records staff. Mental health records are secured by GDOC mental health staff. ACF does not assess inmates during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. During the 12 months preceding the audit, there were no reports of sexual abuse at the ACF. The audit team was able to review inmate mental health records. However, inmate medical records were not made available to the audit team for review.

Grievances. In the PAQ, the facility indicated they received zero inmate grievances for the 12 months preceding the audit. The facility does not electronically track grievances. Therefore, the audit team was unable to determine the actual number of grievances. The facility did not provide the audit team with any grievance reports for review. During the review of inmate files, the audit team did note paper copies of grievances in inmate files. However, the audit team did not note any grievances regarding sexual abuse or sexual harassment. During the site review, the audit team noted there were no grievance boxes for inmates to submit grievances. Staff indicated that grievance forms are provided to inmates upon request. Inmates are required to submit completed grievance forms to staff.

Incident Reports. The audit team requested all incident reports from the 12 months preceding the audit. The facility does not electronically track incident reports. Therefore, the audit team was unable to determine the actual number of incident reports. The facility did not provide the audit team with any incident reports for review.

Investigation Files. In the PAQ, the facility indicated there were zero allegations of sexual abuse and sexual harassment during the 12 months preceding to the audit. However, during the entrance briefing with the audit team, the facility commander indicated there was one allegation of inmate-on-inmate sexual harassment that was reported to staff. The audit team reviewed the GDOC investigative file for

this allegation. The audit team noted the allegations included sexual abuse and sexual harassment by staff and inmates. The allegation of sexual abuse was not reported to GPD. The agency indicated they did not establish a PREA hotline until August 21, 2020. The agency indicated there were zero hotline calls. No cases were referred for criminal prosecution.

The lead auditor randomly selected staff and inmates to be interviewed and ensured that staff from both shifts and differing levels of responsibilities and assignments were selected. The lead auditor also randomly selected inmates to be interviewed and ensured inmates from each housing unit were selected. Local and immigration detainees were interviewed. Additionally, targeted inmate interviews were conducted with inmates from specific categories. The audit team was provided with an area where auditors could interview inmates and staff in a confidential and safe manner. The audit team conducted the following number of interviews during the onsite phase of the audit:

Random Inmates (Total) = 23

Targeted Inmates (Total) = 7

Total Inmates Interviewed = 30

The breakdown of the number of targeted inmate interviews is as follows:

- Youthful Inmates (ACF does not house youthful inmates)
- Inmates with a Physical Disability (1 identified – 1 interviewed)
- Inmates who are Blind, Deaf, or Hard of Hearing (0 identified – 0 interviewed)
- Inmates who are LEP (1 identified – 0 interviewed)
- Inmates with a Cognitive Disability (1 identified – 1 interviewed)
- Inmates who Identify as Lesbian, Gay, or Bisexual (2 identified – 2 interviewed)
- Inmates who Identify as Transgender or Intersex (2 identified – 2 interviewed)
- Inmates in Segregated Housing for High Risk of Sexual Victimization (0 identified – 0 interviewed)
- Inmates Who Reported Sexual Abuse (1 identified – 1 interviewed)
- Inmates Who Reported Sexual Victimization During Risk Screening (0 identified – 0 interviewed)

The Auditor conducted interviews with the following agency leadership (not counted in totals below):

- Robert Camacho, Agency Head Designee
- Alan Borja, Warden
- Mark Perez, Agency PREA Coordinator
- Mae Quitugua, Facility PCM

The Auditor conducted the following number of staff interviews during the onsite phase of the audit:

Random Staff (Total) = 16

Specialized Staff (Total) = 20

Total Staff Interviewed = 36

The breakdown of the specialized staff interview is as follows:

- Agency Contract Administrator (0)

- Intermediate- or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment (1)
- Medical staff (2)
- Mental Health staff (2)
- Administrative (human resources) staff (4)
- Investigative staff – Administrative investigations (3)
- Staff who perform screening for risk of victimization and abusiveness (0)
- Staff who supervise inmates in isolation (1)
- First responders, security staff (6)
- First responders, non-security staff (1)
- Intake staff (1)

Total specialized staff interviews = 21 (One of the 21 specialized staff interviewed were responsible for more than one of the specialized staff duties; therefore, the number of specialized staff interviews presented exceeds the number of specialized staff interviewed.)

Additionally, the audit team spoke to staff from the following agencies:

- Healing Hearts Rape Crisis Center – Inmates that experience sexual abuse are transported to the crisis center for forensic medical examinations.
- Guam Police Department (GPD) - GPD conducts investigations of all allegations of criminal conduct within GDOC's facilities.
- Guam Customs and Quarantine – Guam Customs and Quarantine staff conduct criminal background checks of staff for the GDOC.

On September 19, 2020, the audit team ended the onsite portion of the audit. The lead auditor met with agency leadership on September 21, 2020 to discuss the onsite audit and next steps.

Post-Onsite Audit Phase

All interviews and observations made during the onsite audit phase were documented by the audit team. The lead auditor utilized the Auditor Compliance Tool (ACT) for Adult Prisons and Jails as a guide in determining compliance with each standard. In order to determine compliance with each standard, the lead auditor used information and documentation provided in the PAQ and during the pre-onsite audit phase, information and documentation obtained through staff and inmate interviews, and observations made during the site review. The facility was also given an opportunity to provide documents previously requested and additional documents identified by the audit team following the onsite phase of the audit. Additional interviews with specialized staff that were not available during the onsite audit phase were conducted virtually.

AUDIT FINDINGS

Facility Characteristics:

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

The ACF is an all-male minimum to maximum security level detention facility. The ACF does not house youthful inmates. The ACF houses local detainees and post-sentencing inmates. At times, ACF also houses federal and immigration detainees due to medical, security, or disciplinary reasons. An Intergovernmental Service Agreement is used for the detention of federal and immigration detainees for the Department of Homeland Security's Immigration and Customs Enforcement.

ACF is comprised of 17 buildings, which includes 16 housing units. The operations building includes Central Control, Casework, the Warden's office, the Operation Commander's office, Behavioral Health Services, the Employee Briefing Room, classrooms, Medical Records, the Chapel, Inmate Visitation, Galley, Dining Hall, and the Intake/Property/Mail Room. The outdoor area between buildings on the ACF compound is considered the Yard. The audit team also visited the facility's Visitation Processing Center (VPC), VRS workshops, the Perez Building, and all 16 housing units.

The VPC is a standalone building at the entrance of the ACF compound. VPC is responsible for processing all ACF visitors. Currently, six officers are assigned to VPC. In addition to processing visitors, staff assigned to VPC also monitor visits between inmates and their visitors. Once visitors are checked in at VPC, they proceed to the inmate visitation area.

Central Control is the central hub of ACF and is responsible for approving all inmate movement within the facility. The facility has a total of 16 video continuous recording video surveillance cameras that are viewable by Central Control. Central Control staff indicated 4 of the sixteen cameras are down almost daily. Video surveillance cameras are in Inmate Visitation, the Tunnel, behind the Galley, Lobby, Pill Line, and the Yard. Additionally, some housing units have their own video surveillance cameras. However, Central Control does not have access to these cameras. The agency indicated that due to limited storage space, the video surveillance footage is stored for less than one week.

The ACF includes a galley and dining area. However, all inmate meals are delivered by a private contractor. The meals are received by staff and distributed to inmates in the housing units. The galley and dining area do not have video surveillance cameras and are a blind spot.

The facility's Intake/Property/Mail Room is a large room which includes a uniform stock room and a storage room. There are no cameras located inside this area and there is no window on the door. The area is a blind spot. Mail Room staff indicated they were not made aware of any special handling instructions for correspondence to the PREA auditors. Mail Room staff indicated they did not see any correspondence addressed to the PREA auditors.

Inmate Visitation is a large room with several benches. Connected to Inmate Visitation is the chapel and barbershop. There are two video surveillance cameras located in the visitation area. However, one video surveillance camera was not operable. The chapel and barbershop do not have video surveillance cameras and are blind spots.

VRS consists of several workshops for welding, plumbing, carpentry, automotive, and farming. These workshops are located throughout the facility. The audit team noted several automobiles, piles of junk, and cargo containers at these workshops, which create blind spots. There are no video surveillance cameras located at these workshops. The welding shop includes an indoor workspace, storage area, and restroom. There are no video surveillance cameras inside of the storage area and workspace. The welding shop has several blind spots.

The Perez Building is utilized as office space and storage area for maintenance staff and does not house inmates. The building includes 11 rooms and one restroom and shower area. This building does not house inmates. There are no video surveillance cameras in this building. Several doors in this building do not have windows. There are several blind spots in this building.

Post #2 is the Forensic Unit and houses mentally ill patients. The unit includes one officer control room. The unit has a linear design. Therefore, staff do not have a visual of the inmates from the officer control room. There are no video surveillance cameras in this unit. The unit includes a total of six single occupancy cells. Each cell has a toilet and sink. The unit includes two wings, north wing and south wing. The north wing includes two cells and one shower room. The audit team noted part of the shower room is a blind spot. The South wing includes six cells and one shower room. There is a sliding door at the entrance of the south wing that can be closed. When closed, this creates obstructs the staff's view of the wing, creating a blind spot. The audit team observed the showers in this unit have opaque shower curtains which reach the floor, preventing staff from being able to determine if dangerous activity is occurring in the shower or if an inmate has a medical emergency at any given time. The unit also has one unlocked utility closet which is a blind spot because the door does not have a window. The audit team noted there was one corrections officer supervising this unit and a population of 10.

Post #3 is the Clinic and houses inmates while they receive medical care. The clinic includes two rooms for inmates. Each room has a toilet and sink and can house up to two inmates. The beds in this unit are reserved for the most acutely ill inmates while they receive medical treatment. The clinic also includes a dental office, dental treatment room, examination room, treatment room, two utility rooms, storage room, medical supply room, pharmacy room, staff break room, staff locker room, waiting room, medical supply room, and shower room. There are no video surveillance cameras in this unit. The audit team noted the Health Administrator's office is a blind spot because there is cardboard obstructing the window on the office. The audit team also observed two utility room doors do not have a window and are a blind spot. The audit team noted there was one corrections officer supervising this unit and a population of 3.

Post #4 is the Medical Unit and houses inmates while they receive medical treatment. The unit has a linear design. There are no video surveillance cameras in this unit. The unit includes 14 cells. Each cell has a toilet and sink and can house up to two inmates. The unit includes an officer control room, shower room, indoor day room, and outdoor recreation area. The audit team observed the view to the shower room from the officer control booth is obstructed by a trash can, preventing staff from being able to determine if dangerous activity is occurring in the shower or if an inmate has a medical emergency at any given time. The audit team also noted blind spots in the outdoor recreation area and the walkway that leads to it. The audit team noted there was one corrections officer supervising this unit and a population of 18.

Post #5 houses local detainees and inmates with various security classifications ranging from parole violators to maximum level I. Maximum level I is a maximum-security classification and is for inmates whose past assaultive or escape history indicates a need for more security. Inmates in this classification category are considered a serious threat to the community, to corrections personnel, or to themselves. The unit has a linear design. There are no video surveillance cameras located inside this unit and staff

indicated it is difficult to supervise inmates because of the unit's linear design. Staff indicated there are several blind spots inside and outside of the housing unit. Staff also indicated the locking mechanism on the cells is not dependable and inmates can manipulate the locks and open their cells. This unit includes 32 cells. Each cell has a toilet and sink and can house up to two inmates. The unit includes an officer control room, unit manager office, and an outdoor recreation area. The unit has two wings, the north wing and east wing. The north wing includes 16 cells, one shower room, and an indoor dayroom. The east wing includes 16 cells, one shower room, and an indoor day room. The unit has one utility closet and one electrical closet that are blind spots because the doors do not have a window. The unit has two outdoor laundry areas that both have blind spots. The audit team observed all of the showers in this unit have opaque shower curtains which reach the floor, preventing staff from being able to determine if dangerous activity is occurring in the shower or if an inmate has a medical emergency at any given time. The audit team also observed that the lights were broken in the east wing shower room, creating a dark environment and blind spot. The audit team noted there were three corrections officers supervising this unit and a population of 37.

Post #6, is the Special Housing Unit (SHU) and houses inmates in disciplinary segregation and Level I (maximum security) inmates. This unit has a linear design. This unit includes 48 single occupancy cells. This unit has three wings, north wing, east wing, and west wing. Each wing has an indoor day room and an outdoor recreation area. The south wing is two-tiered and includes 16 cells. Each cell has a toilet and sink. The south wing has a shower room. The east and west wings are two-tiered, and each includes 16 cells. Each cell has a shower, toilet, and sink. The audit team observed blind spots in the east day room and west day room. This unit received an upgraded locking mechanism and video surveillance camera system approximately two years ago. There are nine video surveillance cameras inside this unit that are monitored by the corrections officers assigned to supervise the unit. Six of the video surveillance cameras are inside the unit and three pan/tilt/zoom video surveillance cameras are located outside. The audit team noted there were four corrections officers supervising this unit and a population of 48.

Post #7 is the Behavioral Health Annex and is currently vacant. GDOC is currently working towards Memorandum of Understanding with Guam Behavioral Health and Wellness Center to provide inmates with mental health services. The facility plans to utilize this unit as a Behavioral Health Annex. The unit includes a total of 22 single and double occupancy cells. There are two shower rooms, two indoor day rooms, and three outdoor recreation areas. There are seven video surveillance cameras located inside this unit and one outside the front entrance that are monitored by the corrections officers assigned to supervise the unit.

Post #9 houses inmates with a minimum out security classification. Inmates in this classification do not pose the risks associated with other classification levels and are prepared for programs established by law or executive order (i.e., work release, work credits, etc.) in the community. This is the entry level for those inmates meeting program eligibility criteria for community corrections. An inmate in this classification level is permitted to move about in the agency's perimeter and does not need to be within the view of a correction's personnel. The layout of this unit is similar to the layout of a house. There are no video surveillance cameras located inside this unit. Therefore, there are several blind spots. There is an officer control desk at the entrance of the unit. This unit includes two rooms and three "cubicles" (rooms). Each room is dormitory style housing and includes two to five bunkbeds. The unit can house a total of 20 inmates. The unit includes three bathrooms with a shower and toilet, two restrooms, a kitchen, an indoor gym, and an outdoor gym. The audit team noted one of the bathrooms is a blind spot because the door does not have a window. The audit team observed the showers in this unit have opaque shower curtains which reach the floor, preventing staff from being able to determine if dangerous activity is occurring in the shower or if an inmate has a medical emergency at any given time. The audit team noted

there were two corrections officers supervising this unit and a population of 12.

Post #16 houses inmates with a medium Level I, II, & III security classification. Medium level I security classification is for inmates who do not require the management of maximum classification. Inmates in this level may pose frequent behavioral or emotional problems requiring intervention or supervision by corrections personnel. These inmates have access to selected work assignments, programs, and activities inside the perimeter of the ACF. Medium Level II security classification is a promotional level in within the medium security level classification. Inmates in this level are actively participating in programs, work assignments, and activities within the perimeter of ACF. Medium Level III security classification is the highest level in the medium security classification. Inmates in this level are successfully participating in programs, work assignments, and activities inside the perimeter of ACF or within the boundaries of the agency. The unit has an indirect supervision design. The unit includes a total of 40 double occupancy cells. Each cell includes a toilet and sink. The unit includes three two-tiered blocks, blocks A-C. Each block includes a shower area. The audit team observed the showers in this unit have opaque shower curtains which reach the floor, preventing staff from being able to determine if dangerous activity is occurring in the shower or if an inmate has a medical emergency at any given time. There are no video surveillance cameras located inside this unit. The audit team also noted the laundry room in block A is a blind spot because the door does not have a window.

Post #17 is the Administrative Segregation unit and houses inmates that need protective custody. This unit used to be the facility's activity center and was converted to a housing unit. Although there are some video surveillance cameras located inside this unit that are viewable from the corrections officer control desk, none of which are in the inmate living areas. There are several blind spots throughout the unit. This unit includes five "cubicles" (rooms) that are dormitory style and have several bunkbeds. Each cubicle houses up to 14 inmates. The unit includes a storage area and the facility's library. The library is a blind spot. The unit includes three indoor dayrooms and three restrooms with showers. The audit team observed one shower in this unit has an opaque shower curtain which reaches the floor, preventing staff from being able to determine if dangerous activity is occurring in the shower or if an inmate has a medical emergency at any given time. The audit team noted one corrections officer supervising this unit and a population of 71.

Post #18 houses inmates with a medium level I classification. There are no video surveillance cameras located inside this unit. Therefore, there are several blind spots throughout the unit. This unit includes six "cubicles" (rooms) that are dormitory style. However, one is not being utilized for housing. Each cubicle houses up to 14 inmates. The unit includes an indoor dayroom, an outdoor recreation area, a laundry room, and two restroom and shower areas. The main restroom and shower area include five toilets and four showers. The toilets are separated by high walls that create blind spots. There is a restroom and shower area in cubicle #3. The audit team observed the showers in this unit have opaque shower curtains which reach the floor, preventing staff from being able to determine if dangerous activity is occurring in the shower or if an inmate has a medical emergency at any given time. The audit team noted three corrections officers supervising this unit and a population of 62.

Post #24 houses inmates with a minimum in security classification. Inmates in this security classification have demonstrated positive behavior and attitude. However, they are not eligible to participate in any programs established by law or executive orders (i.e., work release, work credits, etc.) outside the agency boundaries. An inmate in this classification level is permitted to move about in the agency's perimeter and does not need to be within the view of a correction's personnel. This unit has surveillance cameras located at entrance and exit of the unit that are viewable by corrections officers assigned to supervise the unit. However, there are no video surveillance cameras located inside the unit. Therefore,

there are several blind spots. The unit includes ten single occupancy cells and three “cubicles” (rooms) that are dormitory style housing. The unit includes two indoor dayrooms, a laundry area, and six restrooms, three of which include a shower. The audit team noted the view into several of the cells were obstructed with sheets.

Post #25 is one of four dome style tents built at ACF by the Immigration and Customs Enforcement Agency (ICE) in the early 2000s to provide housing for the influx of immigration detainees at the time. This unit houses local detainees with a level II security classification. Local detainee level II security classification is for individuals charged with non-violent crimes. This unit is an open bay/dormitory style housing unit. Each detainee is assigned a cot to sleep on. Outside of the unit is a cargo/container that was converted into a restroom and shower area. The container includes six toilets and one shower. There are no video surveillance cameras located inside this unit. The audit team noted one corrections officer supervising this unit and a population of 25.

Post #25A is one of four dome style tents at ACF. This unit houses local detainees that are contempt of court or parole violators that are non-medically cleared. Each detainee is assigned a cot to sleep on. Outside of the unit is a cargo container that was converted into a restroom and shower area. The container includes six toilets and one shower. There are no video surveillance cameras located inside this unit. The audit team noted one corrections officer supervising this unit and a population of 32.

Post #28 houses inmates that are classified to participate in the Residential Substance Abuse Treatment Program (RSAT). This housing unit is currently vacant due to a lack of staffing to operate the program. There are 12 video surveillance cameras inside this unit that are monitored by the corrections officers assigned to supervise the unit. The unit includes a correction officer control area, a staff restroom, two classrooms, two restroom and shower areas, three offices, one treatment room for counseling, a dormitory that houses up to 20 inmates, a kitchen, a storage area, a laundry area, and an outside visitation area.

Post #29 is one of four dome style tents at ACF. This unit houses local detainees that are contempt of court or parole violators. Each detainee is assigned a cot to sleep on. Outside of the unit is a cargo container that was converted into a restroom and shower area. The container includes six toilets and one shower. There are no video surveillance cameras located in this unit. The audit team noted one corrections officer supervising this unit and a population of 32.

At Posts #25, 25A, and 29, the audit team observed only one staff assigned to supervise up to 32 inmates. Staff indicated two detainees can use the restroom at the same time. Staff indicated because they are supervising the unit alone, they are unable to supervise detainees in the restroom and shower area. The audit team observed the showers in these units have opaque shower curtains which reach the floor, preventing staff from being able to determine if dangerous activity is occurring in the shower or if an inmate has a medical emergency at any given time. The audit team noted the areas behind the cargo containers and sides of domes are blind spots.

Post #29A is one of four dome style tents at ACF. This unit is currently vacant and is not being utilized. The unit was previously utilized as a laundry area but has not been utilized for over two years.



AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	0
Number of standards met:	7
Number of standards not met:	38

Standards Exceeded: 0

Standards Met:6

115.14, 115.34, 115.66, 115.76, 115.77, 115.403

Standards NOT Met: 39

115.11, 115.12, 115.13, 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 115.31, 115.32, 115.33, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.67, 115.68, 115.71, 115.72, 115.73, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401

Standards

Auditor Overall Determination Definitions

- Exceeds Standard
(Substantially exceeds requirement of standard)
- Meets Standard
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
Auditor Overall Determination: Does Not Meet Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. ACF's PAQ Information 2. GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 3. GDOC Organizational Charts <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency PREA Coordinator 2. PCM 3. Random staff 4. Random inmates <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during the onsite review of the facility. <p>115.11 (a).</p> <p>GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003, outlines the GDOC's approach to ensure compliance with the Prison Rape Elimination Act. Section IV (Page 5) of this policy states the GDOC has zero tolerance for sexual abuse or sexual harassment of any individual under the supervision of the Department. This policy outlines the GDOC's comprehensive approach to preventing, detecting, and responding to sexual abuse and sexual harassment and outlined are the GDOC's protocols for prevention planning, training and education of staff and prisoners, screening for risk of sexual victimization and abusiveness, reporting, official response, and investigations. This policy applies to all prisons, jails, lock-up, and community corrections center under the direct custody and control of GDOC and all residents, employees, contract service providers, visitors, volunteers, interns, and/or any individuals who have business with or use the resources of the Department. This policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and disciplinary sanctions for those found to have participated in prohibited behaviors. This policy includes a description of GDOC's strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates, including increasing awareness through continual education and training of staff, conducting sexual abuse incident reviews at the conclusion of every sexual abuse investigation, and establishing data collection systems to accurately track sexual abuse and sexual harassment. Interviews with both staff and inmates indicated they are aware of the zero-tolerance policy. The audit team reviewed GDOC's organizational charts which were last revised in 1997. The organizational charts do not include the PREA Coordinator and PREA</p>	

Compliance Manager positions.

115.11 (b).

The GDOC designated Mark Perez, Correction Social Worker III, as the Agency PREA Coordinator approximately one year ago. The PREA Coordinator duties are assigned to Mr. Perez as a collateral duty. As a Correction Social Worker III, Mr. Perez is not in the upper level of the agency hierarchy and does not have adequate authority to serve as the Agency PREA Coordinator. Mr. Perez reports to the agency's Corrections Social Work (CSW) Administrator. The CSW Administrator reports to the agency's Deputy Director. Mr. Perez is not in the uniformed ranks, and is unable to issue orders or expect directives to be followed. In the civilian hierarchy, he is not authorized to direct behavior or hold staff accountable for their performance. When interviewed, Mr. Perez indicated he does not have sufficient time to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

115.11(c).

The GDOC designated Major Mae Quitugua as the ACF's PCM. Major Quitugua's position title is Correction Facility Assistant Superintendent. Major Quitugua reports directly to the Warden and is second in command of the facility and is commander over prison operations. Therefore, Major Quitugua has sufficient authority to serve as ACF's PCM. When interviewed, Major Quitugua indicated she has sufficient time to coordinate the facility's efforts to comply with the PREA standards.

The agency is not compliant with provision (b) of this standard.

Corrective Action:

1. The GDOC must employ or designate an agency-wide PREA Coordinator within the upper-level of the agency hierarchy. The PREA Coordinator must have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. ACF's PAQ Information <p>Interviews:</p> <ol style="list-style-type: none"> 1. PCM 2. Agency Contract Administrator <p>115.12(a).</p> <p>The facility indicated in the PAQ that it does not contract for the confinement of its inmates with other entities. The audit team confirmed with the facility's PCM and the Agency Contract Administrator that the agency does not have any contracts with other entities for the confinement of its inmates. The agency is compliant with this standard.</p>

115.13	Supervision and monitoring
Auditor Overall Determination: Does Not Meet Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. ACF's Pre-Audit Questionnaire Information 2. GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 3. ACF's Staffing Plan <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency head designee 2. Agency PREA coordinator 3. Warden 4. PCM 5. Intermediate and higher-level facility staff 6. Random staff <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during the on-site review of the facility. <p>115.13 (a).</p> <p>GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 (Policy), Section IV. Policy, A. Prevention Planning (Page 5), states the department shall ensure that each facility it operates develops and documents a staffing plan that provides for adequate levels of staffing to protect prisoners against sexual abuse.</p> <p>A staffing plan for the ACF was provided to the audit team approximately two weeks prior to the onsite portion of the audit. This staffing plan is dated August 27, 2020. Therefore, the staffing plan was not implemented until after the period of review for this audit. The staffing plan does not include documentation of any meeting dates, names, and titles of personnel involved in the development of the plan.</p> <p>The staffing plan indicates all 11 required elements of provision (a) were considered when creating the plan. However, the staffing plan did not include a narrative that describes how the plan was developed and how some of the 11 required elements were considered, including generally accepted detention and correctional practices and all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated). The staffing plan also did not include a narrative of how sexual safety was considered in determining the level of adequate staffing.</p> <p>Interviews with the agency head designee, agency PREA coordinator, warden, and PCM</p>	

indicated concerns with inadequate video surveillance camera coverage and inadequate staffing. However, these issues were not documented in the staffing plan. During the onsite portion of the audit, the audit team noted housing units where one corrections officer was supervising up to 71 inmates. The staffing plan indicates that staffing shortages will be addressed through staff recalls.

As mentioned in the facility characteristics section of this audit report, the audit team noted several blind spots throughout the facility during the onsite portion of the audit. The audit team noted blind spots in the operations building, housing units, the VRS workshops, chapel, barbershop, galley, and library. In the VRS workshops, the audit team noted several automobiles, piles of junk, and cargo containers, which create blind spots. Additionally, the audit team noted there was no visibility into several rooms throughout the facility because doors did not have a window, including closets and administrative offices in the operations building. The staffing plan provided did not demonstrate that an extensive assessment of the entire physical plant was conducted in order to identify all areas throughout the facility where blind spots exist. The ACF is not compliant with provision (a) of this standard.

115.13 (b)-(c).

The staffing plan provided to the audit team is dated August 27, 2020. Therefore, the facility could not provide documentation of deviations from the staffing plan or annual reviews because the facility's staffing plan was not implemented until after the period of review for this audit. Interviews with the warden and the PCM did not indicate plans for how compliance with the staffing plan will be checked. The ACF is not compliant with provision (b) and (c) of this standard.

115.13 (d): Guam Department of Corrections (GDOC), General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 (Policy), Section IV. Policy, A. Prevention Planning (Page 5), states each facility shall require intermediate and higher-level supervisors to conduct and document unannounced rounds on all shifts to deter staff sexual abuse and sexual harassment. Additionally, this policy states staff are prohibited from alerting other staff members that the supervisory rounds are occurring.

Interviews with staff indicated personnel holding the positions of Correction Officer III, Correction Supervisor I, Correction Supervisor II, and Correction Facility Assistant Superintendent are responsible for making unannounced rounds. The Correction Officer III is considered a senior line level staff and not considered a supervisor. Therefore, the audit team does not feel unannounced rounds by staff at this level meet the requirements of this standard. Interviews with intermediate and higher-level facility staff that conduct unannounced rounds indicated unannounced rounds are conducted at least once a day. The interviews indicated unannounced rounds do not always cover all shifts or weekends. Staff indicated unannounced rounds are documented in each unit's blotter. The audit team conducted a spot checks of unit blotters and confirmed unannounced rounds by intermediate and higher-level staff did not cover all shifts. Interviews with random staff indicated awareness that unannounced rounds are not always conducted. Interviews with the agency PREA coordinator, PCM, and intermediate and higher-level facility staff indicated the purpose of unannounced rounds was for overall safety. Staff did not demonstrate an understanding that the purpose of unannounced rounds is to deter sexual abuse and sexual harassment by inmates and staff. The ACF is not compliant with provision (d) of this standard.

Corrective Action:

1. The ACF shall conduct and document an extensive assessment of the entire physical plant in order to identify areas in which blind spots can be eliminated to ensure they do not contribute to sexual abuse and sexual harassment of inmates. The ACF shall address all blind spots noted by the audit team in the facility characteristics section of this audit report. The ACF shall remove automobiles, piles of junk, and cargo containers throughout the facility that create blind spots. Additionally, windows shall be installed on doors to eliminate blind spots in closets and administrative offices throughout the facility.
2. The ACF shall amend the existing staffing plan to include a narrative of how the 11 elements required by provision (a) of this standard are considered and how sexual safety is considered in determining the level of adequate staffing.
3. The ACF shall consult with the agency PREA coordinator during the development of the staffing plan. The staffing plan shall include documentation of any meeting dates, names, and titles of personnel involved in the development of the plan.
4. The ACF shall demonstrate that it makes its best effort to comply with a staffing plan that provides for adequate staffing levels to protect inmates against sexual abuse and document any deviations from the plan.
5. The ACF, in consultation with the agency PREA Coordinator, shall annually review the staffing plan to determine and document whether adjustments need to be made as required by provision (c) of this standard.
6. The ACF shall ensure that unannounced rounds are conducted on every shift by intermediate or higher-level facility staff and staff responsible are aware of the purpose of these unannounced rounds.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. ACF's PAQ Information <p>Interviews:</p> <ol style="list-style-type: none"> 1. PCM <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during the on-site review of the facility. <p>115.14 (a)-(c)</p> <p>The ACF indicated in the PAQ that it does not house youthful inmates. The ACF's PCM confirmed the facility does not house youthful inmates. During the on-site portion of the audit, the audit team did not observe any evidence that the facility houses youthful inmates. Therefore, this standard does not apply to the facility.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. ACF's PAQ information 2. GDOC Unit Directive, # 90.01-04, Cross Gender Viewing, Searches, and Pat-downs <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random staff 2. Random inmates <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during the on-site review of the facility. <p>115.15 (a).</p> <p>GDOC Unit Directive 90.01-04, Cross Gender Viewing, Searches, and Pat-downs, states all officers of the DOC are not permitted to conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners.</p> <p>In the Pre-Audit Questionnaire, the facility indicated it does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. Interviews with random staff and inmates indicated that pat searches and strip searches of inmates are conducted by staff of the same gender as the inmate being searched.</p> <p>115.15 (b).</p> <p>The ACF does not house female inmates. Therefore, provision (b) of this standard does not apply to the ACF.</p> <p>115.15 (c).</p> <p>GDOC Unit Directive 90.01-04, Cross Gender Viewing, Searches, and Pat-downs, states that all exigent circumstance cross gender strip searches and visual body cavity searches shall be documented and reported to the designated PCM and PREA Coordinator.</p> <p>115.15 (d).</p> <p>GDOC Unit Directive 90.01-04, Cross Gender Viewing, Searches, and Pat-downs, states all prisoners shall be able to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. This unit directive also states that all exigent circumstances shall be documented in the unit logbook and recorded by Central Control. Additionally, this unit directive requires that all staff and</p>

officers of the opposite gender are to announce their presence when entering a prisoner housing unit and range, wing, or cube. During the site review, the audit team observed showers at the facility have opaque shower curtains which reach the floor, preventing staff from being able to determine if dangerous activity is occurring in the shower or if an inmate has a medical emergency at any given time. Interviews with random staff and inmates indicated there is a consistent practice of cross-gender announcements at the ACF. During the site review, it was evident this was an institutionalized practice.

115.15 (e)-(f)

GDOC Unit Directive 90.01-04, Cross Gender Viewing, Searches, and Pat-downs, states that security and/or intake personnel shall not search or physically examine a transgender or intersex prisoner for the sole purpose of determining the prisoner's genital status. This unit directive states if the prisoner's genital status is unknown, it may be determined during conversations with the prisoner, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

GDOC Unit Directive, 90.01-04, Cross Gender Viewing, Searches, and Pat-downs, states that all security personnel are to be trained on how to conduct cross-gender pat-down searches, and searches of transgender and intersex prisoners, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

The agency's written policy prohibits staff from physically examining a transgender or intersex prisoner for the sole purpose determining the prisoner's genital status. Interviews with staff indicated an acknowledgement and understanding of this policy. However, it was evident through random staff interviews, that staff had not received training on how to conduct pat-down search of transgender and intersex prisoners. Additionally, Unit Order 90.01-04, Section D, states for purposes of pat searching, prisoners will be pat searched in accordance with the gender of the institution, or housing assignment, in which they are assigned. This is inconsistent with the PREA standards and the interpretive guidance provided in the Frequently Asked Questions page on the PREA Resource Center website.

The ACF is not compliant with provision (f) of this standard.

Corrective Action:

1. The ACF shall install shower curtains or doors that allow for viewing of feet and head. This will ensure adequate privacy for inmates while ensuring safety.
2. The GDOC/ACF shall prepare a lesson plan detailing how staff are to conduct cross-gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible. The facility shall train all staff and maintain documentation of the completed training, including signed acknowledgments of training participants.
3. The GDOC shall make necessary policy corrections to bring the transgender and intersex pat-down search provisions into compliance with the PREA standards.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. ACF's PAQ Information 2. GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 3. GDOC General Order 30.1, Language Assistance Policy 4. GDOC PREA Pamphlet <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency PREA Coordinator 2. PCM 3. Physically and cognitively disabled inmates <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during the on-site review of the facility. <p>115.16 (a)-(b).</p> <p>GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 (Policy), Section IV. Policy, B. Training and Education, 2. Prisoner Education (Pages 7-8), states GDOC shall provide prisoner education in formats accessible to all prisoners, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to prisoners who have limited reading skills. GDOC General Order 30.1, Language Assistance Policy, provides guidelines for the provision of interpretation and translation services for Limited English Proficiency (LEP) inmates.</p> <p>The ACF was unable to formally identify disabled and LEP inmates. The audit team identified LEP inmates and inmates who are physically and cognitively disabled through conversations with staff. While the agency's policy includes guidelines for the provision of interpretation and translation services for LEP inmates, the facility was unable to provide translation services for the audit team to interview LEP inmates. Interviews with random staff indicated that commonly spoken languages within the inmate population are Chuukese, Mandarin, and Tagalog. Staff indicated interpretation services are not provided. During the site review, the audit team observed posters throughout the facility which included PREA information in English and Tagalog. Interviews with inmates confirmed interpreters are not provided and PREA education and materials are only provided in English. Inmates requested to be provided with PREA materials in Chuukese. While the PREA video shown to inmates during PREA education includes closed captioning, there are no additional PREA materials provided for inmates who are visually impaired or for inmates with learning disabilities, intellectual disabilities, or inmates who have limited reading skills. An interview with a cognitively disability inmate indicated social</p>

workers provide assistance when needed. However, the inmate indicated social workers are busy with a heavy caseload and are at times not available to assist. An interview with a physically disabled inmate indicated the inmate was provided with PREA education and materials. The ACF was unable to formally identify any inmates who are blind, deaf, or hard of hearing. Therefore, the audit team was unable to select a sample of inmates to be interviewed from these targeted populations.

Interviews with the Agency PREA Coordinator and ACF's PCM indicated that the GDOC does not currently have contracts with interpreters or other professionals to ensure effective communication with inmates with limited English proficiency or disabilities. The PREA Coordinator indicated that the agency does not currently have funding for these services. He indicated the agency is working on getting PREA materials translated into languages commonly spoken within the inmate population.

115.16 (c).

The ACF indicated in the PAQ that agency policy does not prohibit use of inmate interpreters, inmate readers, or other types of inmate assistants 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. Interviews with random staff indicated they would not ask an inmate to interpret in relation to allegations of sexual abuse or sexual harassment. Staff indicated they would attempt to find a staff member to translate and would only ask an inmate to interpret in circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, which is consistent with PREA standards.

The facility is not compliant with provisions (a) and (b) of this standard.

Corrective Action:

1. The GDOC/ACF shall translate written PREA materials into languages commonly spoken within the inmate population.
2. The GDOC/ACF shall provide PREA materials in formats that ensures effective communication with inmates that are limited English proficient, deaf or hard of hearing, blind or with limited vision, intellectually challenged, developmentally disabled, and inmates that have low reading or comprehension levels or require specialized vocabulary.
3. The GDOC/ACF shall provide access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

115.17	Hiring and promotion decisions
	<p>Auditor Overall Determination: Does Not Meet Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. ACF's PAQ Information 2. GDOC Unit Directive 90.01-01, Personnel Affairs, Hiring and Promotion Decisions 3. Criminal background records check report for a GDOC staff 4. GDOA's employment application <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency head designee 2. GDOA human resources staff 3. GDOC human resources staff 4. Guam Customs and Quarantine staff <p>115.17 (a)-(d).</p> <p>GDOC Unit Directive 90.01-01, Personnel Affairs, Hiring and Promotion Decisions, Page 2, Section A, states the department shall not hire or promote anyone who may have contact with prisoners, and shall not enlist the services of any contractor who may have contact with prisoners, who—</p> <ol style="list-style-type: none"> 1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997). 2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. 3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. <p>GDOC Unit Directive 90.01-01, Personnel Affairs, Hiring and Promotion Decisions, Page 2, Section B, states the department shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with prisoners.</p> <p>GDOC Unit Directive 90.01-01, Personnel Affairs, Hiring and Promotion Decisions, Page 2, Section C, states before hiring new employees who may have contact with prisoners, the department shall perform a criminal background records check. This section also states consistent with Federal, State, and local law, the department shall 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.</p> <p>GDOC Unit Directive 90.01-01, Personnel Affairs, Hiring and Promotion Decisions, Page 2,</p>

Section D, states the department shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with prisoners.

The government of Guam's hiring authority is the Guam Department of Administration (GDOA). Interviews with GDOA human resources staff, GDOC human resources staff, agency head designee, agency PREA Coordinator, and the PCM indicated Unit Directive 90.01-01 is not practiced. GDOA and GDOC human resources staff indicated that selection for a correction officer position is conditional pending submission of recent police and court clearance. GDOA human Resources staff indicated that selected individuals are ran through local and nationwide sex offender registries to ensure they are not a registered sex offender. Human Resources staff indicated that selected individuals remain on probation for one year. Human Resources staff indicated Guam Customs and Quarantine staff conducts criminal background records checks for correction officers hired by GDOC within the officers one-year probationary period, not prior to their employment. Any correction officer that does not pass the criminal background records check is terminated. Guam Customs and Quarantine staff indicated the criminal background records check includes records from the Department of Homeland Security, Drug Enforcement Administration, National Crime Information Center, Guam Police Department, and other local task forces. The audit team reviewed a criminal background records check report of a correction officer completed by Guam Customs and Quarantine staff and noted the background check also includes contacting former employers. However, the audit team did not note any documentation that prior employer is asked specifically about sexual harassment. Additionally, the audit team noted during the onsite audit that criminal background records checks are not conducted for civilian staff, vendors, contractors, and GMH medical staff assigned to work at GDOC facilities. During the corrective action period, the Agency PREA Coordinator indicated the agency began conducting background checks of existing volunteers. The Agency PREA Coordinator indicated the agency is committed to ensuring sexually safety of its prisoners and plans to continue to making progress with corrective action for this standard.

115.17 (e).

GDOC Unit Directive 90.01-01, Personnel Affairs, Hiring and Promotion Decisions, Pages 2-3, Section E, states the department shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with prisoners. This section also states criminal background checks of long-term contractors, to include repeat service contractors shall be conducted on a yearly basis and documentation of the background check shall be forwarded to the PREA Coordinator for record purposes.

Interviews with human resources staff indicated background records checks are not conducted at least every five years of current employees and not conducted when staff are promoted. Additionally, criminal background records checks of long-term contractors, are not conducted on a yearly basis.

115.17 (f)-(g).

GDOC Unit Directive 90.01-01, Personnel Affairs, Hiring and Promotion Decisions, Page 3, Section F, states the department shall ask all applicants and employees who may have contact with prisoners directly about previous misconduct described in section A in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. This section also states the

department shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

GDOC Unit Directive 90.01-01, Personnel Affairs, Hiring and Promotion Decisions, Page 3, Section G, states material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

The audit team reviewed the GDOA's employment application which is completed by GDOC applicants. The application does not ask if the applicant has:

1. Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997).
2. 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.
3. Been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above.

Interviews with GDOC human resource staff indicated these questions are not asked during the interview process.

115.17 (h).

GDOC Unit Directive 90.01-01, Personnel Affairs, Hiring and Promotion Decisions, Page 3, Section H, states unless prohibited by law, the department shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. Interviews with GDOA Human Resources staff confirmed this information would be provided as required by the standard.

Regarding this standard, the agency head designee indicated that due to GDOC's issues with staff retention and need to expedite hiring, staff are hired prior to completion of the criminal background records check. The agency head designee indicated the agency is working on obtaining access to NCIC and hopes to conduct their own criminal background records checks and become compliant with this standard. The audit team did not review personnel files because the agency demonstrated they are not compliant with all provisions of this standard.

Corrective Action:

1. The GDOC/ACF shall adhere to GDOC Unit Directive 90.01-01, Personnel Affairs, Hiring and Promotion Decisions.
2. The GDOC/ACF shall ensure that a criminal background records check is completed prior to hiring new employees, vendors, or contractors who may have contact with inmates. This includes Guam Memorial Hospital staff assigned to work at GDOC facilities.
3. The GDOC/ACF shall make its best effort 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 prior to hiring new employees who may have contact with inmates.
4. The GDOC/ACF shall ensure that a criminal background records check is completed

prior to hiring new employees who may have contact with inmates.

5. The GDOC/ACF shall conduct criminal background records checks at least every five years of current employees, vendors, or contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees.
6. The GDOC/ACF shall ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section. This can be done in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The GDOC/ACF shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.
7. The GDOC/ACF shall ensure that material omissions about such conduct, or providing false information about such misconduct, are grounds for termination.

115.18	Upgrades to facilities and technologies
Auditor Overall Determination: Does Not Meet Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. ACF's Pre-Audit Questionnaire Information 2. GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Warden <p>115.18 (a)</p> <p>The ACF indicated in the PAQ that the agency/facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012. Therefore, provision (a) of this standard does not apply to the ACF.</p> <p>115.18 (b).</p> <p>GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003, IV. Policy, A. Prevention Planning (Page 6), states when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect prisoners from sexual abuse.</p> <p>The ACF indicated in the PAQ that the agency has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012. Interviews with the Warden indicated additional video surveillance cameras have been added throughout the ACF in recent years. The agency/facility did not provide the audit team with any documentation to support that consideration to protect inmates from sexual abuse was considered when installing additional video surveillance cameras. Based on review of the GDOC's policy relevant to provision (b) of this standard and the interview conducted with the Warden, the audit team finds the agency has not demonstrated that it considers how installed or updated technology may enhance the agency's ability to protect prisoners from sexual abuse. Therefore, the agency is not compliant with provision (b) of this standard.</p> <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. The Agency shall create a system to document details considered for decision making regarding any changes or upgrades to the facility's video surveillance monitoring system in order to demonstrate that protection from sexual abuse was considered during the planning of modifications to the video surveillance monitoring system. Such documentation includes meeting minutes regarding discussions related to the video 	

surveillance monitoring system, documentation of blind spot assessments, information received through incident reviews, etc.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. ACF's PAQ Information 2. Unit Directive #90.01-08, Investigations and Reporting Prisoner 3. GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 <p>Interviews:</p> <ol style="list-style-type: none"> 1. GPD Domestic Assault Response Team (DART) staff 2. Random staff 3. The agency PREA Coordinator <p>115.21 (a)-(b).</p> <p>GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 (Policy), Section IV. Policy, G. Investigations (Page 13), states that allegations of sexual abuse or sexual harassment of a prisoner by a staff member as defined in this policy will be reviewed and referred to the Guam Police Department and/or Office of the Attorney General for appropriate investigation and case handling. This policy also states that allegations of sexual abuse or sexual harassment of a prisoner by a prisoner will be referred to the appropriate investigator.</p> <p>The GDOC is responsible for conducting administrative sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). However, all criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct) are referred to the GPD for investigation. The GDOC's PREA Investigators are assigned to the agency's Internal Affairs Unit.</p> <p>Unit Directive #90.01-08, Investigations and Reporting Prisoner, A. Criminal and Administrative Investigations, states PREA Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. The gathering of DNA evidence shall not go beyond the prohibition of body cavity searches. This policy also states when the quality of evidence appears to support criminal prosecution, the Sexual Assault Response Team shall immediately forward the allegation to the GPD and it is at this point the investigation falls under the purview of GPD. The ACF indicated in the PAQ that it follows a uniform evidence protocol. However, no written protocol was provided to auditors. When the audit team followed up, the ACF indicated no additional policies, manuals, or procedures for evidence protocol exist. Interviews with random staff indicated most staff would secure a crime scene and any evidence until the GPD arrived to investigate. However,</p>

some staff indicated they would collect evidence and provide it to GPD. Interviews with staff confirmed the GDOC does not have a uniform evidence protocol. The audit team interviewed GPD DART supervisor who indicated GPD is the only agency authorized to conduct criminal investigations of sexual abuse in Guam. The supervisor indicated that if a sexual abuse occurred within GDOC's facilities, the allegation should be immediately reported to GPD for investigation. The supervisor indicated that GDOC staff should collect enough information to report the allegation to the GPD and secure the crime scene. The supervisor suggested the GDOC coordinate with GPD to provide "Roll Call Training" to first responders. The supervisor indicated this training would help first responders understand each agency's roles and responsibilities.

115.21 (c).

GDOC, General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 (Policy), Section IV. Policy, H. Medical and Mental Health Care, 1. Medical, states medical access to services for victims of sexual abuse will be handled in accordance with appropriate health services policy (GMH Clinic Policy and Procedures) that includes timely, unimpeded access to emergency medical treatment without financial cost as determined by the medical practitioners' professional judgment.

The ACF indicated in the PAQ that it offers all inmates who experience sexual abuse access to forensic medical examinations at an outside facility. The interview with the Agency PREA Coordinator indicated all forensic medical examinations are conducted by Healing Hearts Crisis Center, Guam's only rape crisis center. The audit team interviewed Healing Hearts Crisis Center staff and confirmed that all forensic medical examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). The Agency PREA Coordinator indicated the GDOC is currently in the process of establishing a memorandum of understanding/agreement with Healing Hearts Crisis Center, to provide forensic medical examinations and outside confidential support services to prisoners. The audit team was not provided with any documentation of the GDOC's attempts to enter into a memorandum of understanding/agreement with Healing Hearts Crisis Center. The ACF indicated in the PAQ that there were zero allegations of sexual abuse during the 12 months preceding the audit. However, during the onsite portion of the audit the facility reported one allegation of sexual abuse and sexual harassment. However, no documentation demonstrating this inmate was offered or received a forensic medical examination was provided to the audit team for review. The audit team was unable to verify that the facility offers all inmates who experience sexual abuse access to forensic medical examinations. The ACF did not provide any additional documentation demonstrating compliance with provision (c) of this standard.

115.21 (d).

GDOC, General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 (Policy), Section IV. Policy, F. Prisoner Access to Outside Confidential Services, states the department shall make available to prisoners mailing addresses and telephone numbers, (including toll-free crisis line numbers where available), of local, State, or national victim advocacy or rape crisis organizations and outside victim advocates for emotional support services related to sexual abuse. This policy states the facility shall enable reasonable communication between prisoners and these organizations and agencies, in as confidential a manner as possible.

The ACF indicated in the PAQ it does not attempt to make a victim advocate from a rape crisis center available to the victim, either in person or by other means. The ACF indicated the facility has a certified victim advocate on staff that it makes available to victims. The interview with the PCM indicated the victim advocate on staff would be made available to any victims of sexual abuse. The ACF indicated in the PAQ that there were zero allegations of sexual abuse during the 12 months preceding the audit. Therefore, the audit team was unable to verify that the facility makes a victim advocate available to victims of sexual abuse. The ACF did not provide any additional documentation demonstrating compliance with provision (d) of this standard.

115.21 (e).

GDOC, General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 (Policy), Section IV. Policy, F. Prisoner Access to Outside Confidential Services, states as requested by the prisoner, a victim advocate shall accompany and support the prisoner through the forensic medical examination and investigatory interview providing emotional support, crisis intervention, information, and referrals. The interview with the PCM indicated the victim advocate on staff would be made available to any victims of sexual abuse. The ACF indicated in the PAQ that there were zero allegations of sexual abuse during the 12 months preceding the audit. However, during the onsite portion of the audit the facility reported one allegation of sexual abuse and sexual harassment. However, no documentation demonstrating that a victim advocate was made available to this victim. The audit team was unable to verify that the facility makes a victim advocate available to victims of sexual abuse. The ACF did not provide any additional documentation demonstrating compliance with provision (e) of this standard.

115.21 (f).

The ACF did not provide any documentation demonstrating the GDOC has requested that the GPD or Office of the Attorney General follow the requirements of paragraphs (a) through (e) of this section. Therefore, the ACF is not compliant with provision (f) of this standard.

115.21 (g).

The auditor is not required to audit this provision.

115.21 (h).

The ACF indicated there is a certified victim advocate on staff that is a licensed Clinical Social Worker. The ACF provided a Victim Advocates Reaching Out (VARO) Certificate of Completion indicating completion of 36 hours of VARO Advocate Training. However, the facility did not provide the audit team with documentation of screening and appropriate training (i.e., information regarding the VARO advocate training or any other trainings) for this staff advocate.

The ACF is not compliant with all provisions of this standard.

Corrective Action:

1. To the extent the agency is responsible for investigating allegations of sexual abuse, the

GDOC/ACF shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. The GDOC/ACF shall train all necessary staff and provide such training verification. It is also recommended GDOC staff complete GPD Roll Call Training.

2. The GDOC/ACF shall 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. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs and make documentation available for future audits.
3. The GDOC/ACF shall attempt to make available to any victims of sexual abuse a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the GDOC/ACF shall make a qualified staff member from a community-based organization, or a qualified agency staff member, available to provide these services. The GDOC/ACF shall document efforts to secure services from rape crisis centers.
4. As requested by a victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. The GDOC/ACF shall document efforts to provide such services.
5. The GDOC/ACF shall request the Guam Police Department and Office of the Attorney General follow the requirements of paragraphs (a) through (e) of this section. The GDOC.ACG shall document the request regarding the requirements of §115.21(a) through (e) with outside investigating agencies and make it available for future audits.
6. The GDOC/ACF shall ensure the staff advocate is screened for appropriateness to serve in this role and education received was appropriate. The GDOC/ACF shall provide documentation to the audit team for verification.

115.22	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Does Not Meet Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. ACF's Pre-Audit Questionnaire Information 2. GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 3. GDOC, Unit Directive, # 90.01-08, Investigations and Reporting Prisoner 4. GDOC IAU's investigation tracker (excel spreadsheet) 5. Investigative files <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency head designee 2. GDOC investigative staff 3. GPD DART staff <p>115.22 (a).</p> <p>GDOC, Unit Directive, # 90.01-08, Investigations and Reporting Prisoner, A. Criminal and Administrative Investigations (Pages 1-2), requires all reports and allegations of sexual abuse or sexual harassment are to be taken seriously and responded to promptly, thoroughly, and objectively, including third-party and anonymous reports.</p> <p>Interviews with the agency head designee and GDOC investigative staff indicated that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment, including inmate-on-inmate sexual abuse and staff sexual misconduct. However, the agency did not provide the audit team with any completed investigative reports that demonstrate this is done in practice. In the PAQ, the ACF indicated there were zero allegations of sexual abuse and sexual harassment during the 12 months preceding the audit. However, during the on-site portion of the audit, the facility indicated there was one allegation of sexual harassment and sexual abuse. The victim alleged to be sexually harassed and sexually abused by inmates and staff. The audit team reviewed the investigative file for the allegations at ACF and noted a written investigative report was not completed. The audit team also noted the sexual abuse allegation was not referred to GPD and/or Office of the Attorney General for investigation. According to GDOC investigative staff, the allegations were received during a period when the IAU was deactivated. The IAU was deactivated from February 2019 to August 2019. The IAU was deactivated because the investigative staff were transferred to day-to-day prison operations due to a shortage of staff. Therefore, a written report was not completed. The facility is not compliant with provision (a) of this standard.</p> <p>115.22 (b)-(c)</p> <p>GDOC, General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape</p>

Elimination Act 2003 (Policy), Section IV. Policy, G. Investigations (Page 13), states that allegations of sexual abuse or sexual harassment of a prisoner by a staff member as defined in this policy will be reviewed and referred to the Guam Police Department and/or Office of the Attorney General for appropriate investigation and case handling. This policy also states that allegations of sexual abuse or sexual harassment of a prisoner by a prisoner will be referred to the appropriate investigator. This policy is not made available on the GDOC's website. This policy does not describe the responsibilities of GDOC and GPD regarding criminal investigations.

Interviews with GDOC investigative staff indicated allegations of sexual abuse are referred to the GPD for investigation. The ACF indicated in the PAQ that there were zero allegations of sexual abuse during the 12 months preceding the audit. However, during the on-site portion of the audit, the facility indicated there was one allegation of sexual harassment and sexual abuse. The victim alleged to be sexually harassed and sexually abused by inmates and staff. The audit team reviewed the investigative file for the allegations at ACF and noted a written investigative report was not completed. The audit team also noted the sexual abuse allegation was not referred to GPD and/or Office of the Attorney General for investigation. According to GDOC investigative staff, the allegations were received during a period when the IAU was deactivated. Therefore, a written report was not completed. The GDOC also provided one investigative file for an inmate-on-inmate sexual abuse allegation from another GDOC facility for the audit team to review. The audit team reviewed this investigative file and noted the allegation was immediately referred to GPD for investigation. The audit team confirmed with GPD DART staff that the allegation was received and is currently open. The audit team confirmed the GDOC's IAU documents referrals of investigations on an excel spreadsheet tracker. The facility is not compliant with provision (b) of this standard.

Corrective Action:

1. The GDOC/ACF shall ensure an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. Investigations shall be documented in a written report.
2. The GDOC/ACF shall ensure all sexual abuse allegations are referred to the GPD and/or Office of the Attorney General for appropriate investigation and case handling.
3. The GDOC shall revise GDOC General Order 90.1 to include a description of the responsibilities of both the agency and any outside investigating entity regarding criminal investigations. The GDOC shall publish the revised policy on its website.

115.31	Employee training
Auditor Overall Determination: Does Not Meet Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. ACF's Pre-Audit Questionnaire Information 2. GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 3. GDOC Unit Directive #90.01-12, Training and PREA Acknowledgement Form 4. GDOC Employee PREA Training curriculum 5. GDOC employee training records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency PREA Coordinator 2. Random staff <p>115.31 (a).</p> <p>GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 (Policy), Section IV. Policy, B. Training and Education, 1. Staff Training (Pages 6-7), states DOC employees will receive training based on PREA employee training standards, on prisoner sexual abuse and sexual harassment every two years.</p> <p>The ACF indicated in the PAQ that all employees who may have contact with inmates receive PREA training, the training includes all topics required by this standard, and is provided every two years. The PREA Coordinator indicated that employees were initially trained years ago. However, the GDOC was unable to provide records for these trainings for the audit team to review. The agency PREA Coordinator indicated the GDOC is in the process of training all staff. The agency PREA Coordinator indicated that approximately 95% of ACF's employees have been trained. The GDOC provided training records for ACF staff, which included signed acknowledgements. The audit team reviewed training records for a total of 23 staff (16 random staff and 7 specialized staff) interviewed. The audit team noted three of the random staff have not received employee PREA training.</p> <p>The audit team reviewed the GDOC Employee PREA Training curriculum and noted the training includes the topics required by this provision of the standard. Many of the random staff interviewed indicated they received training in July or August of 2020. Interviews with random staff and facility leadership indicated they understood the topics covered in the training, except how to communicate effectively and professionally with lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates. The audit team believes additional training related to this topic is needed. Some of the staff interviewed indicated they were required to attend the training after a 12-hour shift, making it difficult to retain the information being taught. The ACF is not compliant with provision (a) of this standard.</p>	

115.31 (b).

The audit team reviewed the GDOC Employee PREA Training curriculum and noted the training is not tailored to a specific gender. However, the training includes information specific to both male and female inmates. GDOC employees receive training tailored to both male and female inmates because post assignments change every three months and female staff may be assigned to work in all-male facilities. Male staff are never assigned to work in the GDOC's Women's Facility. The GDOC did not provide any indication or documentation showing that employees receive additional training if the employee is reassigned from a facility that houses only female inmates, or vice versa. The ACF is not compliant with provision (b) of this standard.

115.31 (c).

GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 (Policy), Section IV. Policy, B. Training and Education, 1. Staff Training (Pages 6-7), states the agency shall provide refresher information on current sexual abuse and sexual harassment policies on years when trainings are not conducted.

The ACF indicated in the PAQ that between trainings the agency provides employees who may have contact with inmates with refresher training every two years and information about current policies regarding sexual abuse and sexual harassment in between trainings. The ACF indicated in the PAQ that refresher trainings are provided during staff briefings throughout the year. However, documentation of refresher trainings or information provided to staff was not provided to the audit team. The ACF is not compliant with provision (c) of this standard.

115.31 (d).

GDOC Unit Directive #90.01-12, Training and PREA Acknowledgement Form, requires employees who complete training to sign a PREA Acknowledgement Form indicating they have received and understand the training. The audit team reviewed training files for a total of 23 staff (16 random staff and 7 specialized staff) interviewed. The audit team noted three of the random staff have not received employee PREA training. Training files included signed PREA Acknowledgement Forms for the 20 staff that received training. The ACF is compliant with provision (d) of this standard.

The ACF is not compliant with provisions (a), (b), and (c) of this standard.

Corrective Action:

1. The GDOC/ACF shall train all employees who may have contact with inmates on the agency's zero-tolerance policy for sexual abuse and sexual harassment. Additionally, the training shall be provided to staff in a manner that promotes effective learning (i.e., not following a 12-hour shift).
2. The GDOC/ACF shall provide employees with additional training if the employee is reassigned from a facility that houses only female inmates, or vice versa.
3. The GDOC/ACF shall 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. In years in which an employee does not receive refresher training, the GDOC/ACF shall provide refresher information on sexual abuse

and sexual harassment policies. This can take many forms, including handouts, brochures, videos, computer-based instruction, in person training, etc. The GDOC/ACF shall maintain documentation regarding refresher trainings (agenda, date, time, attendees, etc.) and information provided to staff in between trainings and make documentation available for future audits.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. ACF's PAQ Information 2. GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 3. GDOC Unit Directive #90.01-11, Volunteer and Contractor Affairs 4. PREA Initial & Annual Training for Identified Contractors & Volunteers <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency PREA Coordinator 2. PCM <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during the on-site review of the facility. <p>115.32 (a)-(c)</p> <p>GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003, states the department shall ensure that all volunteers and contractors who have contact with prisoners have been trained on their responsibilities based on the services they provide and level of contact they have with prisoners. This policy also states all volunteers and contractors who have contact with prisoners shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>GDOC Unit Directive #90.01-11, Volunteer and Contractor Affairs, states all volunteers and contractors will be informed of the department's zero tolerance policy towards sexual abuse and sexual harassment prior to being approved and entering facilities. This unit directive also states the agency shall ensure that all volunteers and contractors who have contact with prisoners have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. This unit directive also states the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with prisoners and all volunteers and contractors who have contact with prisoners shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>The ACF indicated in the PAQ that volunteers and contractors who have contact with inmates have not been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. During the onsite audit, the Agency PREA Coordinator confirmed the agency had not developed or</p>

provided any volunteers or contractors with PREA training. The Agency PREA Coordinator and ACF's PCM both indicated that due to the COVID-19 pandemic, the GDOC suspended volunteers and contractors from accessing all of the DOC's facilities in approximately mid-March of 2020. Vendor and Contractor access will remain suspended until further notice. The audit team did not observe any volunteers or contractors in the facility during the site review of the facility. During the corrective action period, the Agency PREA Coordinator indicated the agency developed PREA training for volunteers and contractors and provided the audit team with the training curriculum for review. The audit team reviewed the training curriculum and noted the training includes the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report such incidents, and volunteer and contractor responsibilities. The Agency PREA Coordinator indicated the agency plans to provide the training to all volunteers and contractors prior to allowing them access to the facilities.

The facility is not compliant with all provisions of this standard.

Corrective Action:

1. The ACF must train all volunteers and contractors who have contact with inmates on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.
2. The ACF must ensure that the level and type of training provided to volunteers and contractors is commensurate with their level and type of inmate contact.
3. The ACF must ensure that training records for volunteers and contractors are maintained and readily available for future PREA audit purposes, including signed acknowledgements confirming that volunteers and contractors understand the training they have received.

115.33	Inmate education
Auditor Overall Determination: Does Not Meet Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. ACF's Pre-Audit Questionnaire Information 2. GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 3. GDOC Unit Directive, #90.01-05, PREA Prisoner Education 4. GDOC Inmate Education Records 5. GDOC PREA poster 6. GDOC PREA pamphlets <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency PREA Coordinator 2. Random inmates <p>115.33 (a).</p> <p>GDOC Unit Directive, #90.01-05, PREA Prisoner Education, states that all prisoners will receive education as per the standards listed in 28 C.F.R. Part 115, entitled PREA Prisons and Jail Standards. This unit directive also states all newly admitted prisoners will receive PREA related information as per PREA Policy during the intake process.</p> <p>The ACF indicated in the PAQ that inmates receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. However, interviews with ACF intake staff and random inmates indicated inmates are not provided any PREA information at intake. Additionally, the audit team did observe any PREA posters or information in the ACF's Intake Office.</p> <p>115.33 (b)-(c).</p> <p>GDOC Unit Directive, #90.01-05, PREA Prisoner Education, states that within 30 days of intake, newly admitted prisoners will receive a comprehensive education per policy regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.</p> <p>The ACF indicated in the PAQ that prisoner education commenced on August 27, 2020. Therefore, prisoner education was not implemented until after the period of review for this audit. The ACF indicated in the PAQ that prisoners who were not educated within 30 days of intake have not been educated subsequently. The facility indicated 249 prisoners have not received comprehensive education. The agency PREA coordinator indicated comprehensive education consists of a presentation and video. The audit team was not provided with</p>	

curriculum for the GDOC's prisoner education for review. The agency PREA coordinator provided the audit team with prisoner education records, which included sign-in sheets for the comprehensive education for several classes provided in August and September of 2020. However, the agency PREA Coordinator indicated all prisoners have not received comprehensive education and the agency is working towards compliance with this provision of the standard. Interviews with random inmates confirmed that not all inmates have received comprehensive education. The GDOC does not require that prisoners who are transferred from one facility to another be re-educated because policies and procedures are the same for all GDOC facilities.

115.33 (d)

GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 (Policy), Section IV. Policy, 2. Prisoner Education, states GDOC shall provide prisoner education in formats accessible to all prisoners, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to prisoners who have limited reading skills. The ACF indicated in the PAQ that PREA education is not available in formats accessible to visually impaired or those with limited reading skills. The ACF's PREA video shown to inmates during prisoner education includes closed captions for inmates who are visually impaired. The ACF provided the audit team with the GDOC's PREA pamphlet in Chinese and Tagalog. However, the audit team did not observe pamphlets in these languages anywhere in the facility. Additionally, the facility was unable to formally identify disabled and LEP inmates. Therefore, the audit team was unable to interview inmates in these categories to verify whether the facility provides prisoner education in formats accessible to these prisoners.

115.33 (e).

The agency PREA coordinator provided the audit team with prisoner education records, which included sign-in sheets for the comprehensive education for several classes provided in August and September of 2020. The sign-in sheets include prisoner's printed name, signature, and date of the education session. The ACF is compliant with provision (e) of this standard.

115.33 (f).

During the onsite portion of the audit, the audit team observed PREA posters and pamphlets throughout the facility and housing units. However, as indicated in the sections for standard 115.51 and 115.53 of this report, the posters and pamphlet do not include critical reporting information.

The ACF is not compliant with provisions (a)-(d) and (f) of this standard.

Corrective Action:

1. During the intake process, the ACF shall ensure inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.
2. The ACF shall provide comprehensive education to inmates, within 30 days of intake, either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and

regarding agency policies and procedures for responding to such incidents.

3. The ACF shall provide inmate education in formats accessible to all inmates, including those who are LEP, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills.
4. The ACF shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats. Revised PREA posters and pamphlets shall be made available or visible to inmates.

115.34	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. ACF's PAQ Information 2. GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 3. GDOC staff training records 4. National Institute of Corrections (NIC) PREA Investigating Sexual Abuse in a Confinement Setting Course curriculum <p>Interviews:</p> <ol style="list-style-type: none"> 1. GDOC investigative staff <p>115.34 (a).</p> <p>GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 (Policy), Section IV. Policy, B. Training and Education, 1. Staff Training, states that the agency shall ensure specialized training is required of DOC investigators. GDOC Unit Directive #90.01-12, PREA Training and PREA Acknowledgement Form, states the agency's assigned PREA investigators shall receive Investigating Sexual Abuse in a Confinement Setting training. The facility indicated in the PAQ that all three agency investigators completed the NIC PREA Investigating Sexual Abuse in a Confinement Setting Course. Interviews with all three GDOC PREA investigators confirmed they completed the NIC PREA Investigating Sexual Abuse in a Confinement Setting Course.</p> <p>115.34 (b).</p> <p>The audit team reviewed the NIC PREA Investigating Sexual Abuse in a Confinement Setting Course curriculum. The course includes instruction on techniques for interviewing sexual abuse victims, the proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Interviews with GDOC's investigators indicated they are knowledgeable in the topics covered in the training course.</p> <p>115.34 (c).</p> <p>The ACF indicated in the PAQ that GDOC has three designated agency investigators. The audit team reviewed training records for all three investigators to ensure the required training was received. Training records included certificates of completion for the required training for all three investigators.</p> <p>Provision (d) of this standard does not apply to ACF.</p>

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. ACF's PAQ information 2. GDOC, General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 3. GDOC staff training records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency PREA Coordinator 2. Medical staff 3. Mental health staff <p>115.35 (a)-(d)</p> <p>GDOC, General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003, Section IV. Policy, B. Training and Education, 1. Staff Training (Pages 6-7), states GDOC employees will receive training based on PREA employee training standards, on prisoner sexual abuse and sexual harassment every two years. This policy states the agency shall provide refresher information on current sexual abuse and sexual harassment policies on years when trainings are not conducted. This policy also states the department shall ensure that all volunteers and contractors who have contact with prisoners have been trained on their responsibilities based on the services they provide and level of contact they have with prisoners, but all volunteers and contractors who have contact with prisoners shall be notified of the agency's zero- tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>GDOC, General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003, Section IV. Policy, B. Training and Education, 1. Staff Training, states that the agency shall ensure that specialized training is required of Health Services professionals.</p> <p>The audit team reviewed the curriculum for GDOC's general PREA training provided to staff. The audit team noted the training curriculum is compliant with provision (a) of this standard.</p> <p>GMH staff are assigned to ACF to provide medical care to inmates. The ACF indicated in the PAQ that medical staff receive sexual abuse training from GMH. However, the audit team was not provided with any training records for medical staff. Interviews with medical staff and the Agency PREA Coordinator indicated medical staff have not received any general or specialized PREA training. Medical staff assigned to ACF do not conduct forensic medical examinations. Therefore, provision (b) of this standard does not apply to ACF.</p>

Interviews with GDOC mental health staff and the Agency PREA Coordinator indicated mental health staff have received standard PREA training and specialized PREA training. The mental health staff completed the National Institute of Corrections PREA Behavioral Health Care for Sexual Assault Victims in a Confinement Setting course. The audit team reviewed training records for the agency's mental health practitioners and confirmed they received standard PREA training and specialized PREA training.

The agency is not compliant with provisions (a), (c), and (d) of this standard.

Corrective action:

1. The GDOC shall ensure all health care practitioners receive general PREA training required by this standard and maintain documentation in staff training records.
2. The GDOC shall ensure all health care practitioners receive specialized PREA training required by this standard and maintain documentation in staff training records.
3. The GDOC shall ensure health care practitioners also receive training mandated for employees under standard 115.31 or for contractors and volunteers under standard 115.32, depending upon the practitioner's status at the agency.

115.41	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Does Not Meet Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. ACF Pre-Audit Questionnaire Information 2. GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 3. GDOC Unit Directive, #90.01-07 PREA Risk Screening Assessment and Use of Protective Custody 4. PREA Risk Screening Form 5. Medical/Dental/Mental Health Screening Form <p>Interviews:</p> <ol style="list-style-type: none"> 1. ACF Intake staff 2. Random inmates 3. PCM 4. Agency PREA Coordinator <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during the on-site review of the facility. <p>115.41 (a)-(i)</p> <p>GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 (Policy), Section IV. Policy, C. Screening for Risk of Sexual Victimization and Abusiveness, states the following:</p> <ul style="list-style-type: none"> • The department shall provide housing assignments that reduce the likelihood of sexual abuse and sexual harassment while a prisoner is in DOC custody. • Prisoners will be assessed within 72 hours of arrival at all DOC facilities and again within 30 days to determine whether they meet specific criteria indicating either vulnerability or likelihood of perpetrating sexual abuse. • Prisoners may not be disciplined for refusing to answer, or for failing to disclose information in regard to the assessment questions. • A prisoner should be identified for vulnerability or potential aggressiveness by utilizing an objective risk screening tool unless there is sufficient documentation by the reviewer to warrant concern. • The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing prisoners for risk of being sexually abusive. • A prisoner's risk level shall be reassessed when warranted due to a referral, request,

incident of sexual abuse, or receipt of additional information that bears on the prisoner's risk of sexual victimization or abusiveness.

The interview with ACF intake staff and the PCM indicated the facility does not conduct screening at intake for risk of sexual victimization or abusiveness. Interviews with random inmates confirmed risk screening is not conducted at intake. The audit team noted that medical and mental health staff ask prisoners about their history of sexual victimization and abusiveness within 48 hours of the inmate's arrival to the facility. However, this information is not shared with security to make determinations about housing assignments. Therefore, the ACF is not compliant with all provisions of this standard.

Corrective Action:

1. GDOC/ACF shall ensure institutionalization of GDOC, General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003, Section IV, Policy, C. Screening For Risk of Sexual Victimization and Abusiveness and GDOC, Unit Directive, # 90.01-07, PREA Risk Screening Assessment and Use of Protective Custody.
2. The GDOC/ACF shall ensure intake screening take place within 72 hours of arrival at the facility. All PREA related information gathered at intake by anyone in medical, mental health, and security, should be shared with necessary personnel to determine housing assignments, work assignments and programming.
3. The GDOC/ACF shall ensure risk assessments are conducted using an objective screening instrument.
4. The GDOC/ACF shall ensure 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; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate's criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; (9) The inmate's own perception of vulnerability; and (10) Whether the inmate is detained solely for civil immigration purposes.
5. The GDOC shall ensure all inmates be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates.
6. The GDOC/ACF shall ensure all sensitive PREA screening information is secured and only accessible to necessary staff.
7. The GDOC/ACF shall ensure within a set time period, not to exceed 30 days from the inmate's arrival at the facility, 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.
8. The GDOC/ACF shall develop a system to track and ensure completion of initial assessments for all prisoners, reassessments of prisoners on or before 30-days and when other circumstances warrant, as per provision (g) of this standard.

115.42	Use of screening information
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. ACF's Pre-Audit Questionnaire Information 2. GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 3. GDOC Unit Directive, #90.01-07 PREA Risk Screening Assessment and Use of Protective Custody 4. Medical/Dental/Mental Health Screening From <p>Interviews:</p> <p>Intake staff PCM Agency PREA Coordinator Transgender, Gay, Lesbian Prisoners</p> <p>Site Review Observations:</p> <p>Observations during the onsite review of the Facility. 115.42 (a-b).</p> <p>GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003, and GDOC Unit Directive, #90.01-07 outline the PREA risk screening intake process. Both policies were issued in August of 2020. GDOC, General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 (Policy), Section IV. Policy, C. Screening for Risk of Sexual Victimization and Abusiveness (Page 9) requires that the facility use information from risk screening to inform housing, bed, work, education, and program assignments as required by provision (a). GDOC Unit Directive, #90.01-07 states that the "agency shall make individualized determinations about how to ensure the safety of each prisoner" as required by provision (b). Although the policy is consistent with this standard, the facility does not conduct PREA risk screening at intake, as required by standard 115.41. The audit team noted that medical and mental health staff ask prisoners about their history of sexual victimization and abusiveness within 48 hours of the inmate's arrival to the facility. However, this information is not shared with security. Therefore, the facility is not compliant with provisions (a) and (b) of this standard.</p> <p>115.42 (c), (e), and (f).</p> <p>GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 (page 9), states that the agency shall consider on a case-by-case basis, housing and program assignment for transgender or intersex prisoners. This policy is consistent with the requirements of provision (c) of this standard. However, interviews with the Agency PREA Coordinator, staff that determine housing assignments, and transgender</p>

prisoners indicate that transgender female prisoners are always housed at a male facility (at either ACF or HDF) and transgender male prisoners are always housed at the female facility. This practice is not consistent with the standard's intent, which is to ensure housing and program assignments are made on a case-by-case basis as required by provision (c). Interviews with a transgender prisoner indicates they are given the opportunity to shower separately from other prisoners as required by the agency's policy and provision (f) of this standard. The facility is complaint with provison (f). The agency appeared to have a standardized practice of making housing determinations based on the prisoner's sex designated at birth, rather than by individualized housing determinations based on safety and therefore not compliant with provision (c) and (e) of this standard.

115.42 (d).

GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 (page 10) states, "The PREA Compliance Manager will review placement and programming assignment for each transgender or intersex prisoner at least twice each year to review any threats to safety experienced by the prisoner." Although the policy is consistent with the requirements of this provision, interviews with the Agency PREA Coordinator indciated the policy is not institutionalized.

115.42 (g).

GDOC Unit Directive, #90.01-07, PREA Risk Screening Assessment and Use of Protective Custody (page 1) states that lesbian, gay, bisexual, transgender, or intersex prisoners shall not be housed in a dedicated facility, unit, or wing. Interviews with the PCM, transgender prisoners and gay prisoners confirm that the facility's practice is consistent with their policy and as required by provison (g) of this standard. During the onsite visit, the audit team noted that lesbian, gay, bisexual, and transgender prisoners were not housed in a dedicated housing location. The Facility is compliant with provision (g).

The ACF is not compliant with provisions (a)-(e) of this standard.

Corrective Action:

1. The GDOC/ACF shall identify the transgender and intersex population via the PREA risk screening process.
2. The GDOC/ACF shall use the information obtained from the risk screening according to standard 115.41 to inform decisions about housing, education, program, and work assignments for all inmates to keep those at high risk of being sexually victimized separate from those at high risk of being sexually abusive.
3. The GDOC shall implement practices to allow case-by-case determinations when deciding whether to assign a transgender or intersex prisoner to a male or female facility. The Agency shall give serious consideration to the prisoner's own view of safety.
4. The GDOC/ACF shall ensure that the placement and programming for transgender and intersex inmates is reassessed at least twice per year to review any threats to safety as experienced by the prisoner.

115.43	Protective Custody
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. ACF's Pre-Audit Questionnaire Information 2. GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 3. GDOC Unit Directive, #90.01-07 PREA Risk Screening Assessment and Use of Protective Custody <p>Interviews:</p> <ol style="list-style-type: none"> 1. PCM 2. Agency PREA Coordinator 3. Transgender, Gay, Lesbian Prisoners <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during the onsite review of the Facility. <p>115.43 (a)-(e).</p> <p>GDOC Unit Directive, #90.01-07 PREA Risk Screening Assessment and Use of Protective Custody states that “prisoners who are high risk for victimization shall not be placed in involuntary administrative segregation housing unless an assesement of all available alternatives has been made.” Although the policy is consistent with the requirements of this provision (a), it has not been institutionalized. This standard correlates to Standard 115.41. As indicated for standard 115.41, the facility has not implemented the PREA risk screening process and reported in the PAQ that it had not identified any prisoners at high risk of sexual victimization during the audit period. Interviews with the Agency PREA Coordinator and PCM confirmed that the ACF has not implementated the PREA screening tool and acknowledged they are not compliant with the standard. The facility did not provide any documentation demonstrating compliance with provisions (a)-(e) of this standard.</p> <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. The GDOC/ACF shall ensure identification of prisoners at risk for sexual victimization via the PREA risk screening process. 2. The GDOC/ACF shall institutionalize GDOC, General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 (Policy), Section IV. Policy, C. Screening for Risk of Sexual Victimization and Abusiveness and GDOC Unit Directive, #90.01-07 PREA Risk Screening Assessment and Use of Protective Custody.

3. The ACF shall ensure 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 a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.
4. The ACF shall ensure inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: (1) The opportunities that have been limited; (2) The duration of the limitation; and (3) The reasons for such limitations. The GDOC/ACF shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.
5. The ACF shall ensure if an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, the facility shall clearly document: (1) The basis for the facility's concern for the inmate's safety; and (2) The reason why no alternative means of separation can be arranged. The GDOC/ACF shall ensure every 30 days, the facility affords each such inmate a review to determine whether there is a continuing need for separation from the general population.
6. When placing prisoners at high risk for sexual victimization in administrative housing, the ACF shall document the basis for the facility's safety concern and why alternative arrangements to protect the prisoner's safety are unavailable.

115.51	Inmate reporting
Auditor Overall Determination: Does Not Meet Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. ACF's Pre-Audit Questionnaire Information 2. GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 3. GDOC's PREA poster 4. GDOC's PREA pamphlet <p>Interviews:</p> <ol style="list-style-type: none"> 1. PCM 2. Random staff 3. Random inmates <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during the on-site review of the facility. <p>115.51 (a).</p> <p>GDOC, General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 (Policy), Section IV. Policy, D. Reporting, 2. Staff Reporting, states that staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any reports. This policy also states that the DOC, shall offer a "PREA Hotline" to accept recorded reports of sexual abuse or sexual harassment in DOC institutions or other areas under DOC control. Additionally, GDOC, Unit Directive, # 90.01-09, Prisoner Reporting, states that each DOC facility shall provide multiple internal ways for prisoners to privately report sexual abuse and sexual harassment, retaliation by other prisoners or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. This unit directive states that all Prisoners are able to report in the following ways:</p> <ol style="list-style-type: none"> 1. PREA Hotline: 735-5174 2. Contact with PREA Compliance Manager 3. Contact with PREA Coordinator 4. Submitting Administrative remedy Requests to any staff member 5. Verbally notifying any staff member, officer, volunteer, or contractor 6. Submitting a sick call request 7. Using a 3rd party to contact department officials. 8. Utilizing the Guam Crime Stoppers hotline: 477-HELP 4357 9. Calling Healing Hearts (rape crisis center) hotline: 647-5351 	

10. Victim Advocates Reaching Out (VARO) hotline: 477-555

Interviews with random staff indicated they are aware of methods #1-7 indicated in this policy. However, staff were unaware of methods #8-10. The audit team also observed several issues with reporting during the onsite portion of the audit. Through interviews with staff and inmates, the audit team learned that inmates must submit administrative remedy forms directly to staff. Each housing unit has a secured sick call box and forms are collected by medical staff. However, inmates are unable to access the box in some housing units and must submit forms directly to staff. Several staff and inmates indicated telephones are often not operable and inmates are unable to make telephone calls unless they are allowed to use the staff telephones. The audit team also noted the ACF does not have secured boxes specifically designated for inmates to submit grievances. Staff and inmates indicated grievances must be submitted directly to staff. The audit team brought these issues to the attention of the GDOC and secured boxes were immediately assembled. However, the boxes were not installed as of the last day of the onsite portion of the audit. The GDOC also indicated they were working on a new telephone system for inmates and oped to have all the issues worked out soon. Interviews with random inmates indicated they are not provided with contact information for Guam Crime Stoppers, Healing Hearts Rape Crisis Center, or VARO. The audit team also noted the contact information for these entities is not provided on the GDOC's PREA posters or pamphlet.

115.51 (b).

GDOC, Unit Directive, # 90.01-09, Prisoner Reporting, states the agency shall also provide at least one way for prisoners to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward prisoner reports of sexual abuse and sexual harassment to agency officials, allowing the prisoner to remain anonymous upon request. This unit directive states that prisoners detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. This unit directive states that prisoners may utilize the Guam Crime Stoppers hotline: 477-HELP 4357. Interviews with random inmates indicated the ACF does not provide inmates with the information required by this provision of the standard.

The interview with the PCM indicated the ACF is not compliant with provision (b) of this standard and the facility is working on becoming compliant. Interviews with random inmates indicated they are not provided with contact information for Guam Crime Stoppers or any other public or private entity or office that is not part of the agency. The facility did not demonstrate that inmates are provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. The audit team also noted the contact information for these entities is not provided on the GDOC's PREA posters or pamphlet. The ACF indicated in the PAQ that persons detained solely for civil immigration purposes are provided with a telephone number for an immigration hotline and an immigration officer checks on detainees daily. However, the facility did not indicate that any mailing addresses are provided to detainees. During the onsite portion of the audit, the audit team did not observe this information posted anywhere in the facility.

115.51 (c).

GDOC, General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape

Elimination Act 2003 (Policy), Section IV. Policy, D. Reporting, 2. Staff Reporting, states that staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any reports. Additionally, GDOC, Unit Directive, # 90.01-09, Prisoner Reporting, states that Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. Interviews with random staff indicated knowledge of this policy and their responsibilities. Staff indicated they would promptly document any verbal reports of sexual abuse and sexual harassment and report it up the chain of command. The facility reported it had one allegation of sexual abuse and sexual harassment during the 12 months preceding the audit. The audit team reviewed the investigative file and noted the allegation was documented promptly by the staff person that the allegations were reported to. However, the audit team reviewed GDOC IAU's investigation tracker and noted that IA investigators categorized the allegations as "inmate-on-inmate" sexual harassment only. The audit team noted the staff person who received the allegations included documentation that the victim reported sexual abuse and sexual harassment by inmates and staff.

115.51 (d).

GDOC, General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 (Policy), Section IV. Policy, D. Reporting, 2. Staff Reporting, states that staff may utilize the Guam Crime Stopper Hotline or the Governor's Office to privately report all allegations of sexual abuse or sexual harassment. The ACF indicated in the PAQ that staff are made aware of these methods in trainings, briefings, and policies. However, interviews with random staff indicated they are unaware of these methods to privately report.

The ACF is not compliant with provisions (a), (b), and (d) of this standard.

Corrective Action:

1. The GDOC/ACF shall 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 GDOC/ACF shall include this information in the inmate education curriculum. The GDOC/ACF shall revise PREA posters and pamphlets to include this information.
2. The GDOC/ACF shall also ensure inmates are provided with and have access to a confidential method for submitting any allegations in writing, such as a secured grievance box.
3. The GDOC/ACF shall provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. The GDOC/ACF shall revise PREA posters and pamphlets to include this information.
4. The GDOC/ACF shall provide persons detained solely for civil immigration purposes with provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. The GDOC/ACF shall create a handout which includes such information for distribution to persons detained solely for civil immigration purposes. The GDOC/ACF shall also post this information in housing units that house immigration detainees.



115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. ACF's Pre-Audit Questionnaire Information 2. GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 3. GDOC Unit Directive, # 90.01-09, Prisoner Reporting 4. GDOC General Order, FY-04-2004, Dated May 17, 2004 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random staff 2. Random inmates <p>115.52 (a).</p> <p>In assessing this standard, the audit team could only rely on policy review because the facility reported not having received any remedy request or grievances alleging sexual abuse or sexual harassment. Additionally, the ACF indicated it does not electronically track remedy requests or prisoner grievances. Although the facility has attempted to outline an administrative procedure for dealing with inmate grievances regarding sexual abuse and harassment, it has not done so consistent with this standard.</p> <p>115.52 (b).</p> <p>Provision (b)(1) of this standard requires the agency not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. Although the ACF indicated in the PAQ that it allows for a prisoner to submit a grievance regarding an allegation of sexual abuse or harassment at any time, language consistent with this provision is not referenced in policy.</p> <p>Provision (b)(2) of this standard prohibits the requirement of an informal process for alleged incidents of sexual abuse. The GDOC's policy is consistent with this provision. GDOC Unit Directive, # 90.01-09, outlines numerous ways in which prisoners can report sexual abuse. According to the directive, prisoners can report by formally submitting a remedy request, or informally by verbally alerting personnel. However, GDOC General Order, FY-04-2004, conflicts with the Unit Order. GDOC General Order, FY-04-2004 states, that prisoners must "try to resolve the complaint informally or in writing via Inmate Request Form" before prisoners are granted a Grievance Complaint Form. As reported in standard 115.51, interviews with staff and prisoners confirmed that in order for a prisoner to file a grievance against a staff member they must first submit a remedy request form to the staff working in the unit.</p> <p>115.52 (c).</p>

Although the ACF indicated in the PAQ that policies and procedures allow prisoners to submit grievances alleging sexual abuse without submitting it to the staff member who is the subject of the complaint, language consistent with provision (c)(1) of this standard is not referenced in policy. Interviews with several random inmates expressed apprehension towards reporting via the remedy request system for fear of retaliation from staff. Interviews with random staff confirm that prisoners do not have a way to formally file a written grievance without first submitting a remedy request to staff working in the housing unit. Additionally, the agency's policy does not require that inmate grievances alleging sexual abuse not be referred to the staff member who is the subject of the complaint as required in provision (c)(2) of this standard.

115.52 (d).

The ACF indicated in the PAQ that it received zero grievances of sexual abuse or sexual harassment in the 12 months preceding the audit. The facility indicated remedy requests and grievances are not tracked electronically. Therefore, the facility is not able to run an accurate report of PREA allegations made by prisoners if allegations are reported through the remedy request and grievance process.

The ACF indicated in the PAQ that it does not require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance as required by provision (d)(1) of this standard. The facility did not provide any policies or documentation demonstrating compliance with any part of provision (d) of this standard.

115.52 (e).

GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 (Policy), Section IV. Policy, D. Reporting (Page 12) states, that DOC staff shall accept "reports made verbally, in writing, anonymously, and from third parties." GDOC Unit Directive, # 90.01-09 states, that the agency "does not require the exhaustion of administrative remedies for reporting sexual abuse and sexual harassment." Both policies are consistent with provision (e)(1) of this standard, which permits third parties to assist prisoners in filing request for administrative remedies for sexual abuse and harassment and to file such remedies on behalf of prisoners. However, the policies do not require documentation of a prisoner's refusal of third-party assistance as required by provision (e)(2) of this standard.

The facility did not provide any documentation or policy that demonstrates compliance with this provision e (2)-(3) of this standard.

115.52 (f).

This provision requires that the facility have a policy and established procedures for filing of an emergency grievance alleging that a prisoner is subject to a substantial risk of imminent sexual abuse. It requires these emergency grievances be responded to within 48 hours and that an agency final decision be issued within five days. The ACF did not provide any policies or documentation demonstrating compliance with all parts of provision (f) of this standard.

115.52 (g).

GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 (Policy), Section IV. Policy, D. Reporting, 1. Prisoner Reporting (pages

10-11), states prisoners who allege sexual abuse and sexual harassment by staff or other prisoners, and whose allegations are proven by investigators to be false will be held accountable through all means available to GDOC. This policy states the agency may discipline a prisoner for alleging sexual abuse, only when it is in bad faith. The agency's policy is consistent with provision (g) of this standard. Therefore, the agency is compliant with provision (g) of this standard.

The ACF is not compliant with provisions (a)-(f) of this standard.

Corrective Action:

1. The GDOC/ACF shall reconcile and revise agency policy and prisoner education materials to include PREA specific language, timelines and required documentation consistent with this standard.
2. The GDOC/ACF shall develop a grievance system that allows prisoners to formally report allegations of abuse or harassment without submitting it to line staff and that prohibits the grievance from being referred to the staff who is the subject of the complaint.
3. The GDOC/ACF shall develop a training curriculum for PREA related grievance processing, retrain all necessary staff, and document this training.
4. The GDOC/ACF shall designate an upper or intermediate level staff member whose duties do not require day-to-day custodial interactions with inmates to collect grievances and coordinate the grievance process.
5. The GDOC/ACF shall educate prisoners on how to formally file sexual abuse and/or sexual harassment allegations against staff.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. ACF's PAQ Information 2. GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 3. GDOC PREA pamphlet 4. GDOC PREA poster <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency PREA Coordinator 2. Random staff 3. Random inmates <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during the on-site review of the facility. <p>115.53 (a).</p> <p>GDOC, General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003, IV. Policy, F. Prisoner Access to Outside Confidential Services, states the department shall make available to prisoners mailing addresses and telephone numbers, including toll-free crisis line numbers where available, of local, State, or national victim advocacy or rape crisis organizations and outside victim advocates for emotional support services related to sexual abuse. This policy also states the facility shall enable reasonable communication between prisoners and these organizations and agencies, in as confidential a manner as possible. However, the audit team determined this policy has not been institutionalized.</p> <p>During the onsite portion of the audit, the audit team observed the GDOC's PREA posters posted throughout the facility informing inmates that the GDOC "can provide access to victims of sexual abuse in seeking counseling and emotional support services" and "communication with external counselor will be kept confidential as possible". The same language is included in the GDOC's PREA pamphlet. However, the facility does not provide prisoners with mailing addresses and telephone numbers for local any victim advocacy or rape crisis organizations and outside victim advocates for emotional support services related to sexual abuse. Both the poster and the pamphlet list the GDOC IAU's telephone number as the PREA Hotline number.</p> <p>Interviews with random inmates indicated a lack of awareness regarding availability and access to outside confidential support services. Many inmates did not understand the emotional support services that are available. Interviews with random staff and random</p>

inmates indicated that all telephone calls must be authorized and approved by the GDOC. This clearly does not allow for prisoners to access services in a confidential manner.

The ACF indicated that persons detained solely for civil immigration purposes are provided with a telephone number for an immigration hotline and an immigration officer checks on immigration detainees daily. However, the facility did not indicate that any mailing addresses are provided to detainees. During the onsite portion of the audit, the audit team did not observe this information posted anywhere in the facility.

115.53 (b).

Although the ACF indicated they are compliant with provision (b) of this standard, interviews with random inmates indicated the facility does not clearly inform inmates, of the extent to which communications may be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Additionally, the GDOC's PREA poster and PREA pamphlet do not inform prisoners of the extent to which communications may be monitored and which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

115.53 (c).

The interview with the Agency PREA Coordinator indicated the GDOC is currently in the process of establishing a memorandum of understanding/agreement with Healing Hearts Crisis Center, Guam's only rape crisis center, to provide outside confidential support services to prisoners. The audit team was not provided with any documentation of the GDOC's attempts to enter into a memorandum of understanding/agreement with Healing Hearts Crisis Center.

The GDOC/ACF is not compliant with all provisions of this standard.

Corrective Action:

1. The GDOC/ACF shall institutionalize GDOC, General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003, IV. Policy, F. Prisoner Access to Outside Confidential Services.
2. The GDOC/ACF shall revise PREA posters and pamphlets to include mailing addresses and telephone numbers, including toll-free crisis line numbers where available, of local, State, or national victim advocacy or rape crisis organizations and outside victim advocates for emotional support services related to sexual abuse.
3. The GDOC/ACF shall provide persons detained solely for civil immigration purposes with mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies. The GDOC/ACF shall create a handout which includes such contact information for distribution to persons detained solely for civil immigration purposes. The GDOC/ACF shall also post this information in housing units that house immigration detainees.
4. The GDOC/ACF shall ensure that inmates are informed, prior to giving them access to outside confidential support services, of the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.
5. The GDOC/ACF shall ensure that memorandums of understanding/agreement for

confidential support services between the GDOC and Healing Hearts Crisis Center or documentation of attempts to enter into an agreement for confidential support services are available for future PREA audit purposes.

6. The GDOC/ACF shall enable reasonable communications between inmates and organizations providing outside emotional support services in as confidential manner as possible and demonstrate this in practice.

115.54	Third-party reporting
Auditor Overall Determination: Does Not Meet Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. ACF's PAQ Information 2. GDOC, General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 3. GDOC's PREA poster 4. The GDOC's website <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during the on-site review of the facility <p>115.54 (a).</p> <p>DOC, General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 (Policy), Section IV. Policy, D. Reporting, 2. Staff Reporting, states that the DOC shall offer a "PREA Hotline" to accept recorded reports of sexual abuse or sexual harassment in DOC institutions or other areas under DOC control. This policy also states that staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any reports. Upon notification by a prisoner that he/she has been sexually abused or coerced into unwanted sexual contact, the staff member shall immediately complete the Staff Reporting Responsibilities form.</p> <p>The ACF indicated in the PAQ that the facility provides a method to receive third-party reports of inmate sexual abuse or sexual harassment. The facility indicated the methods are the PREA hotline and direct contact with staff. The GDOC recently established a PREA hotline operated by the GDOC's IAU. While the PREA hotline information is indicated on the GDOC's PREA poster that is posted throughout the facility, the agency does not publicly distribute the information on how to report inmate sexual abuse or sexual harassment on behalf of inmates. This information is not made publicly available on the GDOC's website. During the onsite portion of the audit, the audit team did not observe information on how to report sexual abuse and sexual harassment on behalf of an inmate clearly posted for public viewing in areas such as the VPC and visitation. The DGOC/ACF is not compliant with this standard.</p> <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. The GDOC shall publicly distribute information on how to report sexual abuse and sexual harassment on behalf of an inmate, such as on the GDOC's website. The GDOC/ACF shall ensure information on how to report sexual abuse and sexual harassment on behalf of an inmate is clearly posted in the VPC and visitation areas for public viewing. 	



115.61	Staff and agency reporting duties
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. ACF's PAQ Information 2. GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 3. GDOC Unit Directive, # 90.01-02, Staff and Agency Reporting & Protections Duties 4. GDOC IAU's investigation tracker (excel spreadsheet) 5. GDOC Infirmary and Behavioral Health Patient Consent to Render Medical and Mental Health Services Form 6. GDOC Notice of Patient Privacy Infirmary/Behavioral Health Sections Form <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency PREA Coordinator 2. Warden 3. Random staff 4. Medical staff 5. Mental health staff <p>115.61 (a).</p> <p>GDOC, General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 (Policy), Section IV. Policy, D. Reporting, 2. Staff Reporting (Page 11), and GDOC, Unit Directive, # 90.01-02, Staff and Agency Reporting & Protections Duties (Page 1), require all staff to report immediately any knowledge, suspicion, or information regarding sexual abuse, sexual harassment, retaliation by prisoner or staff for reporting, or staff neglect or violation of responsibility that may have contributed to such incidents. Interviews with random staff indicated knowledge of this policy and their responsibilities. The facility is compliant with provision (a) of this standard.</p> <p>115.61 (b).</p> <p>GDOC, Unit Directive, # 90.01-02, Staff and Agency Reporting & Protections Duties (Page 1), states that apart from reporting to designated supervisors and/or officials, staff and officers shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in policy, to make treatment, investigation, and other security and management decisions. Interviews with random staff indicated knowledge of this policy and their responsibilities. The facility is compliant with provision (b) of this standard.</p> <p>115.61 (c).</p> <p>GDOC, Unit Directive, # 90.01-02, Staff and Agency Reporting & Protections Duties (Page 1),</p>

states unless otherwise precluded by Federal, State, or local law, medical and mental health staff are required to report sexual abuse and to inform prisoners of the staff's duty to report, and the limitations of confidentiality, at the initiation of services.

Interviews with medical and mental health staff indicated knowledge of their reporting duties. Medical and mental health staff indicate they would report any knowledge or suspicion of sexual abuse to the facility's platoon commander. Regarding informing prisoners at the initiation of services of the staff's duty to report and the limitations of confidentiality, mental health staff indicated they inform prisoners of their duty to report, and the limitations of confidentiality, at the initiation of services. However, medical staff indicated this information is included on medical and mental health forms signed by the prisoner at the initiation of services and they do not verbally inform prisoners of this information. The audit team reviewed medical and mental health forms provided by medical and mental health staff (GDOC Infirmary and Behavioral Health Patient Consent to Render Medical and Mental Health Services Form and GDOC Notice of Patient Privacy Infirmary/Behavioral Health Sections Form) and noted the information required by this standard is included on these forms. While this practice is consistent with provision (c) of this standard, no documentation was provided to confirm this practice. The audit team was not provided access to inmate medical records. In addition to being included on any forms, the audit team believes this information should also be verbally discussed with prisoners at the initiation of services in order to ensure the prisoner's understanding of the information being received.

115.61 (d).

GDOC, Unit Directive, # 90.01-02, Staff and Agency Reporting & Protections Duties (Page 1), requires if the alleged victim is under the age of 18 or considered an adult with disabilities under Guam Code Annotated, the agency shall report the allegation to Child Protective Services or Adult Protective Services of the Department of Public Health and Social Services. Interviews with the Agency PREA Coordinator and warden indicated the ACF does not house inmates under the age of 18, or those considered to be a vulnerable adult.

115.61 (e).

GDOC, Unit Directive, # 90.01-02, Staff and Agency Reporting & Protections Duties (Page 1), states the facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated PREA Investigators. The interview with the warden indicated all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, are reported to the facility's designated investigators. The ACF reported that there was one allegation of sexual abuse and sexual harassment in the 12 months preceding the audit. The audit team reviewed the GDOC IAU's investigation tracker and confirmed this allegation was reported to the facility's designated investigators.

Corrective Action:

1. The ACF shall ensure that medical and mental health practitioners inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. In addition to including the information on medical/mental health forms, the information should be verbally discussed with prisoners at the initiation of services in order to ensure the prisoner understands the information being received. The facility

shall ensure inmate medical and mental health records are made available for future audits.

115.62	Agency protection duties
	<p>Auditor Overall Determination: Does Not Meet Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. ACF's PAQ Information 2. GDOC Unit Directive, # 90.01-02, Staff and Agency Reporting & Protections Duties 3. Investigative files 4. Mental health files <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency head designee 2. Warden 3. Random staff <p>115.62 (a).</p> <p>GDOC, Unit Directive, # 90.01-02, Staff and Agency Reporting & Protections Duties, states when a staff or officer learns that a prisoner is subject to a substantial risk of imminent sexual abuse, he (or she) shall immediately take action to protect the prisoner and shall report such risk up the chain of command.</p> <p>Interviews with the agency head designee, the warden, and random staff indicated that appropriate action would be immediately taken to protect an inmate at risk of sexual victimization, such as a transfer to a different housing or administrative segregation. The ACF does not currently conduct PREA risk screening of inmates at intake or when they are transferred from the HDF to determine their risk of sexual victimization. Additionally, the ACF reported one case of sexual abuse and sexual harassment during the 12 months preceding the audit. The audit team reviewed the investigative file and mental health records for the victim. Despite the mental health practitioner's instructions to security regarding precautions that should be taken regarding keeping protection of the prisoner and strong encouragement that actions by staff and observations of this prisoner be documented, the audit team did not note such documentation. No other documentation demonstrating compliance with this standard was provided to the audit team. Therefore, the ACF is not compliant with this standard.</p> <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. The ACF shall ensure that when it is discovered that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. 2. The facility shall endeavor to determine inmate's risk of sexual victimization and shall document any steps taken to protect inmates that are determined to be at risk.

Following an allegation of sexual abuse or sexual harassment, such documentation shall be included in the investigative file and made available for future audits.

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. ACF's PAQ Information 2. GDOC Unit Directive, # 90.01-02, Staff and Agency Reporting & Protections Duties <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency head designee 2. Warden <p>115.63 (a-d).</p> <p>GDOC, General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 (Policy), Section IV. Policy, E. Official Response Following a Prisoner Report (Page 12), requires that upon receiving an allegation that a prisoner was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. This policy requires that such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation, the agency shall document that it has provided such notification, the facility head or agency office that receives such notification shall ensure that the allegation is investigated. The ACF indicated in the PAQ that there were zero allegations of sexual abuse received from other facilities. Interviews with the agency head designee indicated knowledge of the requirements of the GDOC's policy related to this standard. However, the interview with the warden did not demonstrate that the policy related to this standard is institutionalized.</p> <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. The GDOC/ACF shall institutionalize GDOC, General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003, Section IV. Policy, E. Official Response Following a Prisoner Report. 2. The GDOC/ACF shall develop a method for documenting notifications required by this standard. 3. The GDOC/ACF shall train all appropriate staff regarding the requirements of this standard and provide such training verification.

115.64	Staff first responder duties
	<p data-bbox="248 168 1013 201">Auditor Overall Determination: Does Not Meet Standard</p> <p data-bbox="248 246 523 280">Auditor Discussion</p> <p data-bbox="248 324 1273 358">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="248 398 411 432">Documents:</p> <ol data-bbox="292 499 1484 616" style="list-style-type: none"> 1. ACF's PAQ Information 2. GDOC, Unit Directive, # 90.01-10, Response Upon Reported Allegation of Sexual Abuse or Sexual Harassment <p data-bbox="248 656 395 689">Interviews:</p> <ol data-bbox="292 757 774 835" style="list-style-type: none"> 1. Security staff first responders 2. Non-security staff first responders <p data-bbox="248 875 395 909">115.64 (a).</p> <p data-bbox="248 949 1455 1106">GDOC, Unit Directive, # 90.01-10, Response Upon Reported Allegation of Sexual Abuse or Sexual Harassment (Page 1), states the responding officer is to immediately carry out the instructions indicated in PREA Form 1, which includes preserving the crime scene. The audit team reviewed PREA Form 1 and noted it includes procedures consistent with this standard.</p> <p data-bbox="248 1146 1455 1482">Interviews with security staff first responders indicated they understood their responsibilities regarding separating the victim and alleged abuser and protecting the crime scene until appropriate steps can be taken to collect any evidence. However, staff did not understand their responsibilities regarding the preservation of evidence, or directions to provide to the victim or alleged abuser. Staff did not mention the PREA Form 1 during interviews. The ACF indicated in the PAQ that there were zero allegations of sexual abuse during the 12 months preceding the audit. However, during the onsite portion of the audit the facility reported one allegation of sexual abuse and sexual harassment to the audit team.</p> <p data-bbox="248 1523 1476 1680">115.64 (b): GDOC, Unit Directive, # 90.01-10, Response Upon Reported Allegation of Sexual Abuse or Sexual Harassment (Page 1), states that if the first staff responder is not a security officer, the civilian staff responder shall request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.</p> <p data-bbox="248 1720 1484 2101">Interviews with non-security staff first responders indicated staff did not understand what steps to take in the event they are the first staff on scene of a sexual abuse. Staff indicated they would ensure the victim is safe and notify the officer in charge. Non-security staff did not understand their responsibilities regarding the preservation of evidence, or directions to provide to the victim or alleged abuser. Non-security staff indicated they felt they did not receive adequate training regarding responsibilities for first responders. The ACF indicated in the PAQ that there were zero allegations of sexual abuse during the 12 months preceding the audit. However, during the onsite portion of the audit the facility reported one allegation of sexual abuse and sexual harassment to the audit team.</p>

The ACF is not compliant with this standard.

Corrective Action:

1. The ACF shall develop and implement first responder training for all relevant staff, including non-security staff, and maintain verification of this training. This training shall include a review of PREA Form 1.
2. The ACF should consider developing a pocket sized PREA response card to include first responder procedures consistent with this standard which could be carried by security and non-security staff first responders and referenced while on duty.

115.65	Coordinated response
	<p data-bbox="252 170 1011 203">Auditor Overall Determination: Does Not Meet Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1273 360">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="252 405 411 439">Documents:</p> <ol data-bbox="293 506 1485 618" style="list-style-type: none"> 1. ACF's PAQ Information 2. GDOC, Unit Directive, # 90.01-10, Response Upon Reported Allegation of Sexual Abuse or Sexual Harassment <p data-bbox="252 663 395 696">Interviews:</p> <ol data-bbox="293 763 440 797" style="list-style-type: none"> 1. Warden <p data-bbox="252 842 395 875">115.65 (a).</p> <p data-bbox="252 909 1474 1111">GDOC, Unit Directive, # 90.01-10, Response Upon Reported Allegation of Sexual Abuse or Sexual Harassment, outlines coordinated actions taken in response to receiving a report of a suspected sexual abuse or sexual harassment of a prisoner. This policy identifies the responsibilities of all staff involved, including staff first responders, mental health practitioners, investigators, and facility leadership.</p> <p data-bbox="252 1155 1485 1480">The ACF indicated in the PAQ that the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The facility uploaded GDOC Unit Directive #90.01-10 to the PAQ. The audit team reviewed this policy and noted a written plan specifically for the ACF is not included. In order to become compliant with this standard, there must be an institutional plan for the ACF. The interview with the warden indicated his awareness that GDOC Unit Directive #90.01-10 did not include a written plan specific to each GDOC facility.</p> <p data-bbox="252 1525 485 1559">Corrective Action:</p> <ol data-bbox="293 1626 1414 1783" style="list-style-type: none"> 1. The ACF shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. In order to be compliant with this standard, the plan must be written specifically for the ACF.

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. ACF's PAQ Information 2. GDOC, Unit Directive, # 90.01-01, Personnel Affairs <p>115.66 (a).</p> <p>GDOC, Unit Directive, # 90.01-01, Personnel Affairs (Page 1), states neither the Department of Corrections nor any other governmental entity responsible for collective bargaining on the department's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the department's ability to remove alleged employee 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.</p> <p>The ACF indicated in the PAQ that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012. However, in the facility's response to the audit team's issues log during the pre-onsite portion of the audit, the PREA Coordinator indicated this was incorrect. The agency has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012.</p>

115.67	Agency protection against retaliation
Auditor Overall Determination: Does Not Meet Standard	
Auditor Discussion	
<p>115.67</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. ACF's PAQ Information 2. GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003, Section IV. Policy, E. Official Response Following Response Following a Prisoner Report 3. GDOC Unit Directive, # 90.01-03, Protection Against Retaliation <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency head designee 2. Warden <p>115.67 (a-e): GDOC, General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 (Policy), Section IV. Policy, A. Prevention Planning (Page 6), states the DOC will, to the degree possible within limited resources and applicable laws, protect prisoner victims and reporters of sexual abuse, sexual solicitation, sexual harassment and sexual coercion from retaliation.</p> <p>GDOC, General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 (Policy), Section IV. Policy, E. Official Response Following Response Following a Prisoner Report (Page 12-13), and GDOC, Unit Directive, # 90.01-03, Protection Against Retaliation (Page 1), state the PREA Compliance Manager shall be responsible for monitoring all prisoners and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other prisoners or staff. These policies also state if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.</p> <p>GDOC, Unit Directive, # 90.01-03, Protection Against Retaliation (Page 1), states the monitoring for retaliation shall be for a period of 90 days (or upon the determination that the allegation is unfounded). This policy states the monitoring official shall employ multiple protection measures, such as but not limited to housing changes or transfers for prisoner victims or abusers, removal of alleged staff or prisoner abusers from contact with victims, emotional support services for prisoners or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, periodic checks on affected prisoners, program changes, and new disciplinary reports. This policy states for staff being monitored for retaliation, the monitoring official shall monitor for negative performance reviews and re-assignments. This policy also states if there are changes that may suggest possible retaliation by prisoners or staff, the monitoring personnel shall act promptly to remedy any</p>	

such retaliation. Monitoring beyond 90 days is permitted if the initial monitoring indicates a continuing need.

The ACF indicated in the PAQ that the GDOC designates staff member(s) or charges department(s) with monitoring for possible retaliation. However, the facility did not provide any details regarding staff member(s) or department(s) that are designated. Therefore, the audit team was unable to interview any staff charged with monitoring retaliation. The facility later indicated that retaliation monitors are assigned when an allegation or report of sexual abuse or sexual harassment is made and there are currently no monitors assigned. Interviews with the agency head designee and warden indicated the policies related to this standard are not institutionalized and there is no formalized process for monitoring retaliation. The GDOC/ACF did not provide documentation of any monitoring efforts. The facility did not demonstrate compliance with this standard.

Corrective Action:

1. The GDOC/ACF shall institutionalize GDOC, General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003, Section IV. Policy, E. Official Response Following Response Following a Prisoner Report and GDOC, Unit Directive, # 90.01-03, Protection Against Retaliation.
2. The GDOC/ACF shall designate which staff members or departments are charged with monitoring retaliation.
3. The GDOC/ACF shall develop a tracking system for monitoring retaliation. This tracking system shall be made available for future PREA audits.
4. The GDOC/ACF shall ensure the employment of multiple protection measures such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abused from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse, sexual harassment or cooperating with investigations. These protection measures shall be documented and made available for future PREA audits.
5. The GDOC/ACF shall ensure that for at least 90 days following a report of sexual abuse, they monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse for retaliation concerns and shall demonstrate taking prompt action to remedy any such retaliation.
6. The GDOC/ACF shall ensure that monitoring for retaliation includes periodic status checks of inmates and staff who reported sexual abuse or were reported to have suffered sexual abuse.
7. The GDOC/ACF shall ensure appropriate measures are taken to protect an individual who cooperates with an investigation from retaliation.
8. The GDOC/ACF shall ensure the PCM has sufficient time to monitor for retaliation or shall charge an appropriate person with this duty.

115.68	Post-allegation protective custody
Auditor Overall Determination: Does Not Meet Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. ACF's PAQ Information 2. GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003, Section IV. Policy, E. Official Response Following Response Following a Prisoner Report 3. GDOC Unit Directive, # 90.01-07, PREA Risk Screen Assessment and Use of Protective Custody <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency head designee 2. Warden 3. Staff who supervise prisoners in segregated housing <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during the on-site review of the facility. <p>115.68 (a).</p> <p>GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 (Policy), Section IV. Policy, E. Official Response Following a Prisoner Report and GDOC, Unit Directive, # 90.01-07, PREA Risk Screen Assessment and Use of Protective Custody, outlines the GDOC's requirements consistent with this standard. However, interviews with the agency head designee and warden confirmed that the policies have not been institutionalized. Both policies were not implemented until after the period of review for this audit.</p> <p>Although interviews with staff who supervise prisoners in segregated housing indicated some understanding that prisoners placed in segregated housing shall have access to programs, privileges, education and work opportunities and that involuntary segregated housing should not ordinarily exceed 30 days, the facility could not provide evidence to prove compliance of this practice. This standard correlates to Standard 115.43. As indicated for standard 115.43, the GDOC has not institutionalized policies and procedures related to standard 115.43. Therefore, the GDOC cannot be compliant with standard 115.68. The ACF indicated in the PAQ that it had not involuntarily segregated anyone who alleged to have suffered sexual abuse. The ACF indicated in the PAQ that there were zero allegations of sexual abuse during the 12 months preceding the audit. The audit team was unable to determine if GDOC has institutionalized policies and procedures related to this standard.</p> <p>Corrective Action:</p>	

1. The GDOC/ACF shall institutionalize GDOC, General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003, Section IV. Policy, E. Official Response Following Response Following a Prisoner Report and GDOC, and Unit Directive, # 90.01-07, PREA Risk Screen Assessment and Use of Protective Custody.
2. The GDOC/ACF shall provide make all investigative, disciplinary, and grievance files available for future audits so auditors can to determine if the 30-day reviews required by policy include assessment of the risk of sexual victimization and alternatives for separation.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. ACF's PAQ Information 2. GDOC, General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 3. GDOC, Unit Directive, # 90.01-08, Investigations and Reporting Prisoner 4. Investigative files <p>Interviews:</p> <ol style="list-style-type: none"> 1. GDOC investigative staff 2. GPD DART staff <p>115.71 (a).</p> <p>GDOC, Unit Directive, # 90.01-08, Investigations and Reporting Prisoner, A. Criminal and Administrative Investigations (Pages 1-2), requires all reports and allegations of sexual abuse or sexual harassment are to be taken seriously and responded to promptly, thoroughly, and objectively, including third-party and anonymous reports.</p> <p>The ACF reported in the PAQ that there were zero allegations of sexual abuse and sexual harassment. However, the facility reported one allegation of sexual abuse and sexual harassment to the audit team during the onsite portion of the audit. Interviews with GDOC investigative staff indicated investigations following an allegation of sexual abuse or sexual harassment are initiated immediately, including third party and anonymous reports. The audit team reviewed the investigative file for the sexual harassment allegation from ACF and noted a written investigative report was not included. According to GDOC investigative staff, the allegation was received during a period when the IAU was deactivated. The IAU was deactivated from February 2019 to August 2019. The IAU was deactivated because the investigative staff was transferred to day-to-day prison operations due to a shortage of staff. Therefore, a written report was not completed. The audit team reviewed the investigative file for this allegation and noted the initial report taken by the staff person the allegations were reported to included allegations of sexual abuse and sexual harassment by staff and inmates. The audit team reviewed the GDOC IAU's investigative tracker and noted the allegations were categorized at "inmate-on-inmate" sexual harassment only. The GDOC provided one investigative file for a sexual abuse allegation which occurred at another GDOC facility. The audit team reviewed this investigative file and noted the allegation was immediately referred to GPD for investigation. The audit team confirmed with GPD DART staff that the allegation was received and is currently open. The agency did not provide any additional investigative reports for the audit team to review. Therefore, the audit team was unable to determine if all allegations of sexual abuse and sexual harassment are responded to promptly, thoroughly,</p>

and objectively, including third-party and anonymous reports.

115.71 (b).

GDOC, General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 (Policy), Section IV. Policy, G. Investigations (Page 13), states allegations of sexual abuse or sexual harassment of a prisoner by a staff member will be reviewed and referred to the GPD and/or Office of the Attorney General for appropriate investigation and case handling. This policy also states allegations of sexual abuse or sexual harassment of a prisoner by a prisoner will be referred to the appropriate investigator.

Interviews with GDOC investigative staff indicated that all allegations of sexual abuse are referred to GPD for investigation. Interviews with GPD DART staff indicated GPD investigates all allegations of criminal sexual conduct in Guam, including allegations of sexual abuse within GDOC's facilities. The GDOC provided two infestivative files for allegations of sexual abuse and sexual harassment. One of which occurred at another GDOC facility. The audit team reviewed these investigative files and noted only one allegation was immediately referred to GPD for investigation. The allegation from ACF was not referred to GPD for investigation. The audit team confirmed with GPD DART staff that the allegation was received and is currently open. GPD DART staff indicated that all substantiated allegations of sexual abuse are referred to Guam's Office of the Attorney General for prosecution.

115.71 (c).

GDOC, Unit Directive, # 90.01-08, Investigations and Reporting Prisoner, A. Criminal and Administrative Investigations (Pages 1-2), states PREA Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Interviews with GDOC investigative staff indicated for allegations of sexual abuse, GDOC staff secure the crime scene for investigation by GPD. Staff indicated they would not disrupt the crime scene in order to preserve any evidence. For allegations of sexual harassment investigated by GDOC investigative staff, staff indicated they would gather any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator. The agency did not provide any investigative reports for the audit team to review. Therefore, the audit team was unable to determine that these investigative steps are taken in practice.

115.71 (d).

GDOC, Unit Directive, # 90.01-08, Investigations and Reporting Prisoner, A. Criminal and Administrative Investigations (Pages 1-2), requires when the quality of evidence appears to support criminal prosecution, the Sexual Assault Response Team shall immediately forward the allegation to the GPD. It is at this point the investigation falls under the purview of GPD.

Interviews with GDOC investigative staff indicated all allegations of sexual abuse are referred to GPD for investigation. The GDOC provided two investigative files for sexual abuse and sexual harassment allegations, one of which occurred at another GDOC facility. The audit team reviewed these investigative files and noted only one allegation was referred to GPD for

investigation. The audit team confirmed with GPD DART staff that the allegation was received and is currently open. The allegation from ACF was not referred to GPD. The agency did not provide any additional investigative reports for the audit team to review to determine if GDOC consults with the Office of the Attorney General prior to conducting any compelled interviews for cases which may be criminal.

115.71 (e).

GDOC, Unit Directive, # 90.01-08, Investigations and Reporting Prisoner, A. Criminal and Administrative Investigations (Pages 1-2), states the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as prisoner or staff.

Interviews with investigative staff indicated the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as prisoner or staff. The agency did not provide any investigative reports for the audit team to review to determine if this is done in practice.

115.71 (f).

GDOC, Unit Directive, # 90.01-08, Investigations and Reporting Prisoner, A. Criminal and Administrative Investigations (Pages 1-2), states administrative investigations shall include a determination of whether staff actions or failures to act contributed to the abuse the PREA Investigator shall document administrative investigations in written reports which includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Interviews with GDOC investigative staff indicated administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. GDOC investigative staff also indicated administrative investigations are documented in written reports which includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The agency did not provide any investigative reports for the audit team to review to determine if this is done in practice.

115.71 (g).

GDOC, Unit Directive, # 90.01-08, Investigations and Reporting Prisoner, A. Criminal and Administrative Investigations (Pages 1-2), states criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Interviews with GDOC investigative staff indicated criminal investigations are documented in a written report by GPD. The agency did not provide any investigative reports from GPD for the audit team to review to determine if this is done in practice.

115.71 (h).

GDOC, Unit Directive, # 90.01-08, Investigations and Reporting Prisoner, A. Criminal and Administrative Investigations (Pages 1-2), states substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

Interviews with GDOC investigative staff indicated all criminal conduct is referred to the GPD for investigation. Interviews with GPD DART staff indicated all substantiated allegations of conduct that appears to be criminal are referred to Guam's Office of the Attorney General for prosecution. GPD DART staff indicated they have not substantiated any allegations of criminal conduct occurring at the GDOC in recent years.

115.71 (i).

GDOC, Unit Directive, # 90.01-08, Investigations and Reporting Prisoner, A. Criminal and Administrative Investigations (Pages 1-2), states the PREA Coordinator shall retain all written reports for administrative and criminal investigations for as long as the alleged abuser is incarcerated or employed by the Department, plus five years. The agency did not provide any investigative reports for the audit team to review to determine if this is done in practice.

115.71 (j).

GDOC, Unit Directive, # 90.01-08, Investigations and Reporting Prisoner, A. Criminal and Administrative Investigations (Pages 1-2), states the departure of the alleged abuser or victim from the employment or control of the facility or department shall not provide a basis for terminating an investigation.

Interviews with investigative staff indicated the departure of the alleged abuser or victim from the employment or control of the facility or department does not provide a basis for terminating an investigation. The agency did not provide any investigative reports for the audit team to review to determine if the agency is compliant with this provision of the standard.

115.71 (k).

GDOC, Unit Directive, # 90.01-08, Investigations and Reporting Prisoner, A. Criminal and Administrative Investigations (Pages 1-2), states the departure of the alleged abuser or victim from the employment or control of the facility or department shall not provide a basis for terminating an investigation.

Interviews with GDOC investigative staff indicated the departure of the alleged abuser or victim from the employment or control of the facility or department does not provide a basis for terminating an investigation. The agency did not provide any investigative reports for the audit team to review to determine if the agency is compliant with this provision of the standard.

115.71 (l).

GDOC, Unit Directive, # 90.01-08, Investigations and Reporting Prisoner, A. Criminal and Administrative Investigations (Pages 1-2), states when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Investigative staff indicated having a good working relationship with GPD and endeavor to remain informed about the progress of the investigation. However, investigative staff did not provide any documentation of follow-up for the sexual abuse allegation referred to GPD for investigation. There was no documentation of the status of the investigation in the investigative file.

Although interviews with GDOC investigative staff indicated policies and procedures related to

115.71 are practiced, to simply express to auditors in interviews that the agency and facility follow the policy and requirements of the standard is not enough to demonstrate compliance. The GDOC did not provide any investigative reports for the audit team to review. Therefore, the audit team was unable to determine if GDOC has institutionalized policies and procedures related to this standard. The agency did not demonstrate compliance with this standard.

Corrective Action

1. GDOC shall ensure institutionalization of GDOC, General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003, Section IV, Policy, G. Investigations and GDOC, Unit Directive, # 90.01-08, Investigations and Reporting Prisoner.
2. The GDOC shall ensure all reports and allegations of sexual abuse or sexual harassment taken seriously and responded to promptly, thoroughly, and objectively, including third-party and anonymous reports. This includes allegations involving staff.
3. The GDOC/ACF shall ensure all allegations of sexual abuse are referred to GPD for investigation.
4. The GDOC shall ensure investigations of allegations of sexual abuse and sexual harassment are documented in written reports and made available for future PREA audits.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. ACF's PAQ Information 2. GDOC, Unit Directive, # 90.01-08, Investigations and Reporting Prisoner <p>Interviews:</p> <ol style="list-style-type: none"> 1. GDOC investigative staff <p>115.72 (a).</p> <p>GDOC, Unit Directive, # 90.01-08, Investigations and Reporting Prisoner, B. Evidentiary Standard for Administrative Investigations (Page 2), states for administrative investigations, the highest evidentiary standard or burden of proof analysis used to determine whether allegations of sexual abuse or sexual harassment are substantiated is the preponderance of the evidence.</p> <p>Allegations of sexual abuse or sexual harassment that are administrative in nature are investigated by GDOC investigative staff. Interviews with GDOC investigative staff indicated for administrative investigations, the highest evidentiary standard or burden of proof analysis used to determine whether allegations of sexual abuse or sexual harassment are substantiated is the preponderance of the evidence. However, the agency did not provide any reports for administrative investigations conducted by GDOC investigative staff for the audit team to review. Therefore, the audit team was unable to determine whether determination is made based on a preponderance of the evidence.</p> <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. For administrative investigations, the GDOC shall ensure the highest evidentiary standard or burden of proof analysis used to determine whether allegations of sexual abuse or sexual harassment are substantiated is the preponderance of the evidence. Investigative staff shall include a thorough description of the analysis used in making determinations in investigative reports.

115.73	Reporting to inmates
	<p data-bbox="252 168 1013 201">Auditor Overall Determination: Does Not Meet Standard</p> <p data-bbox="252 246 523 280">Auditor Discussion</p> <p data-bbox="252 324 1273 358">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="252 398 411 432">Documents:</p> <ol data-bbox="295 504 1276 577" style="list-style-type: none"> 1. ACF's PAQ Information 2. GDOC, Unit Directive, # 90.01-08, Investigations and Reporting Prisoner <p data-bbox="252 616 395 649">Interviews:</p> <ol data-bbox="295 716 654 835" style="list-style-type: none"> 1. Warden 2. GDOC investigative staff 3. GPD DART staff <p data-bbox="252 913 438 947">115.73 (a)-(f).</p> <p data-bbox="252 992 1412 1070">GDOC, Unit Directive, # 90.01-08, Investigations and Reporting Prisoner, C. Reporting to Prisoners the Results of the Investigation (Pages 2-3), states the following:</p> <ul data-bbox="295 1137 1476 1944" style="list-style-type: none"> • Following an investigation into a prisoner's allegation that he or she suffered sexual abuse in a confinement facility, the department shall inform the prisoner as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. • If the department did not conduct the investigation, it shall request the relevant information from the investigative department in order to inform the prisoner. • Following a prisoner's allegation that a staff member has committed sexual abuse against the prisoner, the department shall subsequently inform the prisoner (unless the department has determined that the allegation is unfounded) whenever the staff member is no longer posted within the prisoner's unit, the staff member is no longer employed at the facility, or the department learns that the staff member has been indicted (or convicted) on a charge related to sexual abuse within the facility. • Following a prisoner's allegation that he or she has been sexually abused by another prisoner, the department shall subsequently inform the alleged victim whenever the department learns that the alleged abuser has been indicted (or convicted) on a charge related to sexual abuse within the facility. • All such notifications or attempted notifications shall be documented by the PREA Compliance Manager. A department's obligation to report under this standard shall terminate if the prisoner is released from the department's custody <p data-bbox="252 1977 1476 2145">While the agency's written policy addresses the requirements of this standard, interviews indicated the policy is not institutionalized. The ACF indicated in the PAQ that there were zero criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months. The ACF's answers to questions in the</p>

PAQ indicated compliance with all provisions of this standard. However, interviews with GDOC investigative staff indicated otherwise. Interviews with warden indicated that GDOC investigative staff are responsible for notifying an inmate who made an allegation of sexual abuse of the investigative outcome. GDOC investigative staff were unaware of the agency's policy requiring inmates be provided with investigative outcomes. GDOC investigative staff indicated this is not done in practice. The audit team was unable to interview any inmates who reported sexual abuse because the facility indicated there were zero during the 12 months preceding the audit. Additionally, the agency did not provide any completed investigative reports for the audit team to review. The agency did not demonstrate compliance with all provisions of this standard.

Corrective Action:

1. Following an investigation of an allegation of sexual abuse made by an inmate, The GDOC/ACF shall inform the inmate as to whether the investigation was substantiated, unsubstantiated, or unfounded. For investigations conducted by other agencies, such as GPD, the GDOC/ACF shall request this information from the investigating entity and inform the inmate.
2. Following an investigation of a staff member accused of sexual abuse (unless the investigation is unfounded), the GDOC/ACF shall inform the inmate whenever:
 - o The staff member is no longer posted within the resident's unit.
 - o The staff member is no longer employed at the facility.
 - o The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility.
 - o The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.
3. Following an investigation of inmate-on-inmate sexual abuse, the GDOC/ACF shall inform the inmate whenever:
 - o The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility.
 - o The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
4. The GDOC/ACF shall ensure all such notifications or attempted notifications are documented. The obligation to report under this standard terminates if the resident is released from GDOC's custody.
5. The GDOC/ACF shall train all appropriate staff regarding the requirements of this standard and provide such training verification.

115.76	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. ACF's Pre-Audit Questionnaire Information 2. GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 3. GDOC Unit Directive, # 90.01-01, Personnel Affairs 4. GDOC IAU's investigation tracker (excel spreadsheet) <p>Interviews:</p> <ol style="list-style-type: none"> 1. GDOA human resources staff 2. GDOC human resources staff <p>115.76 (a).</p> <p>GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 (Policy), Section IV. Policy, I. Disciplinary Actions for Staff, Contractors, and Volunteers (Page 16), and GDOC Unit Directive, # 90.01-01, Personnel Affairs (Page 1), both state staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. This policy states that termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.</p> <p>The ACF indicated in the PAQ that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>115.76 (b).</p> <p>In the PAQ, the ACF indicated there were zero staff from the facility have violated agency sexual abuse or sexual harassment policies in the 12 months preceding the audit. The agency also indicated zero staff from the facility have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies in the 12 months preceding the audit. The audit team confirmed this information with GDOA and GDOC human resources staff.</p> <p>115.76 (c).</p> <p>GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 (Policy), Section IV. Policy, I. Disciplinary Actions for Staff, Contractors, and Volunteers (Page 16), and GDOC Unit Directive, # 90.01-01, Personnel Affairs (Page 1), both state Disciplinary actions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate</p>

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.

The ACF indicated in the PAQ that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. The facility indicated there were zero staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies in the 12 months preceding the audit.

115.76 (d).

GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 (Policy), Section IV. Policy, I. Disciplinary Actions for Staff, Contractors, and Volunteers (Page 16), and GDOC Unit Directive, # 90.01-01, Personnel Affairs (Page 2), both state all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

The ACF indicated in the PAQ that 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The facility indicated there were zero staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies in the past 12 months. The audit team reviewed the GDOC IAU's investigation tracker and did not note any incidents of sexual abuse or sexual harassment allegations involving staff in the past 12 months that warranted being referred to law enforcement. The audit team confirmed with GDOA and GDOC that there were zero resignations or terminations of staff for violations of sexual abuse or sexual harassment policies in the 12 months preceding the audit.

The ACF is compliant with this standard.

115.77	Corrective action for contractors and volunteers
	<p data-bbox="248 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 282">Auditor Discussion</p> <p data-bbox="248 327 1273 360">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="248 405 408 439">Documents:</p> <ol data-bbox="296 506 1407 707" style="list-style-type: none"> 1. ACF's Pre-Audit Questionnaire Information 2. GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 3. GDOC Unit Directive, # 90.01-11, Volunteer and Contractor Affairs 4. GDOC IAU's investigation tracker (excel spreadsheet) <p data-bbox="248 752 392 786">Interviews:</p> <ol data-bbox="296 853 667 887" style="list-style-type: none"> 1. Interview with the warden <p data-bbox="248 920 408 954">115.77 (a).</p> <p data-bbox="248 999 1449 1279">GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 (Policy), Section IV. Policy, I. Disciplinary Actions for Staff, Contractors, and Volunteers (Page 16) and GDOC Unit Directive, # 90.01-11, Volunteer and Contractor Affairs, C. Corrective Action for Contractors and Volunteers (Page 2), both state any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with prisoners and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p data-bbox="248 1323 1481 1525">The ACF indicated that zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates in the past 12 months. The audit team reviewed the GDOC IAU's investigation tracker and did not note any incidents of sexual abuse allegations involving any contractors or volunteers in the 12 months preceding the audit.</p> <p data-bbox="248 1570 392 1603">115.77 (b)</p> <p data-bbox="248 1648 1449 1928">GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 (Policy), Section IV. Policy, I. Disciplinary Actions for Staff, Contractors, and Volunteers (Page 16) and GDOC Unit Directive, # 90.01-11, Volunteer and Contractor Affairs, C. Corrective Action for Contractors and Volunteers (Page 2), both state the facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with prisoners in the case of any other violation of agency sexual abuse or sexual harassment policies by contractor or volunteer.</p> <p data-bbox="248 1973 1449 2130">The ACF indicated in the PAQ that it takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The interview with the warden indicated the facility would ban any contractor or volunteer for violating agency</p>

sexual harassment policies. The warden also indicated any violations of sexual abuse policies would be referred to GPD for criminal investigation.

The ACF is compliant with this standard.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. ACF's PAQ Information 2. GDOC General Order #90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 3. Territory of Guam Executive Order #94-19, Rules and Regulations of the Department of Corrections <p>Interviews:</p> <ol style="list-style-type: none"> 1. Warden <p>115.78 (a).</p> <p>Territory of Guam Executive Order #94-19, Rules and Regulations of the Department of Corrections, Chapter 3, Inmates Rules and Discipline, Section 3.1 (Page 1), states it is the policy of the GDOC to have in place at each of its facilities a system of inmate discipline that serves to protect the public, inmates, and staff members, and maintain order in the facility through impartial application of a fully developed, well understood set of rules and regulations and a hearing procedure that incorporates all applicable due process requirements. Section 3.3 of this policy (Page 7) states only two bodies can hear disciplinary cases and impose sanctions, the Disciplinary Hearing Officer and the Disciplinary Hearing Board. Section 3.4 of this policy (Pages 8-9) states imposition of a sanction requires that the inmate is first found to have committed a prohibited act. Section 3.6 of this policy states inmates can be disciplined for engaging in sexual acts.</p> <p>GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 (Policy), Section IV. Policy, D. Reporting, 1. Prisoner Reporting (Pages 10-11), states prisoners who allege sexual abuse and sexual harassment by staff or other prisoners, and whose allegations are proven by investigators to be false will be held accountable through all means available to DOC. This policy also states the agency may discipline a prisoner for alleging sexual abuse, only when it is in bad faith.</p> <p>The ACF indicated in the PAQ that there were zero administrative or criminal findings of guilt of inmate-on-inmate sexual abuse that have occurred at the facility in the 12 months preceding the audit. The interview with the warden indicated the GDOC has a formal disciplinary process 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. The ACF is compliant with provision (a) of this standard.</p> <p>115.78 (b).</p>

The interview with the warden indicated sanctions are 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. However, the ACF did not provide any policy, investigative reports, or documentation of sanctions imposed that demonstrate compliance with provision (b) of this standard.

115.78 (c).

The interview with the warden indicated the disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what types of sanction, if any, should be imposed. However, the ACF did not provide any policy, investigative reports, or documentation of sanctions imposed that demonstrate compliance with provision (c) of this standard.

115.78 (d).

The ACF indicated in the PAQ it does not offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for sexual abuse. The facility does not consider whether to require offending inmates to participate in such interventions as a condition of access to programming or other benefits.

115.78 (e).

Territory of Guam Executive Order #94-19, Rules and Regulations of the Department of Corrections, Chapter 3, Inmates Rules and Discipline, Section 3.6, states inmates can be disciplined for engaging in sexual acts. The policy does not have language consistent with provision (e) of this standard which requires the agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

115.78 (f).

GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 (Policy), Section IV. Policy, D. Reporting, 1. Prisoner Reporting (Pages 10-11), states prisoners who allege sexual abuse and sexual harassment by staff or other prisoners, and whose allegations are proven by investigators to be false will be held accountable through all means available to DOC. This policy also states the agency may discipline a prisoner for alleging sexual abuse, only when it is in bad faith. The policy does not include language consistent with provision (f) which requires a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.78 (g).

Territory of Guam Executive Order #94-19, Rules and Regulations of the Department of Corrections, Chapter 3, Inmates Rules and Discipline, Section 3.6 of this policy lists engaging in sexual acts as prohibited behavior. The ACF indicated in the PAQ that the GDOC prohibits all sexual activity between inmates. Therefore, provision (g) of this standard does not apply to the ACF.

The ACF is not compliant with provisions (b)-(f) of this standard.

Corrective Action:

1. The GDOC/ACF shall revise policy to include language consistent with provision (b) of this standard, which requires the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.
2. The GDOC/ACF shall revise policy to include language consistent with provision (c) of this standard, which requires sanctions be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.
3. The GDOC/ACF shall offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for sexual abuse and consider whether to require offending inmates to participate in such interventions as a condition of access to programming or other benefits.
4. The GDOC/ACF shall revise policy to include language consistent with provision (e) of this standard, which states the agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact
5. The GDOC/ACF shall develop and implement a training curriculum regarding any policy changes related to this standard. The GDOC/ACF shall train all necessary staff regarding any policy changes and provide such training verification.
6. The GDOC/ACF shall notify inmates of any policy changes related to this standard and provide verification of such notification.

115.81	Medical and mental health screenings; history of sexual abuse
Auditor Overall Determination: Does Not Meet Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. ACF's PAQ Information <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during the on-site review of the facility. <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random staff 2. Medical staff 3. Mental health staff <p>115.81 (a)-(d).</p> <p>This standard correlates with standard 115.41. As indicated in 115.41, the ACF does not screen inmates at intake for risk of sexual victimization. Therefore, the facility cannot be compliant with provisions (a)-(d) of this standard. During the onsite portion of the audit, the audit team observed that ACF security, medical, and mental health staff do not effectively communicate with each other. Interviews with staff from each area indicated critical information regarding inmates is not shared and expressed concerns regarding the lack of communication.</p> <p>115.81 (e).</p> <p>Interviews with medical and mental health practitioners indicated they obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. However, documentation that informed consent is given was not provided to the audit team for review. Additionally, inmate medical records were not made available to the audit team for review. The GDOC does not house inmates under the age of 18.</p> <p>The ACF is not compliant with all provisions of this standard.</p> <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. The GDOC/ACF shall develop, implement, retrain, and institutionalize intake screening procedures as required by standard 115.41, consistent with the corrective action required in this audit report. 2. The GDOC/ACF shall develop, implement, retrain, and institutionalize policy to ensure all inmates at ACF who disclosed any prior sexual victimization during a screening 	

pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner. The GDOC/ACF shall ensure critical information regarding screening is shared with necessary staff.

3. The GDOC/ACF shall develop, implement, retrain, and institutionalize policy to ensure all prison inmates who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.41, are offered a follow-up meeting with a mental health practitioner.
4. Medical and mental health staff should maintain secondary materials (e.g., form, log) documenting compliance with services required by this standard.
5. The GDOC/ACF shall develop, implement, retrain, and institutionalize policy to ensure information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. Information shared with other staff shall be strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.
6. The GDOC/ACF shall make inmate medical records available for future audits.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. ACF's PAQ Information 2. Inmate mental health records 3. GDOC, General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency PREA Coordinator 2. Medical staff 3. Mental Health staff <p>Inmate who reported sexual abuse</p> <p>Site Review Observations:</p> <p>115.82 (a).</p> <p>GDOC, General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 (Policy), Section IV. Policy, H. Medical and Mental Care (Pages 14-15), states medical access to services for victims of sexual abuse will be handled in accordance with appropriate health services policy that includes timely, unimpeded access to emergency medical treatment without financial cost as determined by the medical practitioners' professional judgment.</p> <p>As discussed in the section for standard 115.65 of this report, the GDOC/ACF has not developed and implemented a strong, coordinated facility plan to provide an effective and timely response when an incident of sexual abuse occurs. Security staff first responders indicated medical would be called immediately following a report of sexual abuse. Medical and mental health staff confirmed they would treat a patient following a sexual abuse and nature and scope of services is based on their professional judgement. During the onsite portion of the audit, the facility reported to the audit team that the facility had one allegation of sexual abuse and sexual harassment during the 12 months preceding the audit. The audit team was not provided with any inmate medical records for review and interview of the inmate who reported sexual abuse indicated only mental health treatment was provided. The audit team reviewed the victim's mental health records and confirmed mental health treatment was provided. Based on interview of the inmate who reported sexual abuse and available documentation, the audit team was unable to determine if medical attention was offered and/or declined. Medical staff indicated the facility does not have Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). Medical staff indicated a</p>

forensic medical examination would be conducted by Healing Hearts. Therefore, all sexual abuse victims must be transported to Healing Hearts Crisis Center, Guam's only rape crisis center for examination and crisis intervention. The interview with the Agency PREA Coordinator indicated the GDOC is currently in the process of establishing a memorandum of understanding/agreement with Healing Hearts Crisis Center to provide forensic medical examinations and crisis intervention services to victims of sexual abuse. The audit team was not provided with any documentation of the GDOC's attempts to enter into a memorandum of understanding/agreement with Healing Hearts Crisis Center.

115.82 (b).

During the onsite portion of the audit, the facility reported it had one allegation of sexual abuse and sexual harassment during the 12 months preceding the audit. The audit team was not provided with any inmate medical records for review. Based on interview of the inmate who reported sexual abuse and available documentation, the audit team was unable to determine steps taken after the victim reported sexual abuse. Interviews with security staff first responders indicated they would take steps to protect victims of sexual abuse. Interviews with non-security staff first responders indicated staff did not understand what steps to take in the event they are the first staff on scene of a sexual abuse. However, staff indicated they would ensure the victim is safe and notify the officer in charge. The ACF did not provide any documentation demonstrating compliance with provision (b) of this standard. As discussed in the section for standard 115.62 of this report, the ACF did not provide any documentation demonstrating first responders take preliminary steps to protect victims pursuant to § 115.62. Therefore, the ACF cannot be compliant with provision (b) of this standard.

115.82 (c).

GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 (Policy), Section IV. Policy, H. Medical and Mental Care (Pages 14-15), states medical access to services for victims of sexual abuse will be handled in accordance with appropriate health services policy that includes testing and prophylactic treatment for sexually transmitted disease (STD). Interviews with medical staff indicated testing and prophylactic treatment for STD would be provided by Healing Hearts. However, the GDOC does not have a memorandum of understanding/agreement with Healing Hearts Crisis Center. The ACF did not provide any documentation demonstrating that victims of sexual abuse are provided with testing and prophylactic treatment for STD.

115.82 (d).

GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 (Policy), Section IV. Policy, H. Medical and Mental Care (Pages 14-15), states medical access to services for victims of sexual abuse will be handled in accordance with appropriate health services policy that includes timely, unimpeded access to emergency medical treatment without financial cost as determined by the medical practitioners' professional judgment. However, the audit team was not provided access to inmate medical files for review to determine if services were provided without financial cost to the victim. The ACF did not provide any documentation demonstrating services are provided without financial cost to the victim.

The ACF is not compliant with all provisions of this standard.

Corrective Action:

1. The GDOC/ACF shall develop, implement, train, and institutionalize a strong, coordinated facility plan to provide an effective and timely response when an incident of sexual abuse occurs as required by standard 115.65, consistent with the corrective action required in this audit report.
2. The GDOC/ACF shall ensure inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.
3. Medical and mental health staff should maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.
4. The GDOC/ACF shall ensure that if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners.
5. The GDOC/ACF shall ensure inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.
6. The GDOC/ACF shall ensure treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.
7. The GDOC/ACF shall make inmate medical records available for future audits.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Does Not Meet Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. ACF's PAQ Information 2. GDOC, General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 3. Medical/Dental/Mental Health Screening Form 4. Inmate mental health records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency PREA Coordinator 2. Medical staff 3. Mental Health staff <p>115.83 (a)-(b).</p> <p>GDOC, General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 (Policy), Section IV. Policy, H. Medical and Mental Care (Pages 14-15), states medical access to services for victims of sexual abuse will be handled in accordance with appropriate health services policy that includes:</p> <ul style="list-style-type: none"> • Timely, unimpeded access to emergency medical treatment without financial cost as determined by the medical practitioners' professional judgment. • Necessary post event treatment including coordination with community hospital. • Testing and prophylactic treatment for sexually transmitted disease (STD). • Referral to Behavioral Health Services. <p>This policy also states mental health services for victims of sexual abuse will be provided in accordance with Behavioral Health Service policies and procedures which includes:</p> <ul style="list-style-type: none"> • Timely, unimpeded access to appropriate mental health evaluation services without financial cost as determined by the mental health treatment providers' professional judgment. • Provision of follow-up mental health services. <p>Interviews with GDOC medical and mental health staff indicated every inmate is evaluated during the intake process utilizing the Medical/Dental/Mental Health Screening Form. The assessment includes questions regarding prior sexual victimization. Interviews with medical and mental health staff indicated all inmates who have been victimized by sexual abuse are offered medical and mental health evaluation and, as appropriate, treatment. Interviews with mental health staff and review of inmate mental health files indicate all inmates who have</p>

been victimized by sexual abuse are offered medical and mental health evaluation and, as appropriate, treatment. Interviews and review of inmate mental health records indicated inmates who have been victimized by sexual abuse are offered medical and mental health evaluation and, as appropriate, treatment. However, the audit team was not provided access to inmate medical records and were unable to verify if the facility is compliant with provision (a) of this standard. The ACF did not provide any documentation demonstrating compliance with provision (b) of this standard.

115.83 (c).

Interviews with licensed medical and mental health staff indicated the facility provides such victims with medical and mental health services consistent with the community level of care. The ACF is compliant with provision (c) of this standard.

115.83 (d)-(e).

The ACF is an all-male facility. Therefore, provisions (d) and (e) do not apply.

115.83 (f).

Interviews with medical staff indicated victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections at Healing Hearts Crisis Center. The interview with the Agency PREA Coordinator indicated the GDOC is currently in the process of establishing a memorandum of understanding/agreement with Healing Hearts Crisis Center. The audit team was not provided with any documentation of the GDOC's attempts to enter into a memorandum of understanding/agreement with Healing Hearts Crisis Center. The audit team was unable to verify if Healing Hearts Rape Crisis Center offers inmates tests for sexually transmitted infections. The ACF did not provide any documentation indicating the facility is compliant with provision (f) of this standard.

115.83 (g).

GDOC, General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 (Policy), Section IV. Policy, H. Medical and Mental Care (Pages 14-15), states medical access to services for victims of sexual abuse will be handled in accordance with appropriate health services policy that includes timely, unimpeded access to emergency medical treatment without financial cost as determined by the medical practitioners' professional judgment.

The ACF did not provide any documentation demonstrating compliance with provision (g) of this standard. Additionally, the audit team was not provided with access to inmate medical records and could not determine if treatment is provided without financial cost to the prisoners.

115.83 (h).

The ACF did not provide any documentation demonstrating that it attempts 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. The ACF is not compliant with provision (h) of this standard.

Corrective Action:

1. The GDOC/ACF shall 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. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.
2. The GDOC/ACF shall ensure inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.
3. The GDOC/ACF shall ensure 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.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. ACF's Pre-Audit Questionnaire Information 2. GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Warden 2. PCM <p>115.86 (a)-(e).</p> <p>GDOC, General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 (Policy), Section IV. Policy, J. Sexual Abuse Incident Reviews (Pages 16-17), states the following:</p> <ol style="list-style-type: none"> 1. The department shall 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. 2. Such review shall ordinarily occur within 30 days of the conclusion of the investigation. 3. The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. 4. The review team shall: <ul style="list-style-type: none"> o Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. o Consider whether the incident or allegation was motivated by race, ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. o Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. o Assess the adequacy of staffing levels in that area during different shifts. o Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. o Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) - (d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager. o The facility shall implement the recommendations for improvement or shall document its reasons for not doing so.

The ACF's answers to the questions in the PAQ regarding this standard indicated compliance with all provisions of the standard. The facility also indicated there were zero criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents in the past 12 months. Interviews with the Warden and the PCM indicated the GDOC has not conducted any sexual abuse incident reviews. The facility did not provide any documentation demonstrating compliance with this standard.

Corrective Action:

1. The ACF shall create an Incident Review Team which includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.
2. The ACF shall convene a meeting with the Incident Review Team and discuss the purpose of the team as described in the PREA standards and keep minutes of the meeting.
3. The ACF shall implement a process by which the PCM receives investigative dispositions and subsequently initiates the Incident Review Team meetings. These meetings shall be held within 30 days of any investigative dispositions that were found to be substantiated or unsubstantiated.
4. The Incident Review Team shall consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
5. The Incident Review Team shall examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
6. The Incident Review Team shall 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.
7. The Incident Review Team shall assess the adequacy of staffing levels in that area during different shifts.
8. The Incident Review Team shall assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
9. The Incident Review Team shall prepare a report of its findings, including but not necessarily limited to determinations made pursuant to standard 115.86 (d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PCM. If the recommendations are not implemented, a memorandum shall be prepared by the facility head explaining the associated rationale for not doing so.

115.87	Data collection
	<p data-bbox="252 170 1011 203">Auditor Overall Determination: Does Not Meet Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1273 360">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="252 405 411 439">Documents:</p> <ol data-bbox="293 506 1417 618" style="list-style-type: none"> 1. ACF's Pre-Audit Questionnaire Information 2. GDOC, General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 <p data-bbox="252 663 395 696">Interviews:</p> <ol data-bbox="293 763 679 797" style="list-style-type: none"> 1. Agency PREA Coordinator <p data-bbox="252 831 443 864">115.87 (a)-(d).</p> <p data-bbox="252 909 1417 1066">GDOC, General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 (Policy), Section IV. Policy, K. Data Collection, outlines the GDOC's requirements for data collection relevant to this standard. However, the policy is not institutionalized.</p> <p data-bbox="252 1111 1481 1312">The GDOC did not provide the audit team with aggregated data for review. The GDOC did not demonstrate that uniform data, using a standardized instrument and definitions, was collected during the 12 months preceding the audit. The PREA Coordinator indicated the GDOC does not have a system in place for the collection and maintenance of data. The PREA Coordinator acknowledged the agency is not compliant with this standard.</p> <p data-bbox="252 1357 395 1391">115.87 (e).</p> <p data-bbox="252 1435 1437 1503">The GDOC does not contract for the confinement of its inmates. Therefore, provision (e) of this standard does not apply to the GDOC.</p> <p data-bbox="252 1547 395 1581">115.87 (f).</p> <p data-bbox="252 1626 1469 1693">The ACF indicated in the PAQ that the Department of Justice has not requested agency data. Therefore, provision (f) of this standard does not apply to the GDOC.</p> <p data-bbox="252 1738 485 1771">Corrective Action:</p> <ol data-bbox="293 1839 1481 2119" style="list-style-type: none"> 1. The GDOC shall collect uniform data for every allegation of sexual abuse and sexual harassment using a using a standardized instrument and set of definitions. At minimum, the standardized instrument shall include the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. 2. The GDOC shall aggregate this data at least annually and obtain data from all incident-based documents such as reports, investigative files, and sexual abuse incident

reviews.

3. The GDOC shall be prepared to provide the Department of Justice with data from the previous calendar year upon request.

115.88	Data review for corrective action
	<p data-bbox="252 170 1011 203">Auditor Overall Determination: Does Not Meet Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1273 360">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="252 405 411 439">Documents:</p> <ol data-bbox="293 506 1406 663" style="list-style-type: none"> 1. ACF's Pre-Audit Questionnaire Information 2. GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 3. The GDOC's website <p data-bbox="252 707 395 741">Interviews:</p> <ol data-bbox="293 808 679 920" style="list-style-type: none"> 1. Agency head designee 2. Agency PREA Coordinator 3. PCM <p data-bbox="252 965 443 999">115.88 (a)-(d).</p> <p data-bbox="252 1043 1414 1200">GDOC, General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 (Policy), Section IV. Policy, K. Data Collection, outlines the GDOC's requirements for data collection relevant to this standard. However, this policy is not institutionalized.</p> <p data-bbox="252 1245 1477 1693">This standard correlates to Standard 115.87. As indicated for standard 115.87, the GDOC does not currently collect and aggregate sexual abuse data. Therefore, the GDOC cannot be compliant with this standard. The audit team was not provided with any aggregated data and the GDOC did not demonstrate that uniform data, using a standardized instrument and definitions, was collected during the 12 months preceding the audit. The Agency head designee, PREA Coordinator, and PCM indicated the GDOC does not currently use data to assess sexual safety and improve the effectiveness of PREA compliance efforts. The audit team reviewed the GDOC's website and noted the agency has not published on its website an annual report for each facility as well as the agency as a whole which identifies problem areas, documents corrective action measures, and includes a comparison of sexual abuse data for the current year with that of previous years.</p> <p data-bbox="252 1738 1062 1771">The GDOC is not compliant with all provisions of this standard.</p> <p data-bbox="252 1816 485 1850">Corrective Action:</p> <ol data-bbox="293 1917 1461 2163" style="list-style-type: none"> 1. The GDOC shall institutionalize GDOC, General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 (Policy), Section IV. Policy, K. Data Collection. 2. The GDOC/ACF shall review data collected and aggregated pursuant to Standard 115.87 to assess sexual safety and improve PREA Compliance efforts by: <ol data-bbox="376 2130 759 2163" style="list-style-type: none"> 1. Identifying problem areas.

2. Taking corrective action on an ongoing basis.
3. Preparing an annual report of its findings and corrective actions for each facility as well as the GDOC as a whole.
3. The GDOC shall compile an annual report which includes a comparison of data and corrective action of the current year with that of previous years. The report shall be approved by the Agency Head and made available on the GDOC's website. GDOC may redact material when publication would present a clear and specific threat to the safety and security of the facility but must indicate the nature of the material redacted.

115.89	Data storage, publication, and destruction
	<p data-bbox="252 170 1011 203">Auditor Overall Determination: Does Not Meet Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 411 360">Documents:</p> <ol data-bbox="293 432 1406 591" style="list-style-type: none"> 1. ACF's Pre-Audit Questionnaire Information 2. GDOC General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 3. The GDOC's website <p data-bbox="252 629 392 663">Interviews:</p> <ol data-bbox="293 730 679 846" style="list-style-type: none"> 1. Agency head designee 2. Agency PREA Coordinator 3. PCM <p data-bbox="252 887 440 920">115.89 (a)-(c).</p> <p data-bbox="252 960 1410 1120">GDOC, General Order 90.1, Prison Rape Elimination Act (PREA), Series 90, Prison Rape Elimination Act 2003 (Policy), Section IV. Policy, K. Data Collection, outlines the GDOC's requirements for data collection relevant to this standard. However, this policy is not institutionalized.</p> <p data-bbox="252 1162 1485 1496">This standard correlates to Standard 115.87. As indicated for standard 115.87, the GDOC does not currently collect and aggregate sexual abuse data. Therefore, the GDOC cannot be compliant with this standard. The audit team was not provided with any aggregated data for review. The Agency head designee, PREA Coordinator, and PCM indicated the GDOC does not currently use data to assess sexual safety and improve the effectiveness of PREA compliance efforts. The GDOC did not demonstrate how it plans to securely retain 10 years of data collected pursuant to standard 115.87. The audit team reviewed the GDOC's website and noted the agency has not published any aggregated data on its website.</p> <p data-bbox="252 1536 1066 1570">The GDOC is not compliant with all provisions of this standard.</p> <p data-bbox="252 1610 485 1644">Corrective Action:</p> <ol data-bbox="293 1711 1465 1957" style="list-style-type: none"> 1. The GDOC shall develop a secure system for retention of 10 years of data collected pursuant to standard 115.87. 2. The GDOC shall make all aggregated sexual abuse data, from facilities under its direct control, readily available to the public at least annually through the GDOC's website. Prior to making any aggregated sexual abuse data publicly available, the GDOC shall remove all personal identifiers.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>115.401 (a)-(b).</p> <p>The GDOC facilities were not audited prior to this audit. This is the first PREA audit of the ACF.</p> <p>115.401 (h).</p> <p>The audit team was given access to, and the ability to observe, all areas of the audited facility.</p> <p>115.401 (i).</p> <p>The auditor was not provided with access to inmate medical records.</p> <p>115.401 (m).</p> <p>The audit team was permitted to conduct private interviews with inmates, residents, and detainees.</p> <p>115.401 (n).</p> <p>Inmates were not be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. During the onsite portion of the audit, Mail Room staff indicated they were not made aware of any special handling instructions for correspondence to the PREA auditors.</p> <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. The GDOC/ACF shall ensure auditors are provided access to inmate medical records for future audits. 2. The GDOC/ACF shall ensure inmates are permitted to send confidential information or correspondence to auditors in the same manner as if they were communicating with legal counsel.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.403 (f).</p> <p>There have been no Final Audit Reports issued in the past three years for any GDOC facility. Therefore, provision (f) of this standard does not apply to GDOC/ACF.</p>

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	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?	no
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure 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.)	na
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for	no

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

115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	no
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	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?	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?	no
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	no
	Is this policy and practice implemented for night shifts as well as day shifts?	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
115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na

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

115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	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?	no
115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	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?	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	no

	abuse and sexual harassment, including: inmates who are blind or have low vision?	
	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?	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?	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?	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.)	no
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	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?	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?	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?	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?	no

115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	no
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	no
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes

115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	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?	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 two bullets immediately above?	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)?	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?	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 two bullets immediately above?	no
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	no
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	no

115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	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?	no
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	no
115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	no
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	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?	no
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	no
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	no

115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	
	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.)	no
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	no

115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	no
	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.)	no
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	no
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	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)?	no
	Has the agency documented its efforts to provide SAFEs or SANEs?	no
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	no
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	no
	Has the agency documented its efforts to secure services from rape crisis centers?	no

115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	no
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	no
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	no
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	no
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	no
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	no
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	no
	Does the agency document all such referrals?	yes

115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	no
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	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?	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?	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?	no
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	no
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	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?	no
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	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?	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?	no

115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	no
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	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?	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?	no
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	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?	no
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	no
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	no

115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	no
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	no
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	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?	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?	no
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	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?	no
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	no
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	no
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	no
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	no

115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	no
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	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
	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
	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
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	no
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	no

115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	no
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	no
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	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?	no
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	no
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	no

115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	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?	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?	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?	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?	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?	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)?	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?	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?	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?	no

115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	no
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	no
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	no
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	no
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	no
	Does the facility reassess an inmate's risk level when warranted due to a request?	no
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	no
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	no
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	no
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	no

115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	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?	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?	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?	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?	no
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	no
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	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?	no

115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	no
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	no
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes

115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	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?	no
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	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?	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?	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?	no
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	no
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	no
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	no

115.43 (c)	Protective Custody	
	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?	no
	Does such an assignment not ordinarily exceed a period of 30 days?	no
115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	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?	no
115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	no
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	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?	no

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	no
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	no
	Does that private entity or office allow the inmate to remain anonymous upon request?	no
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	no
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	no
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no

115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	no
	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.)	no
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	no
	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.)	no
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	no
	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.)	no
	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.)	no

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

115.52 (f)	Exhaustion of administrative remedies	
	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.)	no
	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.)	no
	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.)	no
	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.)	no
	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.)	no
	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.)	no
	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.)	no
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	no
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	no
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	no
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	no
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	no
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	no
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	no

115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	no
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	no
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	no
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	no
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	no
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	no

115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	no
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no

115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	no
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	no

115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	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?	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?	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?	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?	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?	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?	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?	no
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	no
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	no

115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	no
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	no
115.71 (a)	Criminal and administrative agency investigations	
	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).)	no
	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).)	no
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	no
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	no
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	no
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	no

115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	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?	no
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	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?	no
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	no
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	no
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	no
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	no
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	no

115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	no
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	no
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	no
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	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?	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?	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?	no

115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	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?	no
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	no
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	no
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	no
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	no
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	no

115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	no
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	na
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	no
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	no
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	no
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	no

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

115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	no
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	no
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	no

115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	no
115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	no
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	no
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	no

115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	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?	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?	no
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	no
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	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?	no
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	no
115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	no
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	no
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	no

115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	no
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	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?	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?	no
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	no
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	no

115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	no
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	no
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	no
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	no
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	no
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	no

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	no
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	no
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	na